



INTERNATIONAL HEADACHE SOCIETY

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The International Classification of Headache Disorders

2nd Edition

(ICHD-II)

Abbreviated pocket version

**for reference by professional users only,
prepared by**

**the Headache Classification Subcommittee of the
International Headache Society**

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Introduction to Abbreviated Pocket Version

The International Classification of Headache Disorders, 2nd edition, is published by International Headache Society in *Cephalalgia* 2004; **24** (suppl 1): 1-160 and at www.i-h-s.org. This abbreviated version, including the most common or important headache disorders, is an *aide memoire* for those familiar with the classification principles and experienced in their application. It lists the diagnostic criteria but omits explanatory introductions, descriptions, notes and comments which in many cases are key to proper and accurate usage.

Classification

ICHD-II code	ICD-10NA code	Diagnosis [aetiological ICD-10 code for secondary headaches]
1.	G43	Migraine
1.1	G43.0	Migraine without aura
1.2	G43.1	Migraine with aura
1.2.1	G43.10	Typical aura with migraine headache
1.2.2	G43.10	Typical aura with non-migraine headache
1.2.3	G43.104	Typical aura without headache
1.2.4	G43.105	Familial hemiplegic migraine
1.2.5	G43.105	Sporadic hemiplegic migraine
1.2.6	G43.103	Basilar-type migraine
1.3	G43.82	Childhood periodic syndromes that are commonly precursors of migraine
1.3.1	G43.82	Cyclical vomiting
1.3.2	G43.820	Abdominal migraine
1.3.3	G43.821	Benign paroxysmal vertigo of childhood
1.4	G43.81	Retinal migraine
1.5	G43.3	Complications of migraine
1.5.1	G43.3	Chronic migraine
1.5.2	G43.2	Status migrainosus
1.5.3	G43.3	Persistent aura without infarction
1.5.4	G43.3	Migrainous infarction
1.5.5	G43.3	Migraine-triggered seizures [+ G40.x or G41.x to specify the type of seizure]
1.6	G43.83	Probable migraine
1.6.1	G43.83	Probable migraine without aura
1.6.2	G43.83	Probable migraine with aura
1.6.5	G43.83	Probable chronic migraine

2.	G44.2	Tension-type headache (TTH)
2.1	G44.2	Infrequent episodic TTH
2.1.1	G44.20	Infrequent episodic TTH associated with pericranial tenderness
2.1.2	G44.21	Infrequent episodic TTH not associated with pericranial tenderness
2.2	G44.2	Frequent episodic TTH
2.2.1	G44.20	Frequent episodic TTH associated with pericranial tenderness
2.2.2	G44.21	Frequent episodic TTH not associated with pericranial tenderness
2.3	G44.2	Chronic TTH
2.3.1	G44.22	Chronic TTH associated with pericranial tenderness
2.3.2	G44.23	Chronic TTH not associated with pericranial tenderness
2.4	G44.28	Probable TTH
2.4.1	G44.28	Probable infrequent episodic TTH
2.4.2	G44.28	Probable frequent episodic TTH
2.4.3	G44.28	Probable chronic TTH
3.	G44.0	Cluster headache and other trigeminal autonomic cephalalgias (TAC)
3.1	G44.0	Cluster headache
3.1.1	G44.01	Episodic cluster headache
3.1.2	G44.02	Chronic cluster headache
3.2	G44.03	Paroxysmal hemicrania
3.2.1	G44.03	Episodic paroxysmal hemicrania
3.2.2	G44.03	Chronic paroxysmal hemicrania
3.3	G44.08	Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT)
3.4	G44.08	Probable TAC
3.4.1	G44.08	Probable cluster headache
3.4.2	G44.08	Probable paroxysmal hemicrania
3.4.3	G44.08	Probable SUNCT
4.	G44.80	Other primary headaches
4.1	G44.800	Primary stabbing headache
4.2	G44.803	Primary cough headache
4.3	G44.804	Primary exertional headache
4.4	G44.805	Primary headache associated with sexual activity
4.4.1	G44.805	Preorgasmic headache
4.4.2	G44.805	Orgasmic headache

