

INTERNATIONAL HEADACHE SOCIETY

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The International Classification of Headache Disorders

3rd Edition

(ICHD-3)

**Abbreviated pocket version
for reference by professional users only**

**prepared by the
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of the
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Introduction to Abbreviated Pocket Version

The International Classification of Headache Disorders, 3rd edition, is published in *Cephalalgia* and freely accessible at <http://www.ihs-headache.org>.

This abbreviated version includes the most common or important headache disorders (and some that are frequently over- or misdiagnosed) as an *aide memoire* for those familiar with the classification principles and experienced in their application. It lists the diagnostic criteria but omits explanatory introductions, descriptions, notes and comments, which in many cases are key to proper and accurate usage.

Classification

ICHD-3 Diagnosis code

1. Migraine

- 1.1 Migraine without aura
- 1.2 Migraine with aura
 - 1.2.1 Migraine with typical aura
 - 1.2.1.1 Typical aura with headache
 - 1.2.1.2 Typical aura without headache
 - 1.2.2 Migraine with brainstem aura
- 1.2.3 Hemiplegic migraine
 - 1.2.3.1 Familial hemiplegic migraine (FHM)
 - 1.2.3.1.1 FHM type 1 (FHM1)
 - 1.2.3.1.2 FHM type 2 (FHM2)
 - 1.2.3.1.3 FHM type 3 (FHM3)
 - 1.2.3.1.4 FHM, other loci
 - 1.2.3.2 Sporadic hemiplegic migraine
- 1.2.4 Retinal migraine
- 1.3 Chronic migraine
- 1.4 Complications of migraine
 - 1.4.1 Status migrainosus
 - 1.4.2 Persistent aura without infarction
 - 1.4.3 Migrainous infarction
 - 1.4.4 Migraine aura-triggered seizure
- 1.5 Probable migraine
 - 1.5.1 Probable migraine without aura
 - 1.5.2 Probable migraine with aura
- 1.6 Episodic syndromes that may be associated with migraine
 - 1.6.1 Recurrent gastrointestinal disturbance
 - 1.6.1.1 Cyclical vomiting syndrome
 - 1.6.1.2 Abdominal migraine
 - 1.6.2 Benign paroxysmal vertigo
 - 1.6.3 Benign paroxysmal torticollis

2. Tension-type headache (TTH)

- 2.1 Infrequent episodic TTH

- 2.1.1 Infrequent episodic TTH associated with pericranial tenderness
- 2.1.2 Infrequent episodic TTH not associated with pericranial tenderness
- 2.2 Frequent episodic TTH
 - 2.2.1 Frequent episodic TTH associated with pericranial tenderness
 - 2.2.2 Frequent episodic TTH not associated with pericranial tenderness
- 2.3 Chronic TTH
 - 2.3.1 Chronic TTH associated with pericranial tenderness
 - 2.3.2 Chronic TTH not associated with pericranial tenderness
- 2.4 Probable TTH
 - 2.4.1 Probable infrequent episodic TTH
 - 2.4.2 Probable frequent episodic TTH
 - 2.4.3 Probable chronic TTH

3. Trigeminal autonomic cephalgias

- 3.1 Cluster headache
 - 3.1.1 Episodic cluster headache
 - 3.1.2 Chronic cluster headache
- 3.2 Paroxysmal hemicrania
 - 3.2.1 Episodic paroxysmal hemicrania
 - 3.2.2 Chronic paroxysmal hemicrania
- 3.3 Short-lasting unilateral neuralgiform headache attacks
 - 3.3.1 Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT)
 - 3.3.1.1 Episodic SUNCT
 - 3.3.1.2 Chronic SUNCT
 - 3.3.2 Short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms (SUNA)
 - 3.3.2.1 Episodic SUNA
 - 3.3.2.2 Chronic SUNA
- 3.4 Hemicrania continua
- 3.5 Probable trigeminal autonomic cephalgia
 - 3.5.1 Probable cluster headache
 - 3.5.2 Probable paroxysmal hemicrania
 - 3.5.3 Probable short-lasting unilateral neuralgiform headache attacks
 - 3.5.4 Probable hemicrania continua

4. Other primary headache disorders

- 4.1 Primary cough headache
 - 4.1.1 Probable primary cough headache
- 4.2 Primary exercise headache
 - 4.2.1 Probable primary exercise headache
- 4.3 Primary headache associated with sexual activity
 - 4.3.1 Probable primary headache associated with sexual activity
- 4.4 Primary thunderclap headache
- 4.5 Cold-stimulus headache

