




CONSIDERATIONS FOR **DIFFERENTIATING MIGRAINE** FROM OTHER HEADACHE DISORDERS

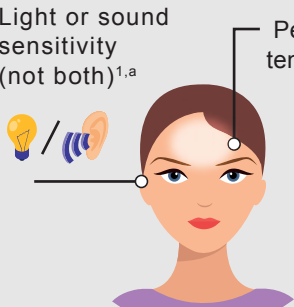
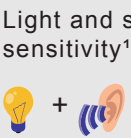

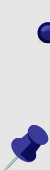
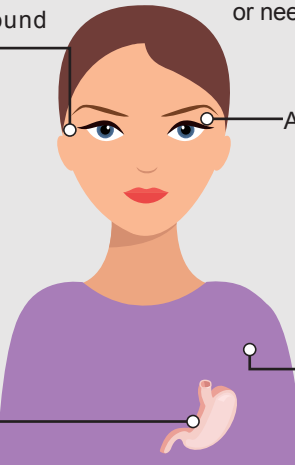
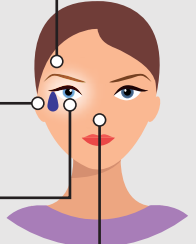
What are the **head pain characteristics** patients might experience?
How do these **differ** across primary headache disorders?

Tension Type	MIGRAINE	Cluster
<p>Often bilateral¹ Pressing, tightening¹</p>  <p>⚡ Mild-to-moderate intensity¹</p> <p>NOT aggravated by routine physical activity¹</p>	<p>Often unilateral¹ Pulsating¹</p>  <p>⚡⚡⚡ Moderate-to-severe intensity¹</p> <p>⚠ Aggravated by routine physical activity¹</p>	<p>Unilateral, typically around or behind the eye¹</p>  <p>⚡⚡⚡⚡ Severe or very severe intensity¹</p>

What is the headache **duration** and **frequency**?

<p>Infrequent to daily¹</p> <p>30 mins – 1 week duration¹</p>	<p>Recurrent with varying frequency¹</p> <p>4 hours – 72 hours duration¹</p>	<p>Once every other day to 8 times per day during clusters¹</p> <p>15 mins – 180 mins duration¹</p>
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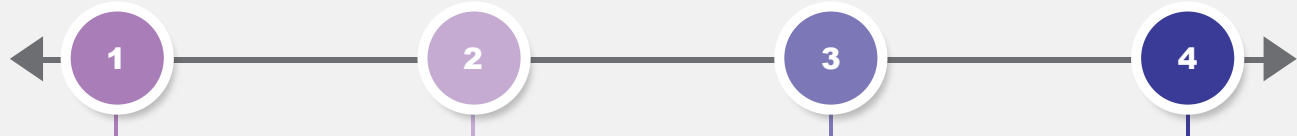
What **other symptoms** might patients experience?

Examples of Diagnostic Symptoms	Examples of Diagnostic Symptoms	Examples of Diagnostic Symptoms
<p>Light or sound sensitivity (not both)^{1,a}</p>  <p>Pericranial tenderness^{1,a}</p> <p>NO nausea/vomiting¹</p>	<p>Light and sound sensitivity¹</p>  <p>Aura (~ 30%)[□]</p>  <p>Allodynia (~ 60–70%)²⁻⁴</p>  <p>Nausea/vomiting¹</p>  <p>Severe impairment or need for bed rest⁶</p>	<p>Agitation, restlessness¹</p> <p>Eyelid swelling and facial sweating¹</p>  <p>Eye redness or tearing¹</p> <p>Miosis and/or ptosis¹</p> <p>Nasal congestion¹</p>

What are some **diagnostic tools** available in migraine?

General

Migraine Specific



Headache diary⁷



SNOOP^{7,8,b}

Excludes secondary headaches

Brief Headache Screen (BHS)⁷

Distinguishes:

- Episodic headaches
- Daily headaches
- Medication overuse headache

ID Migraine^{7,9}

9 simple questions on:

- Limited activities
- Sickness to stomach (nausea)
- Light sensitivity

What if my chronic migraine patient needs to **overuse acute medications** to manage their head pain?^c

Based on IHS guidelines, if patients...



have a **pre-existing primary headache**



experience **headaches ≥ 15 days per month**



are regularly **overusing acute medications** (eg, analgesics, triptans, ergotamines) for over **3 months**

...they can receive a diagnosis of **MEDICATION OVERUSE HEADACHE** in addition to the primary headache diagnosis¹



This infographic is not intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment or prevention of disease.

^aIndicated symptoms refer to chronic and episodic tension type headache.¹

^bSNOOP refers to **S**ystemic systems/signs/disease; **N**eurological symptoms or signs; **O**nset sudden; **O**nset after age 50 years; **P**attern change (if previous history).⁸

^cAcute medication overuse is defined by the number of days in which a patient uses a particular acute medication threshold per month, and each class has a specific threshold; the threshold for simple analgesics is ≥ 15 days/month for > 3 months, and for combination pain relief, opioids, triptans, and ergotamine derivatives it is ≥ 10 days/month for > 3 months.¹

1. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. *Cephalalgia*. 2018;38:1-211. 2. Baykan B, et al. *Clin J Pain*. 2016;32:631-635. 3. Misra UK, et al. *Clin J Pain*. 2013;29:577-582. 4. Bigal ME, et al. *Neurology*. 2008;70:1525-1533. 5. Goadsby PJ. *Physiol Rev*. 2017;97:553-622. 6. Lipton RB, et al. *Neurology*. 2007;68:343-349. 7. Buse DC, et al. *Curr Pain Headache Rep*. 2012;16:237-254. 8. Dodick DW. *Semin Neurol*. 2010;30:74-81. 9. Lipton RB, et al. *Neurology*. 2003;61:375-382.