4.5	G44.80	Hypnic headache
4.6	G44.80	Primary thunderclap headache
4.7	G44.80	Hemicrania continua
4.8	G44.2	New daily-persistent headache
5.	G44.88	Headache attributed to head and/or neck trauma
5.1	G44.880	Acute post-traumatic headache
5.1.1	G44.880	Acute post-traumatic headache attributed to moderate or severe head injury [S06]
5.1.2	G44.880	Acute post-traumatic headache attributed to mild head injury [S09.9]
5.2	G44.3	Chronic post-traumatic headache
5.2.1	G44.30	Chronic post-traumatic headache attributed to moderate or severe head injury [S06]
5.2.2	G44.31	Chronic post-traumatic headache attributed to mild head injury [S09.9]
5.3	G44.841	Acute headache attributed to whiplash injury [S13.4]
5.4	G44.841	Chronic headache attributed to whiplash injury [S13.4]
5.5	G44.88	Headache attributed to traumatic intracranial haematoma
5.5.1	G44.88	Headache attributed to epidural haematoma [S06.4]
5.5.2	G44.88	Headache attributed to subdural haematoma [S06.5]
5.6	G44.88	Headache attributed to other head and/or neck trauma [S06]
5.6.1	G44.88	Acute headache attributed to other head/neck trauma [S06]
5.6.2	G44.88	Chronic headache attributed to other head/neck trauma [S06]
5.7	G44.88	Post-craniotomy headache
5.7.1	G44.880	Acute post-craniotomy headache
5.7.2	G44.30	Chronic post-craniotomy headache
6.	G44.81	Headache attributed to cranial or cervical vascular disorder
6.1	G44.810	Headache attributed to ischaemic stroke or TIA
6.1.1	G44.810	Headache attributed to ischaemic stroke [I63]
6.1.2	G44.810	Headache attributed to TIA [G45]

6.2	G44.810	Headache attributed to non-traumatic intracranial haemorrhage [I62]
6.2.1	G44.810	Headache attributed to intracerebral haemorrhage [I61]
6.2.2	G44.810	Headache attributed to subarachnoid haemorrhage [I60]
6.3	G44.811	Headache attributed to unruptured vascular malformation [Q28]
6.3.1	G44.811	Headache attributed to saccular aneurysm [Q28.3]
6.3.2	G44.811	Headache attributed to arteriovenous malformation [Q28.2]
6.3.3	G44.811	Headache attributed to dural arteriovenous fistula [I67.1]
6.3.4	G44.811	Headache attributed to cavernous angioma [D18.0]
6.3.5	G44.811	Headache attributed to encephalotrigeminal or leptomeningeal angiomatosis (Sturge Weber syndrome) [Q85.8]
6.4	G44.812	Headache attributed to arteritis [M31]
6.4.1	G44.812	Headache attributed to giant cell arteritis [M31.6]
6.4.2	G44.812	Headache attributed to primary CNS angiitis [I67.7]
6.4.3	G44.812	Headache attributed to secondary CNS angiitis [I68.2]
6.5	G44.810	Carotid or vertebral artery pain [I63.0, I63.2, I65.0, I65.2 or I67.0]
6.5.1	G44.810	Headache or facial or neck pain attributed to arterial dissection [I67.0]
6.5.2	G44.814	Post-endarterectomy headache [I97.8]
6.5.3	G44.810	Carotid angioplasty headache
6.5.4	G44.810	Headache attributed to intracranial endovascular procedures
6.5.5	G44.810	Angiography headache
6.6	G44.810	Headache attributed to cerebral venous thrombosis [I63.6]
6.7	G44.81	Headache attributed to other intracranial vascular disorder
6.7.1	G44.81	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) [I67.8]

6.7.2	G44.81	Mitochondrial encephalopathy, lactic acidosis and stroke-like episodes (MELAS) [G31.81]
6.7.3	G44.81	Headache attributed to benign angiopathy of the CNS [I99]
6.7.4	G44.81	Headache attributed to pituitary apoplexy [E23.6]
7.	G44.82	Headache attributed to non-vascular intracranial disorder
7.1	G44.820	Headache attributed to high cerebrospinal fluid (CSF) pressure
7.1.1	G44.820	Headache attributed to idiopathic intracranial hypertension [G93.2]
7.1.2	G44.820	Headache attributed to intracranial hypertension secondary to metabolic/toxic/hormonal causes
7.1.3	G44.820	Headache attributed to intracranial hypertension secondary to hydrocephalus [G91.8]
7.2	G44.820	Headache attributed to low cerebrospinal fluid (CSF) pressure
7.2.1	G44.820	Post-dural puncture headache [G97.0]
7.2.2	G44.820	CSF fistula headache [G96.0]
7.2.3	G44.820	Headache attributed to spontaneous (or idiopathic) low CSF pressure
7.3	G44.82	Headache attributed to non-infectious inflammatory disease
7.3.1	G44.823	Headache attributed to neurosarcoidosis [D86.8]
7.3.2	G44.823	Headache attributed to aseptic (non-infectious) meningitis [code for aetiology]
7.3.3	G44.823	Headache attributed to other non-infectious inflammatory disease [code for aetiology]
7.3.4	G44.82	Headache attributed to lymphocytic hypophysitis [E23.6]
7.4	G44.822	Headache attributed to intracranial neoplasm [C00-D48]
7.4.1	G44.822	Headache attributed to increased intracranial pressure or hydrocephalus caused by neoplasm [code for neoplasm]
7.4.2	G44.822	Headache attributed directly to neoplasm [code for neoplasm]