- 4.5.1 Headache attributed to external application of a cold stimulus
- 4.5.2 Headache attributed to ingestion or inhalation of a cold stimulus
- 4.5.3 Probable cold-stimulus headache
 - 4.5.3.1 Headache probably attributed to external application of a cold stimulus
 - 4.5.3.2 Headache probably attributed to ingestion or inhalation of a cold stimulus
- 4.6 External-pressure headache
 - 4.6.1 External-compression headache
 - 4.6.2 External-traction headache
 - 4.6.3 Probable external-pressure headache
 - 4.6.3.1 Probable external-compression headache
 - 4.6.3.2 Probable external-traction headache
- 4.7 Primary stabbing headache
 - 4.7.1 Probable primary stabbing headache
- 4.8 Nummular headache
 - 4.8.1 Probable nummular headache
- 4.9 Hypnic headache
 - 4.9.1 Probable hypnic headache
- 4.10 New daily persistent headache (NDPH)
 - 4.10.1 Probable NDPH

5. Headache attributed to trauma or injury to the head and/or neck

- 5.1 Acute headache attributed to traumatic injury to the head
 - 5.1.1 Acute headache attributed to moderate or severe traumatic injury to the head
 - 5.1.2 Acute headache attributed to mild traumatic injury to the head
- 5.2 Persistent headache attributed to traumatic injury to the head
 - 5.2.1 Persistent headache attributed to moderate or severe traumatic injury to the head
 - 5.2.2 Persistent headache attributed to mild traumatic injury to the head
- 5.3 Acute headache attributed to whiplash
- 5.4 Persistent headache attributed to whiplash
- 5.5 Acute headache attributed to craniotomy
- 5.6 Persistent headache attributed to craniotomy

6. Headache attributed to cranial and/or cervical vascular disorder

- 6.1 Headache attributed to cerebral ischaemic event
 - 6.1.1 Headache attributed to ischaemic stroke (cerebral infarction)
 - 6.1.1.1 Acute headache attributed to ischaemic stroke
 - 6.1.1.2 Persistent headache attributed to past ischaemic stroke
 - 6.1.2 Headache attributed to transient ischaemic attack
- 6.2 Headache attributed to non-traumatic intracranial haemorrhage
 - 6.2.1 Acute headache attributed to non-traumatic intracerebral haemorrhage

- 6.2.2 Acute headache attributed to non-traumatic subarachnoid haemorrhage
- 6.2.3 Acute headache attributed to non-traumatic acute subdural haemorrhage
- 6.2.4 Persistent headache attributed to past non-traumatic intracranial haemorrhage
- 6.3 Headache attributed to unruptured vascular malformation
 - 6.3.1 Headache attributed to unruptured saccular aneurysm
 - 6.3.2 Headache attributed to arteriovenous malformation
 - 6.3.3 Headache attributed to dural arteriovenous fistula
 - 6.3.4 Headache attributed to cavernous angioma
 - 6.3.5 Headache attributed to encephalotrigeminal or leptomeningeal angiomatosis (Sturge Weber syndrome)
- 6.4 Headache attributed to arteritis
 - 6.4.1 Headache attributed to giant cell arteritis
 - 6.4.2 Headache attributed to primary angiitis of the central nervous system
 - 6.4.3 Headache attributed to secondary angiitis of the central nervous system
- 6.5 Headache attributed to cervical carotid or vertebral artery disorder
 - 6.5.1 Headache or facial or neck pain attributed to cervical carotid or vertebral artery dissection
 - 6.5.1.1 Acute headache or facial or neck pain attributed to cervical artery dissection
 - 6.5.1.2 Persistent headache or facial or neck pain attributed to past cervical artery dissection
 - 6.5.2 Post-endarterectomy headache
 - 6.5.3 Headache attributed to carotid or vertebral angioplasty or stenting
- 6.6 Headache attributed to cranial venous disorder
 - 6.6.1 Headache attributed to cerebral venous thrombosis
 - 6.6.2 Headache attributed to cranial venous sinus stenting
- 6.7 Headache attributed to other acute intracranial arterial disorder
 - 6.7.1 Headache attributed to an intracranial endarterial procedure
 - 6.7.2 Angiography headache
 - 6.7.3 Headache attributed to reversible cerebral vasoconstriction syndrome (RCVS)
 - 6.7.3.1 Acute headache attributed to RCVS
 - 6.7.3.2 Acute headache probably attributed to RCVS
 - 6.7.3.3 Persistent headache attributed to past RCVS
 - 6.7.4 Headache attributed to intracranial artery dissection
- 6.8 Headache and/or migraine-like aura attributed to chronic intracranial vasculopathy
 - 6.8.1 Headache attributed to Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL)

