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Introduction

The International Headache Classification Committee started its work in 1985, and as early as 1986 contact was made with the group working on the neurological section of the 10th revision of the International Classification of Diseases and Related Health Problems (ICD-10) (*1*). The late Bruce S. Schœnberg took part in the work, both in the World Health Organization and in the Classification Committee of the International Headache Society. It was through him that the new ideas generated by the IHS Headache Classification Committee were transferred to the ICD-10. Obviously, the ICD-10 could not contain extensive details about the headache disorders, since only two categories at the three-character level were available, one for migraine and one for all other headaches. The neurological adaptation of the ICD-10 (2) was developed in order to accommodate more details concerning diagnoses, including headaches, within the neurological field. The ICD-NA was developed in close cooperation with the International Headache Classification Committee, but could not follow the IHS Classification exactly because of various formal constraints.

Potential problems are likely if the classification of headaches is out of phase with scientific progress in this field. Since the IHS Classification was a novel creation of the greatest importance, it has spurred a wave of epidemiological research and has greatly assisted in studies of the pathophysiology of headaches. Knowledge in the headache field is progressing more rapidly than in most other areas of neurology, and already today the IHS Classification is in need of revision. It is planned to publish the second edition in 1999, i.e. 11 years after the first edition was printed.

While there is fairly good correspondence between the two classifications today, this may no longer be the case after publication of the second edition of the IHS Classification. However, room is available in ICD-10 to accommodate additional subdivisions on the four-character level. Concerning subdivisions on levels beyond the 4-character level, there will be more possibilities to adapt these in due course when new scientific evidence calls for change. The same is true for the diagnostic criteria contained in this volume. Once the criteria are sufficiently in use in practice and scientific evidence is available to support reasonable changes, a second edition of this "ICD-10 Guide for Headaches" will be prepared.

The IHS Classification comments on all the different diagnostic categories. It was felt inappropriate to reprint these comments in this "ICD-10 Guide for Headaches", but the reader is strongly encouraged to consult the IHS Classification in order to benefit from them. A few things can be pointed out here. The various types of migraine can occur together in one and the same person. However, tension-type headache and cluster headache are exclusive and patients can have only one diagnosis in either of these categories. Overlap between tension-type headache and migraine is common, but it is usually possible to clearly distinguish whether each single episode is a tension-type headache or a migraine. The IHS Classification and the ICD-NA, second edition, concur on the need for multiple coding. A patient may thus easily have two or three headache diagnoses and in addition one or two etiological diagnoses. Along this line, it is important to point out that the term mixed headache has been abandoned; such patients should receive at least two diagnoses, i.e. migraine and tension-type headache. The term tension-type headache is new and was created to indicate clearly that the pathophysiology of this disorder is unknown and does not necessarily involve muscle contraction. The new terms migraine with aura and migraine without aura were created in order to avoid confusion generated by the indiscriminate use of the terms classic migraine, classical migraine, common migraine, hemiplegic migraine, accompanied migraine, etc.

Multiple coding

The ICD-10 and ICD-NA allow for the use of additional codes in all cases where there is a need to describe the different aspects of a disease more extensively.

Provision is made for recording the neurological manifestations of a general disease or condition. Such manifestations are indicated by an asterisk (*) code and have a corresponding dagger (†) code to indicate etiology. For example, postzoster trigeminal neuralgia has its asterisk code (G53.0*) in the nervous system chapter and its dagger code (B02.2†) in the chapter on infectious and parasitic diseases. In order to facilitate coding, all asterisk and dagger codes are cross-referenced to each other. It is a principle of the ICD that the dagger code is the primary one for coding purposes (and the only one for mortality), while the asterisk code may be used in addition. Manifestation and etiology codes can, in fact, be used even if there is no dagger associated with a particular etiology in the list of categories (see Section 2, List of commonly used additional categories), provided that the manifestation is an unquestionable consequence of that etiology.

So, even when asterisk and dagger coding is not applicable, the use of additional codes (multiple coding) is encouraged in all cases where there is a need to describe more extensively the different aspects of a disease. At the present time there are no explicit rules for multiple coding, other than for the use of dagger and asterisk codes, as described above. ICD-NA suggests that multiple codes be used for each disease or condition diagnosed in an individual patient in the following order:

etiology—manifestation—other relevant codes

An example would be Headache associated with a non-ruptured congenital cerebral aneurysm. Code Q28.3 would be recorded to indicate the etiology (non-ruptured congenital cerebral aneurysm) and code G44.81 (headache associated with a vascular disorder) would be used to indicate the condition. In the following sections of this book, care has been taken to refer in each instance to the relevant ICD codes, in order to classify correctly the different types and origins of headache. Section II provides a list of all conditions that are frequently associated with headaches.

The IHS Classification includes the possibility of adding a fourth digit code number to indicate the type of headache associated with a specific disease (symptomatic headaches). In the ICD, headache associated with a specific disease must be specified through the use of two (or sometimes three) codes: usually one for the underlying etiology and one for the manifestation, as outlined above. Section III of this book provides a conversion table between the Classification of the International Headache Society and the ICD. The introduction to Section III describes the different types of headache, in accordance with the IHS Classification, that can be distinguished by using only headache characteristics.

This volume contains two annexes. Annex 1 provides some information on assessment instruments, especially headache diaries and questionnaires. Annex 2 provides references to books and articles that will provide background information for those interested.

References

1 The International Statistical Classification of Diseases and Related Health Problems. Tenth Revision. Vol. 1. Tabular list. Vol. 2. Instruction manual. Vol. 3. Index. Geneva World Health Organization, 1992–94.

2 Application of the International Classification of Diseases to Neurology, 2nd ed. Geneva World Health Organization, 1997.