7.4.3	G44.822	Headache attributed to carcinomatous meningitis [C79.3]
7.4.4	G44.822	Headache attributed to hypothalamic or pituitary hyper- or hyposecretion [E23.0]
7.5	G44.824	Headache attributed to intrathecal injection [G97.8]
7.6	G44.82	Headache attributed to epileptic seizure [G40.x or G41.x]
7.6.1	G44.82	Hemicrania epileptica [G40.x or G41.x]
7.6.2	G44.82	Post-seizure headache [G40.x or G41.x]
7.7	G44.82	Headache attributed to Chiari malformation type I [Q07.0]
7.8	G44.82	Syndrome of transient headache and neurological deficits with CSF lymphocytosis (HaNDL)
7.9	G44.82	Headache attributed to other non-vascular intracranial disorder
8.	G44.4 or G44.83	Headache attributed to a substance or its withdrawal
8.1	G44.40	Headache induced by acute substance use or exposure
8.1.1	G44.400	Nitric oxide (NO) donor-induced headache [X44]
8.1.1.1	G44.400	Immediate NO donor-induced headache [X44]
8.1.1.2	G44.400	Delayed NO donor-induced headache [X44]
8.1.2	G44.40	Phosphodiesterase inhibitor-induced headache [X44]
8.1.3	G44.402	Carbon monoxide (CO)-induced headache [X47]
8.1.4	G44.83	Alcohol-induced headache [F10]
8.1.4.1	G44.83	Immediate alcohol-induced headache [F10]
8.1.4.2	G44.83	Delayed alcohol-induced headache [F10]
8.1.5	G44.4	Headache induced by food components and additives
8.1.5.1	G44.401	Monosodium glutamate-induced headache [X44]
8.1.6	G44.83	Cocaine-induced headache [F14]
8.1.7	G44.83	Cannabis-induced headache [F12]
8.1.8	G44.40	Histamine-induced headache [X44]

8.1.8.1	G44.40	Immediate histamine-induced headache [X44]
8.1.8.2	G44.40	Delayed histamine-induced headache [X44]
8.1.9	G44.40	Calcitonin gene-related peptide (CGRP)-induced headache [X44]
8.1.9.1	G44.40	Immediate CGRP-induced headache [X44]
8.1.9.2	G44.40	Delayed CGRP-induced headache [X44]
8.1.10	G44.41	Headache as an acute adverse event attributed to medication used for other indications [code for substance]
8.1.11	G44.4 or G44.83	Headache attributed to other acute substance use or exposure [code for substance]
8.2	G44.41 or G44.83	Medication-overuse headache (MOH)
8.2.1	G44.411	Ergotamine-overuse headache [Y52.5]
8.2.2	G44.41	Triptan-overuse headache
8.2.3	G44.410	Analgesic-overuse headache [F55.2]
8.2.4	G44.83	Opioid-overuse headache [F11.2]
8.2.5	G44.410	Combination MOH [F55.2]
8.2.6	G44.410	Headache attributed to other medication overuse [code for substance]
8.2.7	G44.41 or G44.83	Probable MOH [code for substance]
8.3	G44.4	Headache as an adverse event attributed to chronic medication [code for substance]
8.3.1	G44.418	Exogenous hormone-induced headache [Y42.4]
8.4	G44.83	Headache attributed to substance withdrawal
8.4.1	G44.83	Caffeine-withdrawal headache [F15.3]
8.4.2	G44.83	Opioid-withdrawal headache [F11.3]
8.4.3	G44.83	Oestrogen-withdrawal headache [Y42.4]
8.4.4	G44.83	Headache attributed to withdrawal from chronic use of other substances [code for substance]