- 6.8.2 Headache attributed to Mitochondrial Encephalopathy, Lactic Acidosis and Stroke-like episodes (MELAS)
- 6.8.3 Headache attributed to Moyamoya angiopathy
- 6.8.4 Migraine-like aura attributed to cerebral amyloid angiopathy
- 6.8.5 Headache attributed to syndrome of retinal vasculopathy with cerebral leukoencephalopathy and systemic manifestations
- 6.8.6 Headache attributed to other genetic vasculopathy
- 6.9 Headache attributed to pituitary apoplexy

7. Headache attributed to non-vascular intracranial disorder

- 7.1 Headache attributed to increased cerebrospinal fluid pressure
 - 7.1.1 Headache attributed to idiopathic intracranial hypertension
 - 7.1.2 Headache attributed to intracranial hypertension secondary to metabolic, toxic or hormonal cause
 - 7.1.3 Headache attributed to intracranial hypertension secondary to chromosomal disorder
 - 7.1.4 Headache attributed to intracranial hypertension secondary to hydrocephalus
- 7.2 Headache attributed to low cerebrospinal fluid (CSF) pressure
 - 7.2.1 Post-dural puncture headache
 - 7.2.2 CSF fistula headache
 - 7.2.3 Headache attributed to spontaneous intracranial hypotension
- 7.3 Headache attributed to non-infectious inflammatory disease
 - 7.3.1 Headache attributed to neurosarcoidosis
 - 7.3.2 Headache attributed to aseptic (non-infectious) meningitis
 - 7.3.3 Headache attributed to other non-infectious inflammatory disease
 - 7.3.4 Headache attributed to lymphocytic hypophysitis
 - 7.3.5 Syndrome of transient Headache and Neurological Deficits with cerebrospinal fluid Lymphocytosis (HaNDL)
- 7.4 Headache attributed to intracranial neoplasia
 - 7.4.1 Headache attributed to intracranial neoplasm
 - 7.4.1.1 Headache attributed to colloid cyst of the third ventricle
 - 7.4.2 Headache attributed to carcinomatous meningitis
 - 7.4.3 Headache attributed to hypothalamic or pituitary hyper- or hyposecretion
- 7.5 Headache attributed to intrathecal injection
- 7.6 Headache attributed to epileptic seizure
 - 7.6.1 Ictal epileptic headache
 - 7.6.2 Post-ictal headache
- 7.7 Headache attributed to Chiari malformation type I
- 7.8 Headache attributed to other non-vascular intracranial disorder

8. Headache attributed to a substance or its withdrawal

- 8.1 Headache attributed to use of or exposure to a substance
 - 8.1.1 Nitric oxide (NO) donor-induced headache
 - 8.1.1.1 Immediate NO donor-induced headache
 - 8.1.1.2 Delayed NO donor-induced headache
 - 8.1.2 Phosphodiesterase inhibitor-induced headache
 - 8.1.3 Carbon monoxide-induced headache
 - 8.1.4 Alcohol-induced headache
 - 8.1.4.1 Immediate alcohol-induced headache
 - 8.1.4.2 Delayed alcohol-induced headache
 - 8.1.5 Cocaine-induced headache
 - 8.1.6 Histamine-induced headache
 - 8.1.6.1 Immediate histamine-induced headache
 - 8.1.6.2 Delayed histamine-induced headache
 - 8.1.7 Calcitonin gene-related peptide (CGRP)-induced headache
 - 8.1.7.1 Immediate CGRP-induced headache
 - 8.1.7.2 Delayed CGRP-induced headache
 - 8.1.8 Headache attributed to exogenous acute pressor agent
 - 8.1.9 Headache attributed to occasional use of non-headache medication
 - 8.1.10 Headache attributed to long-term use of non-headache medication
 - 8.1.11 Headache attributed to use of or exposure to other substance
- 8.2 Medication-overuse headache (MOH)
 - 8.2.1 Ergotamine-overuse headache
 - 8.2.2 Triptan-overuse headache
 - 8.2.3 Non-opioid analgesic-overuse headache
 - 8.2.3.1 Paracetamol (acetaminophen)-overuse headache
 - 8.2.3.2 Non-steroidal anti-inflammatory drug-overuse headache
 - 8.2.3.2.1 Acetylsalicylic acid-overuse headache
 - 8.2.3.3 Other non-opioid analgesic-overuse headache
 - 8.2.4 Opioid-overuse headache
 - 8.2.5 Combination-analgesic-overuse headache
 - 8.2.6 MOH attributed to multiple drug classes not individually overused
 - 8.2.7 MOH attributed to unspecified or unverified overuse of multiple drug classes
 - 8.2.8 MOH attributed to other medication
- 8.3 Headache attributed to substance withdrawal
 - 8.3.1 Caffeine-withdrawal headache
 - 8.3.2 Opioid-withdrawal headache
 - 8.3.3 Estrogen-withdrawal headache
 - 8.3.4 Headache attributed to withdrawal from chronic use of other substance

