

Updates of management of other TACs

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Introduction: TACs are a group of primary headaches characterized by attacks of unilateral short-lasting severe head pain associated with ipsilateral autonomic manifestations in the facial distribution of the trigeminal nerve. They are important to recognize because of their different response to treatments.

Methods: Other TACs included in this lecture are episodic and chronic paroxysmal hemicrania (PH), short-lasting unilateral neuralgiform headache attacks (SUNHA) and hemicrania continua.

Results: Lamotrigine for SUNHA and indomethacin for PH and HC are the preventative treatments of choice. Complete response to indomethacin is required for a diagnosis of PH, although tolerability can be difficult. Second-line choices include verapamil for PH; topiramate, gabapentin, and carbamazepine for SUNHA; and cyclooxygenase-2 inhibitors and gabapentin for HC. Parenteral lidocaine is highly effective as a transitional treatment for SUNHA. Novel therapeutic strategies such as non-invasive neurostimulation, targeted nerve and ganglion blockades, and invasive neurostimulation, including implanted occipital nerve stimulators and deep brain stimulation, appears to be promising options.

Conclusion: SUNHA, PH, and HC are rare, but highly disabling headache syndromes that can be difficult to diagnose and manage correctly. Improvements in our understanding of their pathophysiology should allow better treatments to emerge.

Key words: paroxysmal hemicrania, short-lasting unilateral neuralgiform headache attacks, hemicrania continua.