9.		Headache attributed to infection
9.1	G44.821	Headache attributed to intracranial infection [G00-G09]
9.1.1	G44.821	Headache attributed to bacterial meningitis [G00.9]
9.1.2	G44.821	Headache attributed to lymphocytic meningitis [G03.9]
9.1.3	G44.821	Headache attributed to encephalitis [G04.9]
9.1.4	G44.821	Headache attributed to brain abscess [G06.0]
9.1.5	G44.821	Headache attributed to subdural empyema [G06.2]
9.2	G44.881	Headache attributed to systemic infection [A00-B97]
9.2.1	G44.881	Headache attributed to systemic bacterial infection [code for aetiology]
9.2.2	G44.881	Headache attributed to systemic viral infection [code for aetiology]
9.2.3	G44.881	Headache attributed to other systemic infection [code for aetiology]
9.3	G44.821	Headache attributed to HIV/AIDS [B22]
9.4	G44.821 or G44.881	Chronic post-infection headache [code for aetiology]
9.4.1	G44.821	Chronic post-bacterial meningitis headache [G00.9]
10.	G44.882	Headache attributed to disorder of homeostasis
10.1	G44.882	Headache attributed to hypoxia and/or hypercapnia
10.1.1	G44.882	High-altitude headache [W94]
10.1.2	G44.882	Diving headache
10.1.3	G44.882	Sleep apnoea headache [G47.3]
10.2	G44.882	Dialysis headache [Y84.1]
10.3	G44.813	Headache attributed to arterial hypertension [I10]
10.3.1	G44.813	Headache attributed to pheochromocytoma [D35.0 (benign) or C74.1 (malignant)]
10.3.2	G44.813	Headache attributed to hypertensive crisis without hypertensive encephalopathy [I10]
10.3.3	G44.813	Headache attributed to hypertensive encephalopathy [I67.4]

10.3.4	G44.813	Headache attributed to pre-eclampsia [O13-O14]
10.3.5	G44.813	Headache attributed to eclampsia [O15]
10.3.6	G44.813	Headache attributed to acute pressor response to an exogenous agent [code for aetiology]
10.4	G44.882	Headache attributed to hypothyroidism [E03.9]
10.5	G44.882	Headache attributed to fasting [T73.0]
10.6	G44.882	Cardiac cephalalgia [code for aetiology]
10.7	G44.882	Headache attributed to other disorder of homoeostasis [code for aetiology]
11.	G44.84	Headache or facial pain attributed to disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cranial structures
11.1	G44.840	Headache attributed to disorder of cranial bone [M80-M89.8]
11.2	G44.841	Headache attributed to disorder of neck [M99]
11.2.1	G44.841	Cervicogenic headache [M99]
11.2.2	G44.842	Headache attributed to retropharyngeal tendonitis [M79.8]
11.2.3	G44.841	Headache attributed to cranio-cervical dystonia [G24]
11.3	G44.843	Headache attributed to disorder of eyes
11.3.1	G44.843	Headache attributed to acute glaucoma [H40]
11.3.2	G44.843	Headache attributed to refractive errors [H52]
11.3.3	G44.843	Headache attributed to heterophoria or heterotropia (manifest or latent squint) [H50.3-H50.5]
11.3.4	G44.843	Headache attributed to ocular inflammatory disorder [code for aetiology]
11.4	G44.844	Headache attributed to disorder of ears [H60-H95]
11.5	G44.845	Headache attributed to rhinosinusitis [J01]