9. Headache attributed to infection

- 9.1 Headache attributed to intracranial infection
 - 9.1.1 Headache attributed to bacterial meningitis or meningoencephalitis
 - 9.1.1.1 Acute headache attributed to bacterial meningitis or meningoencephalitis

- 9.1.1.2 Chronic headache attributed to bacterial meningitis or meningoencephalitis
- 9.1.1.3 Persistent headache attributed to past bacterial meningitis or meningoencephalitis
- 9.1.2 Headache attributed to viral meningitis or encephalitis
 - 9.1.2.1 Headache attributed to viral meningitis
 - 9.1.2.2 Headache attributed to viral encephalitis
- 9.1.3 Headache attributed to intracranial fungal or other parasitic infection
 - 9.1.3.1 Acute headache attributed to intracranial fungal or other parasitic infection
 - 9.1.3.2 Chronic headache attributed to intracranial fungal or other parasitic infection
- 9.1.4 Headache attributed to localized brain infection
- 9.2 Headache attributed to systemic infection
 - 9.2.1 Headache attributed to systemic bacterial infection
 - 9.2.1.1 Acute headache attributed to systemic bacterial infection
 - 9.2.1.2 Chronic headache attributed to systemic bacterial infection
 - 9.2.2 Headache attributed to systemic viral infection
 - 9.2.2.1 Acute headache attributed to systemic viral infection
 - 9.2.2.2 Chronic headache attributed to systemic viral infection
 - 9.2.3 Headache attributed to other systemic infection
 - 9.2.3.1 Acute headache attributed to other systemic infection
 - 9.2.3.2 Chronic headache attributed to other systemic infection

10. Headache attributed to disorder of homoeostasis

- 10.1 Headache attributed to hypoxia and/or hypercapnia
 - 10.1.1 High-altitude headache
 - 10.1.2 Headache attributed to aeroplane travel
 - 10.1.3 Diving headache
 - 10.1.4 Sleep apnoea headache
- 10.2 Dialysis headache
- 10.3 Headache attributed to arterial hypertension
 - 10.3.1 Headache attributed to pheochromocytoma
 - 10.3.2 Headache attributed to hypertensive crisis without hypertensive encephalopathy
 - 10.3.3 Headache attributed to hypertensive encephalopathy
 - 10.3.4 Headache attributed to pre-eclampsia or eclampsia
 - 10.3.5 Headache attributed to autonomic dysreflexia
- 10.4 Headache attributed to hypothyroidism
- 10.5 Headache attributed to fasting
- 10.6 Cardiac cephalgia
- 10.7 Headache attributed to other disorder of homoeostasis

11. Headache or facial pain attributed to disorder of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structure

- 11.1 Headache attributed to disorder of cranial bone
- 11.2 Headache attributed to disorder of the neck
 - 11.2.1 Cervicogenic headache
 - 11.2.2 Headache attributed to retropharyngeal tendonitis
 - 11.2.3 Headache attributed to craniocervical dystonia
- 11.3 Headache attributed to disorder of the eyes
 - 11.3.1 Headache attributed to acute angle-closure glaucoma
 - 11.3.2 Headache attributed to refractive error
 - 11.3.3 Headache attributed to ocular inflammatory disorder
 - 11.3.4 Trochlear headache
- 11.4 Headache attributed to disorder of the ears
- 11.5 Headache attributed to disorder of the nose or paranasal sinuses
 - 11.5.1 Headache attributed to acute rhinosinusitis
 - 11.5.2 Headache attributed to chronic or recurring rhinosinusitis
- 11.6 Headache attributed to disorder of the teeth
- 11.7 Headache attributed to temporomandibular disorder
- 11.8 Head or facial pain attributed to inflammation of the stylohyoid ligament
- 11.9 Headache or facial pain attributed to other disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structure

12. Headache attributed to psychiatric disorder

- 12.1 Headache attributed to somatization disorder
- 12.2 Headache attributed to psychotic disorder

