

International Classification of Headache Disorders - ICHD-4 *alpha*

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Cephalalgia

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We write as the initial interaction between the new Classification Committee leadership and Society members.

First, we wish to set on record the enormous debt owed to previous members of the Committee, and most particularly, the chair from its inception, Professor Jes Olesen. With intellectual rigour, determination and hard work, Professor Olesen has steered the three editions (1–4). Our hope is to apply the same sedulous approach as we seek increments to the apotheosis of headache classification.

Secondly, we considered it might be useful to invite members' comments on ICHD-3 (4) where it is considered that improvement or change is necessary. Ideally, such comments would be in a short note or email referencing a published basis for any change. Progress and change will be suitably reported in these pages to members.

Thirdly, we considered two issues required immediate attention. This note should be seen as a clarification to the formal classification. The term episodic migraine has come into widespread use without a specifically articulated definition. As an interim measure, we adopt into the Definition of Terms: Headache occurring on less than 15 days a month over the last 3 months, which on some days is migraine. Further, we note that ICHD-3 (4) reversed the definition text of premonitory and prodrome used in previous ICHDs (1,2,3). Users should regard the text as swapped in error, based on the literature (5–17). In addition, there was no minuted decision by the previous Committee to make the change. “Premonitory symptoms” remains the current correct terminology for: The symptomatic phase, lasting up to 48 hours, occurring before the onset of pain in migraine without aura or before the aura in migraine with aura. Among the common premonitory symptoms are fatigue, elated or depressed mood, unusual hunger and cravings for certain foods.

Author note

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