

Patient Presentation

Cluster

Acute

GP

Treatment only needed during cluster bouts:

- Subcutaneous injection of 6mg sumatriptan is recommended as the first choice treatment for the relief of acute attacks.
- Nasal sumatriptan or zolmitriptan is recommended for treatment of acute attacks in patients who cannot tolerate subcutaneous sumatriptan.
- Maximum triptan use is 2 doses a day.
- 100% oxygen (7–12 litres per minute) using a tight fitting, non-rebreathing mask, should be considered. A high flow regulator is required. Information available from www.ouchuk.org; in Scotland has to be initiated by a specialist.
- Consider Lidocaine 10% nasal drops to speed relief of acute attacks for patients whose attacks are not well relieved by subcutaneous or nasal triptan and inhaled 100% oxygen.

Prophylaxis

GP

- Verapamil 240–960mg daily (slow release preparations can be used) Pre-treatment electrocardiogram and regular ECG monitoring is required 10 days after each dose titration. This is short term prophylaxis during the cluster bout.
- Oral steroids can be useful to abort a cluster bout – consider discussing with the local headache/neurology service.
- Greater occipital nerve injection (discuss with headache/neurology service).

Patient Support Group

Organisation for the understanding of cluster headache (OUCH)
 Helpline: 01646 651 979
www.ouchuk.org