13. Painful lesions of the cranial nerves and other facial pain

- 13.1 Pain attributed to a lesion or disease of the trigeminal nerve
 - 13.1.1 Trigeminal neuralgia
 - 13.1.1.1 Classical trigeminal neuralgia
 - 13.1.1.1.1 Classical trigeminal neuralgia, purely paroxysmal
 - 13.1.1.1.2 Classical trigeminal neuralgia with concomitant continuous pain
 - 13.1.1.2 Secondary trigeminal neuralgia
 - 13.1.1.2.1 Trigeminal neuralgia attributed to multiple sclerosis
 - 13.1.1.2.2 Trigeminal neuralgia attributed to space-occupying lesion
 - 13.1.1.2.3 Trigeminal neuralgia attributed to other cause
 - 13.1.1.3 Idiopathic trigeminal neuralgia
 - 13.1.1.3.1 Idiopathic trigeminal neuralgia, purely paroxysmal
 - 13.1.1.3.2 Idiopathic trigeminal neuralgia with concomitant continuous pain
 - 13.1.2 Painful trigeminal neuropathy

- 13.1.2.1 Painful trigeminal neuropathy attributed to herpes zoster
 - 13.1.2.2 Trigeminal post-herpetic neuralgia
 - 13.1.2.3 Painful post-traumatic trigeminal neuropathy
 - 13.1.2.4 Painful trigeminal neuropathy attributed to other disorder
 - 13.1.2.5 Idiopathic painful trigeminal neuropathy
 - 13.2 Pain attributed to a lesion or disease of the glossopharyngeal nerve
 - 13.2.1 Glossopharyngeal neuralgia
 - 13.2.1.1 Classical glossopharyngeal neuralgia
 - 13.2.1.2 Secondary glossopharyngeal neuralgia
 - 13.2.1.3 Idiopathic glossopharyngeal neuralgia
 - 13.2.2 Painful glossopharyngeal neuropathy
 - 13.2.2.1 Painful glossopharyngeal neuropathy attributed to a known cause
 - 13.2.2.2 Idiopathic painful glossopharyngeal neuropathy
 - 13.3 Pain attributed to a lesion or disease of nervus intermedius
 - 13.3.1 Nervus intermedius neuralgia
 - 13.3.1.1 Classical nervus intermedius neuralgia
 - 13.3.1.2 Secondary nervus intermedius neuralgia
 - 13.3.1.3 Idiopathic nervus intermedius neuralgia
 - 13.3.2 Painful nervus intermedius neuropathy
 - 13.3.2.1 Painful nervus intermedius neuropathy attributed to herpes zoster
 - 13.3.2.2 Post-herpetic neuralgia of nervus intermedius
 - 13.3.2.3 Painful nervus intermedius neuropathy attributed to other disorder
 - 13.3.2.4 Idiopathic painful nervus intermedius neuropathy
 - 13.4 Occipital neuralgia
 - 13.5 Neck-tongue syndrome
 - 13.6 Painful optic neuritis
 - 13.7 Headache attributed to ischaemic ocular motor nerve palsy
 - 13.8 Tolosa-Hunt syndrome
 - 13.9 Paratrigeminal oculosympathetic (Raeder's) syndrome
 - 13.10 Recurrent painful ophthalmoplegic neuropathy
 - 13.11 Burning mouth syndrome
 - 13.12 Persistent idiopathic facial pain
 - 13.13 Central neuropathic pain
 - 13.13.1 Central neuropathic pain attributed to multiple sclerosis
 - 13.13.2 Central post-stroke pain
- 14. Other headache disorders**
- 14.1 Headache not elsewhere classified
 - 14.2 Headache unspecified

PART 1. THE PRIMARY HEADACHES

1. Migraine

1.1 Migraine without aura

- A. At least five attacks fulfilling criteria B-D
- B. Headache attacks lasting 4-72 hours (when untreated or unsuccessfully treated)
- C. Headache has at least two of the following four characteristics:
 - 1. unilateral location
 - 2. pulsating quality
 - 3. moderate or severe pain intensity
 - 4. aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs)
- D. During headache at least one of the following:
 - 1. nausea and/or vomiting
 - 2. photophobia and phonophobia
- E. Not better accounted for by another ICHD-3 diagnosis.

1.2 Migraine with aura

- A. At least two attacks fulfilling criteria B and C
- B. One or more of the following fully reversible aura symptoms:
 - 1. visual
 - 2. sensory
 - 3. speech and/or language
 - 4. motor
 - 5. brainstem
 - 6. retinal
- C. At least three of the following six characteristics:
 - 1. at least one aura symptom spreads gradually over ≥ 5 minutes
 - 2. two or more aura symptoms occur in succession
 - 3. each individual aura symptom lasts 5-60 minutes
 - 4. at least one aura symptom is unilateral
 - 5. at least one aura symptom is positive
 - 6. the aura is accompanied, or followed within 60 minutes, by headache
- D. Not better accounted for by another ICHD-3 diagnosis.