11.6	G44.846	Headache attributed to disorder of teeth, jaws or related structures [K00-K14]
11.7	G44.846	Headache or facial pain attributed to temporomandibular joint (TMJ) disorder [K07.6]
11.8	G44.84	Headache attributed to other disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structures [code for aetiology]
12.	R51	Headache attributed to psychiatric disorder
12.1	R51	Headache attributed to somatisation disorder [F45.0]
12.2	R51	Headache attributed to psychotic disorder [code for aetiology]
13.	G44.847, G44.848 or G44.85	Cranial neuralgias and central causes of facial pain
13.1	G44.847	Trigeminal neuralgia
13.1.1	G44.847	Classical trigeminal neuralgia [G50.00]
13.1.2	G44.847	Symptomatic trigeminal neuralgia [G53.80 + code for aetiology]
13.2	G44.847	Glossopharyngeal neuralgia
13.2.1	G44.847	Classical glossopharyngeal neuralgia [G52.10]
13.2.2	G44.847	Symptomatic glossopharyngeal neuralgia [G53.830 + code for aetiology]
13.3	G44.847	Nervus intermedius neuralgia [G51.80]
13.4	G44.847	Superior laryngeal neuralgia [G52.20]
13.5	G44.847	Nasociliary neuralgia [G52.80]
13.6	G44.847	Supraorbital neuralgia [G52.80]
13.7	G44.847	Other terminal branch neuralgias [G52.80]
13.8	G44.847	Occipital neuralgia [G52.80]
13.9	G44.851	Neck-tongue syndrome
13.10	G44.801	External compression headache
13.11	G44.802	Cold-stimulus headache
13.11.1	G44.8020	Headache attributed to external application of a cold stimulus
13.11.2	G44.8021	Headache attributed to ingestion or inhalation of a cold stimulus

13.12	G44.848	Constant pain caused by compression, irritation or distortion of cranial nerves or upper cervical roots by structural lesions [G53.8 + code for aetiology]
13.13	G44.848	Optic neuritis [H46]
13.14	G44.848	Ocular diabetic neuropathy [E10-E14]
13.15	G44.881 or G44.847	Head or facial pain attributed to herpes zoster
13.15.1	G44.881	Head or facial pain attributed to acute herpes zoster [B02.2]
13.15.2	G44.847	Post-herpetic neuralgia [B02.2]
13.16	G44.850	Tolosa-Hunt syndrome
13.17	G43.80	Ophthalmoplegic “migraine”
13.18	G44.810 or G44.847	Central causes of facial pain
13.18.1	G44.847	Anaesthesia dolorosa [G52.800 + code for aetiology]
13.18.2	G44.810	Central post-stroke pain [G46.21]
13.18.3	G44.847	Facial pain attributed to multiple sclerosis [G35]
13.18.4	G44.847	Persistent idiopathic facial pain [G50.1]
13.18.5	G44.847	Burning mouth syndrome [code for aetiology]
13.19	G44.847	Other cranial neuralgia or other centrally mediated facial pain [code for aetiology]
14.	R51	Other headache, cranial neuralgia, central or primary facial pain
14.1	R51	Headache not elsewhere classified
14.2	R51	Headache unspecified

PART 1. THE PRIMARY HEADACHES

1. [G43] Migraine

1.1 [G43.0] Migraine without aura

- A. At least 5 attacks fulfilling criteria B–D
- B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated)
- C. Headache has at least 2 of the following characteristics:
 1. unilateral location
 2. pulsating quality
 3. moderate or severe pain intensity

4. aggravation by or causing avoidance of routine physical activity (*eg*, walking or climbing stairs)
- D. During headache at least 1 of the following:
1. nausea and/or vomiting
 2. photophobia and phonophobia
- E. Not attributed to another disorder

1.2 [G43.1] Migraine with aura

- A. At least 2 attacks fulfilling criterion B
- B. Migraine aura fulfilling criteria B–C for one of the subforms 1.2.1-1.2.6
- C. Not attributed to another disorder

1.2.1 [G43.10] Typical aura with migraine headache

- A. At least 2 attacks fulfilling criteria B–D
- B. Aura consisting of at least 1 of the following, but no motor weakness:
1. fully reversible visual symptoms including positive features (*eg*, flickering lights, spots or lines) and/or negative features (*ie*, loss of vision)
 2. fully reversible sensory symptoms including positive features (*ie*, pins and needles) and/or negative features (*ie*, numbness)
 3. fully reversible dysphasic speech disturbance
- C. At least two of the following:
1. homonymous visual symptoms and/or unilateral sensory symptoms
 2. at least one aura symptom develops gradually over ≥ 5 minutes and/or different aura symptoms occur in succession over ≥ 5 minutes
 3. each symptom lasts ≥ 5 and ≤ 60 minutes
- D. Headache fulfilling criteria B–D for 1.1 *Migraine without aura* begins during the aura or follows aura within 60 minutes
- E. Not attributed to another disorder

1.2.3 [G43.104] Typical aura without headache

As 1.2.1 except:

- B. Aura consisting of at least 1 of the following, with or without speech disturbance but no motor weakness:
1. fully reversible visual symptoms including positive features (*eg*, flickering lights, spots or lines) and/or negative features (*ie*, loss of vision)
 2. fully reversible sensory symptoms including positive features (*ie*, pins and needles) and/or negative features (*ie*, numbness)
- D. Headache does not occur during aura nor follow aura within 60 minutes

