



PAROXYSMAL HEMICRANIA

Paroxysmal Hemicrania (PH) is a rare headache disorder that is very similar to cluster headache.

Characteristics of Paroxysmal Hemicrania pain:

- severe throbbing
- claw-like, or boring
- usually on one side of the face; in, around, or behind the eye occasionally reaching to the back of the neck

Paroxysmal Hemicrania pain may be accompanied by:

- red and tearing eyes (lacrimation)
- a drooping or swollen eyelid on the affected side of the face
- nasal congestion
- dull pain, soreness, or tenderness between attacks

The main difference between Paroxysmal Hemicrania and Cluster Headache is that Paroxysmal Hemicrania attacks tend to be much shorter in duration. Each attack normally lasts between 10-30 minutes, but attacks can also be as short as two minutes or as long as 45 minutes. PH attacks also tend to occur on average more frequently than CH (five per day or more - and sometimes up to 40 per day) and appear to be more prevalent amongst females.

As with both Cluster Headache and Migraine there are two variants of PH: chronic and episodic, defined in exactly the same way as in CH.

Paroxysmal Hemicrania has two forms:

- Chronic PH: patients experience attacks on a daily basis for a year or more
- Episodic PH: the headaches may go into remission for months or years

Certain movements of the head or neck or external pressure to the neck may trigger these headaches in some patients. The disorder is more common in women than in men.

Like many of the other shorter lasting primary headaches, PH responds almost absolutely to a medication called indomethacin (a non-steroidal anti-inflammatory drug), and it is noteworthy that this course of action is often used as a screening investigation to rule out CH amongst some sufferers.

As with CH, the diagnosis of paroxysmal hemicrania is based purely on assessing the history of the sufferer coupled with a detailed neurological examination.