1.2.1 Migraine with typical aura

- A. Attacks fulfilling criteria for 1.2 *Migraine with aura* and criterion B below
- B. Aura with both of the following:
 - 1. fully reversible visual, sensory and/or speech/language symptoms
 - 2. no motor, brainstem or retinal symptoms.

1.2.1.1 Typical aura with headache

- A. Attacks fulfilling criteria for 1.2.1 *Migraine with typical aura* and criterion B below
- B. Headache, with or without migraine characteristics, accompanies or follows the aura within 60 minutes.

1.2.1.2 Typical aura without headache

- A. Attacks fulfilling criteria for 1.2.1 *Migraine with typical aura* and criterion B below
- B. No headache accompanies or follows the aura within 60 minutes.

1.2.2 Migraine with brainstem aura

- A. Attacks fulfilling criteria for 1.2 *Migraine with aura* and criterion B below
- B. Aura with both of the following:
 1. at least two of the following fully reversible brainstem symptoms:
 - a) dysarthria
 - b) vertigo
 - c) tinnitus
 - d) hypacusis
 - e) diplopia
 - f) ataxia not attributable to sensory deficit
 - g) decreased level of consciousness (GCS ≤ 13)
 2. no motor or retinal symptoms.

1.2.3 Hemiplegic migraine

- A. Attacks fulfilling criteria for 1.2 *Migraine with aura* and criterion B below
- B. Aura consisting of both of the following:
 1. fully reversible motor weakness
 2. fully reversible visual, sensory and/or speech/language symptoms.

1.2.3.1 Familial hemiplegic migraine

- A. Attacks fulfilling criteria for 1.2.3 *Hemiplegic migraine*
- B. At least one first- or second-degree relative has had attacks fulfilling criteria for 1.2.3 *Hemiplegic migraine*.

1.3 Chronic migraine

- A. Headache (migraine-like or tension-type-like) on ≥ 15 days/month for >3 months, and fulfilling criteria B and C
- B. Occurring in a patient who has had at least five attacks fulfilling criteria B-D for 1.1 *Migraine without aura* and/or criteria B and C for 1.2 *Migraine with aura*
- C. On ≥ 8 days/month for >3 months, fulfilling any of the following:
 1. criteria C and D for 1.1 *Migraine without aura*
 2. criteria B and C for 1.2 *Migraine with aura*
 3. believed by the patient to be migraine at onset and relieved by a triptan or ergot derivative
- D. Not better accounted for by another ICHD-3 diagnosis.

2. Tension-type headache (TTH)

2.1 Infrequent episodic TTH

- A. At least 10 episodes of headache occurring on <1 day/month on average (<12 days/year) and fulfilling criteria B-D
- B. Lasting from 30 minutes to 7 days
- C. At least two of the following four characteristics:
 - 1. bilateral location
 - 2. pressing or tightening (non-pulsating) quality
 - 3. mild or moderate intensity
 - 4. not aggravated by routine physical activity such as walking or climbing stairs
- D. Both of the following:
 - 1. no nausea or vomiting
 - 2. no more than one of photophobia or phonophobia
- E. Not better accounted for by another ICHD-3 diagnosis.

2.2 Frequent episodic TTH

As 2.1 *except*:

- A. At least 10 episodes of headache occurring on 1-14 days/month on average for >3 months (≥ 12 and <180 days/year) and fulfilling criteria B-D.

2.3 Chronic TTH

As 2.1 *except*:

- A. Headache occurring on ≥ 15 days/month on average for >3 months (≥ 180 days/year), fulfilling criteria B-D
- B. Lasting hours to days, or unremitting
- D. Both of the following:
 - 1. no more than one of photophobia, phonophobia or mild nausea
 - 2. neither moderate or severe nausea nor vomiting

3. Trigeminal autonomic cephalalgias

3.1 Cluster headache

- A. At least five attacks fulfilling criteria B-D
- B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 minutes (when untreated)
- C. Either or both of the following:
 - 1. at least one of the following symptoms or signs, ipsilateral to the headache:
 - a) conjunctival injection and/or lacrimation
 - b) nasal congestion and/or rhinorrhoea
 - c) eyelid oedema
 - d) forehead and facial sweating
 - e) miosis and/or ptosis
 - 2. a sense of restlessness or agitation
- D. Occurring with a frequency between one every other day and 8 per day
- E. Not better accounted for by another ICHD-3 diagnosis.