2. [G44.2] Tension-type headache (TTH)

2.1 [G44.2] Infrequent episodic tension-type headache

- A. At least 10 episodes occurring on <1 day/month on average (<12 days/year) and fulfilling criteria B–D
- B. Headache lasting from 30 minutes to 7 days
- C. Headache has at least 2 of the following characteristics:
 - 1. bilateral location
 - 2. pressing/tightening (non-pulsating) quality
 - 3. mild or moderate intensity
 - 4. not aggravated by routine physical activity such as walking or climbing stairs
- D. Both of the following:
 - 1. no nausea or vomiting (anorexia may occur)
 - 2. no more than one of photophobia or phonophobia
- E. Not attributed to another disorder

2.2 [G44.2] Frequent episodic tension-type headache

As 2.1 except:

- A. At least 10 episodes occurring on ≥ 1 but <15 days/month for ≥ 3 months (≥ 12 and <180 days/year) and fulfilling criteria B–D

2.3 [G44.2] Chronic tension-type headache

As 2.1 except:

- A. Headache occurring on ≥ 15 days/month on average for >3 months (≥ 180 days/year) and fulfilling criteria B–D
- B. Headache lasts hours or may be continuous
- D. Both of the following:
 - 1. no more than one of photophobia, phonophobia or mild nausea
 - 2. neither moderate or severe nausea nor vomiting

3. [G44.0] Cluster headache and other trigeminal autonomic cephalalgias

3.1 [G44.0] Cluster headache

- A. At least 5 attacks fulfilling criteria B–D
- B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 minutes if untreated
- C. Headache is accompanied by at least 1 of the following:
 - 1. ipsilateral conjunctival injection and/or lacrimation
 - 2. ipsilateral nasal congestion and/or rhinorrhoea
 - 3. ipsilateral eyelid oedema
 - 4. ipsilateral forehead and facial sweating
 - 5. ipsilateral miosis and/or ptosis
 - 6. a sense of restlessness or agitation
- D. Attacks have a frequency from 1 every other day to 8/day

E. Not attributed to another disorder

3.1.1 [G44.01] Episodic cluster headache

- A. Attacks fulfilling criteria A–E for 3.1 *Cluster headache*
- B. At least two cluster periods lasting 7–365 days and separated by pain-free remission periods of ≥ 1 month

3.1.2 [G44.02] Chronic cluster headache

- A. Attacks fulfilling criteria A–E for 3.1 *Cluster headache*
- B. Attacks recur over > 1 year without remission periods or with remission periods lasting < 1 month

PART 2. THE SECONDARY HEADACHES

A *de novo* headache occurring with another disorder recognised to be capable of causing it is diagnosed as secondary.

A patient who has previously had a primary headache that becomes worse in close temporal relation to the occurrence of another disorder can receive two diagnoses: the primary headache diagnosis and the secondary headache diagnosis. The following factors support the use of two diagnoses: a very close temporal relation, marked worsening of the primary headache, the existence of other evidence that the other disorder can aggravate primary headache in the manner observed, and remission of the headache after cure or remission of the other disorder.

5. [G44.88] Headache attributed to head and/or neck trauma

5.2.1 [G44.30] Chronic post-traumatic headache attributed to moderate or severe head injury [S06]

- A. Headache, no typical characteristics known, fulfilling criteria C–D
- B. Head trauma with at least 1 of the following:
 - 1. loss of consciousness for > 30 minutes
 - 2. Glasgow Coma Scale (GCS) < 13
 - 3. post-traumatic amnesia for > 48 hours
 - 4. imaging demonstration of a traumatic brain lesion (cerebral haematoma, intracerebral/subarachnoid haemorrhage, brain contusion, skull fracture)
- C. Headache develops within 7 days after head trauma or or after regaining consciousness following head trauma
- D. Headache persists for > 3 months after head trauma

6. [G44.81] Headache attributed to cranial or cervical vascular disorder

6.4.1 [G44.812] Headache attributed to giant cell arteritis (GCA) [M31.6]

- A. Any new persisting headache fulfilling criteria C–D
- B. At least one of the following:
 - 1. swollen tender scalp artery with elevated erythrocyte sedimentation rate and/or C reactive protein
 - 2. temporal artery biopsy demonstrating giant cell arteritis
- C. Headache develops in close temporal relation to other symptoms and signs of giant cell arteritis
- D. Headache resolves or greatly improves within 3 days of high-dose steroid treatment

