

Summary of NICE recommendations on cluster headache⁷

Diagnosis

- Discuss the need for neuroimaging with a headache specialist

Acute treatment

- Offer oxygen and/or subcutaneous OR nasal triptan for acute treatment
- Oxygen must be given at 100% at a flow rate of at least 12/L min via a non-rebreathing mask
- Both ambulatory and home oxygen should be supplied
- Patients must be supplied with adequate amounts of triptans based on their history of cluster bouts
- Subcutaneous sumatriptan can be used a maximum of twice a day
- Nasal triptans can be used a maximum of three times a day
- Paracetamol, opiates and NSAIDs should not be used

Preventive treatment

- Verapamil should be considered as a prophylactic agent in cluster bouts (ensuring adequate ECG monitoring is undertaken)
- Specialist advice should be sought if the prescribing doctor is unfamiliar with verapamil in cluster headache or if the patient fails to respond to verapamil
- Pregnant patients must be referred to a specialist