3.1.1 Episodic cluster headache

- A. Attacks fulfilling criteria for 3.1 *Cluster headache* and occurring in bouts (cluster periods)
- B. At least two cluster periods lasting from 7 days to 1 year (when untreated) and separated by pain-free remission periods of ≥ 3 months.

3.1.2 Chronic cluster headache

- A. Attacks fulfilling criteria for 3.1 *Cluster headache*, and criterion B below
- B. Occurring without a remission period, or with remissions lasting < 3 months, for at least 1 year.

3.4 Hemicrania continua

- A. Unilateral headache fulfilling criteria B-D
- B. Present for > 3 months, with exacerbations of moderate or greater intensity
- C. Either or both of the following:
 1. at least one of the following symptoms or signs, ipsilateral to the headache:
 - a) conjunctival injection and/or lacrimation
 - b) nasal congestion and/or rhinorrhoea
 - c) eyelid oedema
 - d) forehead and facial sweating
 - e) miosis and/or ptosis
 2. a sense of restlessness or agitation, or aggravation of the pain by movement
- D. Responds absolutely to therapeutic doses of indomethacin
- E. Not better accounted for by another ICHD-3 diagnosis.

4. Other primary headache disorders

4.3 Primary headache associated with sexual activity

- A. At least two episodes of pain in the head and/or neck fulfilling criteria B-D
- B. Brought on by and occurring only during sexual activity
- C. Either or both of the following:
 1. increasing in intensity with increasing sexual excitement
 2. abrupt explosive intensity just before or with orgasm
- D. Lasting from 1 minute to 24 hours with severe intensity and/or up to 72 hours with mild intensity
- E. Not better accounted for by another ICHD-3 diagnosis.

4.5 Cold-stimulus headache

4.5.1 Headache attributed to ingestion or inhalation of a cold stimulus

- A. At least two episodes of acute frontal or temporal headache fulfilling criteria B and C

- B. Brought on by and occurring immediately after a cold stimulus to the palate and/or posterior pharyngeal wall from ingestion of cold food or drink or inhalation of cold air
- C. Resolving within 10 minutes after removal of the cold stimulus
- D. Not better accounted for by another ICHD-3 diagnosis.

4.7 Primary stabbing headache

- A. Head pain occurring spontaneously as a single stab or series of stabs and fulfilling criteria B and C
- B. Each stab lasts for up to a few seconds
- C. Stabs recur with irregular frequency, from one to many per day
- D. No cranial autonomic symptoms
- E. Not better accounted for by another ICHD-3 diagnosis.

4.8 Nummular headache

- A. Continuous or intermittent head pain fulfilling criterion B
- B. Felt exclusively in an area of the scalp, with all of the following four characteristics:
 1. sharply-contoured
 2. fixed in size and shape
 3. round or elliptical
 4. 1-6 cm in diameter
- C. Not better accounted for by another ICHD-3 diagnosis.

4.9 Hypnic headache

- A. Recurrent headache attacks fulfilling criteria B-D
- B. Developing only during sleep, and causing waking
- C. Occurring on ≥ 10 days/month for >3 months
- D. Lasting from 15 minutes up to 4 hours after waking
- E. No cranial autonomic symptoms or restlessness
- F. Not better accounted for by another ICHD-3 diagnosis.

4.10 New daily persistent headache (NDPH)

- A. Persistent headache fulfilling criteria B and C
- B. Distinct and clearly-remembered onset, with pain becoming continuous and unremitting within 24 hours
- C. Present for >3 months
- D. Not better accounted for by another ICHD-3 diagnosis.

PART 2. THE SECONDARY HEADACHES

A new headache occurring in temporal association with another disorder recognized to be capable of causing it is diagnosed as secondary to that disorder. This remains true even when the headache has the characteristics of a primary headache (migraine, tension-type headache or one of the trigeminal autonomic cephalalgias).

When a *pre-existing* primary headache becomes *chronic* or is made *significantly worse* (usually meaning a two-fold or greater increase in frequency and/or severity) in close temporal relation to such a disorder, both the primary and the secondary headache diagnoses should be given, provided that there is good evidence that the disorder can cause headache.

General diagnostic criteria for secondary headaches enact these rules.

General diagnostic criteria for secondary headaches:

- A. Any headache fulfilling criterion C
- B. Another disorder scientifically documented to be able to cause headache has been diagnosed
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed in temporal relation to the onset of the presumed causative disorder
 - 2. either or both of the following:
 - a) headache has significantly worsened in parallel with worsening of the presumed causative disorder
 - b) headache has significantly improved in parallel with improvement of the presumed causative disorder
 - 3. headache has characteristics typical for the causative disorder
 - 4. other evidence exists of causation
- D. Not better accounted for by another ICHD-3 diagnosis.