7. [G44.82] Headache attributed to non-vascular intracranial disorder

7.1.1 [G44.820] Headache attributed to idiopathic intracranial hypertension (IIH) [G93.2]

- A. Progressive headache with at least 1 of the following characteristics and fulfilling criteria C–D:
 - 1. daily occurrence
 - 2. diffuse and/or constant (non-pulsating) pain
 - 3. aggravated by coughing or straining
- B. Intracranial hypertension fulfilling the following criteria:
 - 1. alert patient with neurological examination that either is normal or demonstrates any of the following abnormalities:
 - a) papilloedema
 - b) enlarged blind spot
 - c) visual field defect (progressive if untreated)
 - d) sixth nerve palsy
 - 2. increased CSF pressure (>200 mm H₂O in the non-obese, >250 mm H₂O in the obese) measured by lumbar puncture in the recumbent position or by epidural or intraventricular pressure monitoring
 - 3. normal CSF chemistry (low CSF protein is acceptable) and cellularity
 - 4. intracranial diseases (including venous sinus thrombosis) ruled out by appropriate investigations
 - 5. no metabolic, toxic or hormonal cause of intracranial hypertension
- C. Headache develops in close temporal relation to increased intracranial pressure
- D. Headache improves after withdrawal of CSF to reduce pressure to 120–170 mm H₂O and resolves within 72

hours of persistent normalisation of intracranial pressure

7.4.1 [G44.822] Headache attributed to increased intracranial pressure or hydrocephalus caused by neoplasm [C00-D48]

- A. Diffuse non-pulsating headache with at least 1 of the following characteristics and fulfilling criteria C–D:
 - 1. associated with nausea and/or vomiting
 - 2. worsened by physical activity and/or manoeuvres known to increase intracranial pressure (such as Valsalva manoeuvre, coughing or sneezing)
 - 3. occurring in attack-like episodes
- B. Space-occupying intracranial tumour* demonstrated by CT or MRI and causing hydrocephalus
- C. Headache develops and/or deteriorates in close temporal relation to the hydrocephalus
- D. Headache improves within 7 days after surgical removal or volume-reduction of tumour

*including colloid cyst of the IIIrd ventricle.

7.4.2 [G44.822] Headache attributed directly to neoplasm [C00-D48]

- A. Headache with at least 1 of the following characteristics and fulfilling criteria C–D:
 - 1. progressive
 - 2. localised
 - 3. worse in the morning
 - 4. aggravated by coughing or bending forward
- B. Intracranial neoplasm shown by imaging
- C. Headache develops in temporal (and usually spatial) relation to the neoplasm
- D. Headache resolves within 7 days after surgical removal or volume-reduction of neoplasm or treatment with corticosteroids

8. [G44.4 or G44.83] Headache attributed to a substance or its withdrawal

8.1.3 [G44.402] Carbon monoxide (CO)-induced headache [X47]

- A. Bilateral and/or continuous headache, with quality and intensity that may be related to the severity of CO intoxication, fulfilling criteria C–D
- B. Exposure to carbon monoxide (CO)
- C. Headache develops within 12 hours of exposure
- D. Headache resolves within 72 hours after elimination of CO

8.2 [G44.41 or G44.83] Medication-overuse headache

8.2.1 [G44.411] Ergotamine-overuse headache [Y52.5]

- A. Headache present on >15 days/month with at least 1 of the following characteristics and fulfilling criteria C–D:
 - 1. bilateral
 - 2. pressing/tightening quality
 - 3. mild or moderate intensity
- B. Ergotamine intake on ≥ 10 days/month on a regular basis for ≥ 3 months
- C. Headache has developed or markedly worsened during ergotamine overuse
- D. Headache resolves or reverts to its previous pattern within 2 months after discontinuation of ergotamine

8.2.2 [G44.41] Triptan-overuse headache

- A. Headache present on >15 days/month with at least 1 of the following characteristics and fulfilling criteria C–D:
 - 1. predominantly unilateral
 - 2. pulsating quality
 - 3. moderate or severe intensity
 - 4. aggravated by or causing avoidance of routine physical activity (eg, walking or climbing stairs)
 - 5. associated with at least 1 of the following:
 - a) nausea and/or vomiting
 - b) photophobia and phonophobia
- B. Triptan intake (any formulation) on ≥ 10 days/month on a regular basis for ≥ 3 months
- C. Headache frequency has markedly increased during triptan overuse
- D. Headache reverts to its previous pattern within 2 months after discontinuation of triptan

8.2.3 [G44.410] Analgesic-overuse headache [F55.2]

- A. Headache present on >15 days/month with at least 1 of the following characteristics and fulfilling criteria C–D:
 - 1. bilateral
 - 2. pressing/tightening (non-pulsating) quality
 - 3. mild or moderate intensity
- B. Intake of simple analgesics on ≥ 15 days/month for ≥ 3 months
- C. Headache has developed or markedly worsened during analgesic overuse
- D. Headache resolves or reverts to its previous pattern within 2 months after discontinuation of analgesics

8.2.4 [G44.83] Opioid-overuse headache [F11.2]

- A. Headache present on >15 days/month fulfilling criteria C–D

- B. Opioid intake on ≥ 10 days/month for ≥ 3 months
- C. Headache develops or markedly worsens during opioid overuse
- D. Headache resolves or reverts to its previous pattern within 2 months after discontinuation of opioid

8.2.5 [G44.410] Combination medication-overuse headache [F55.2]

As 8.2.3 except:

- B. Intake of combination medications on ≥ 10 days/month for ≥ 3 months

8.2.7 [G44.41 or G44.83] Probable medication-overuse headache*

- A. Headache fulfilling criteria A–C for any one of the subforms 8.2.1 to 8.2.6 above
- B. One or other of the following:
 1. overused medication has not yet been withdrawn
 2. medication overuse has ceased within the last 2 months but headache has not so far resolved or reverted to its previous pattern

8.4 [G44.83] Headache attributed to substance withdrawal

8.4.3 [G44.83] Oestrogen-withdrawal headache [Y42.4]

- A. Headache or migraine fulfilling criteria C–D
- B. Daily use of exogenous oestrogen for ≥ 3 weeks, which is interrupted
- C. Headache or migraine develops within 5 days after last use of oestrogen
- D. Headache or migraine resolves within 3 days

11. [G44.84] Headache or facial pain attributed to disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cranial structures

11.2.1 [G44.841] Cervicogenic headache [M99]

- A. Pain, referred from a source in the neck and perceived in one or more regions of the head and/or face, fulfilling criteria C–D
- B. Clinical, laboratory and/or imaging evidence of a disorder or lesion within the cervical spine or soft tissues of the neck known to be, or generally accepted as, a valid cause of headache
- C. Evidence that the pain can be attributed to the neck disorder or lesion based on at least 1 of the following:

1. demonstration of clinical signs that implicate a source of pain in the neck
 2. abolition of headache following diagnostic blockade of a cervical structure or its nerve supply using placebo- or other adequate controls
- D. Pain resolves within 3 months after successful treatment of the causative disorder or lesion

PART 3. CRANIAL NEURALGIAS, CENTRAL AND PRIMARY FACIAL PAIN AND OTHER HEADACHES

13. [G44.847, G44.848 or G44.85] Cranial neuralgias and central causes of facial pain

13.1.1 [G44.847] Classical trigeminal neuralgia [G50.00]

- A. Paroxysmal attacks of pain lasting from a fraction of a second to 2 minutes, affecting one or more divisions of the trigeminal nerve and fulfilling criteria B–C
- B. Pain has at least 1 of the following characteristics:
 1. intense, sharp, superficial or stabbing
 2. precipitated from trigger areas or by trigger factors
- C. Attacks are stereotyped in the individual patient
- D. There is no clinically evident neurological deficit
- E. Not attributed to another disorder

13.8 [G44.847] Occipital neuralgia [G52.80]

- A. Paroxysmal stabbing pain, with or without persistent aching between paroxysms, in the distribution(s) of the greater, lesser and/or third occipital nerves
- B. Tenderness over the affected nerve
- C. Pain is eased temporarily by local anaesthetic block of the nerve

13.18 [G44.810 or G44.847] Central causes of facial pain

13.18.4 [G44.847] Persistent idiopathic facial pain [G50.1]

- A. Pain in the face, present daily and persisting for all or most of the day, fulfilling criteria B–C
- B. Pain is confined at onset to a limited area on one side of the face, and is deep and poorly localised
- C. Pain is not associated with sensory loss or other physical signs
- D. Investigations including X-ray of face and jaws do not demonstrate any relevant abnormality