5. Headache attributed to trauma or injury to the head and/or neck

5.2 Persistent headache attributed to traumatic injury to the head

- A. Any headache fulfilling criteria C and D
- B. Traumatic injury to the head has occurred
- C. Headache is reported to have developed within 7 days after one of the following:
 - 1. the injury to the head
 - 2. regaining of consciousness following the injury to the head
 - 3. discontinuation of medication(s) impairing ability to sense or report headache following the injury to the head
- D. Headache persists for >3 months after its onset
- E. Not better accounted for by another ICHD-3 diagnosis.

5.2.1 Persistent headache attributed to moderate or severe traumatic injury to the head

- A. Headache fulfilling criteria for 5.2 *Persistent headache attributed to traumatic injury to the head*

- B. Injury to the head associated with at least one of the following:
1. loss of consciousness for >30 minutes
 2. Glasgow Coma Scale (GCS) score <13
 3. post-traumatic amnesia lasting >24 hours
 4. alteration in level of awareness for >24 hours
 5. imaging evidence of a traumatic head injury such as skull fracture, intracranial haemorrhage and/or brain contusion.

5.4 Persistent headache attributed to whiplash

- A. Any headache fulfilling criteria C and D
- B. Whiplash, associated at the time with neck pain and/or headache, has occurred
- C. Headache has developed within 7 days after the whiplash
- D. Headache persists for >3 months after its onset
- E. Not better accounted for by another ICHD-3 diagnosis.

6. Headache attributed to cranial and/or cervical vascular disorder

6.2 Headache attributed to non-traumatic intracranial haemorrhage

6.2.2 Acute headache attributed to non-traumatic subarachnoid haemorrhage (SAH)

- A. Any new headache fulfilling criteria C and D
- B. SAH in the absence of head trauma has been diagnosed
- C. Evidence of causation demonstrated by at least two of the following:
 1. headache has developed in close temporal relation to other symptoms and/or clinical signs of SAH, or has led to the diagnosis of SAH
 2. headache has significantly improved in parallel with stabilization or improvement of other symptoms or clinical or radiological signs of SAH
 3. headache has sudden or thunderclap onset
- D. Either of the following:
 1. headache has resolved within 3 months
 2. headache has not yet resolved but 3 months have not yet passed
- E. Not better accounted for by another ICHD-3 diagnosis.

6.4 Headache attributed to arteritis

6.4.1 Headache attributed to giant cell arteritis (GCA)

- A. Any new headache fulfilling criterion C
- B. GCA has been diagnosed

- C. Evidence of causation demonstrated by at least two of the following:
 1. headache has developed in close temporal relation to other symptoms and/or clinical or biological signs of onset of GCA, or has led to the diagnosis of GCA
 2. either or both of the following:
 - a) headache has significantly worsened in parallel with worsening of GCA
 - b) headache has significantly improved or resolved within 3 days of high-dose steroid treatment
 3. headache is associated with scalp tenderness and/or jaw claudication
- D. Not better accounted for by another ICHD-3 diagnosis.

6.5 Headache attributed to cervical carotid or vertebral artery disorder

6.5.1.1 Acute headache or facial or neck pain attributed to cervical artery dissection

- A. Any new headache and/or facial or neck pain fulfilling criteria C and D
- B. Cervical carotid or vertebral dissection has been diagnosed
- C. Evidence of causation demonstrated by at least two of the following:
 1. pain has developed in close temporal relation to other local signs of the cervical artery dissection, or has led to its diagnosis
 2. either or both of the following:
 - a) pain has significantly worsened in parallel with other signs of the cervical artery dissection
 - b) pain has significantly improved or resolved within 1 month of its onset
 3. either or both of the following:
 - a) pain is severe and continuous for days or longer
 - b) pain precedes signs of acute retinal and/or cerebral ischaemia
 4. pain is unilateral and ipsilateral to the affected cervical artery
- D. Either of the following:
 1. headache has resolved within 3 months
 2. headache has not yet resolved but 3 months have not yet passed
- E. Not better accounted for by another ICHD-3 diagnosis.

6.6 Headache attributed to cranial venous disorder

6.6.1 Headache attributed to cerebral venous thrombosis (CVT)

- A. Any new headache, fulfilling criterion C
- B. CVT has been diagnosed

- C. Evidence of causation demonstrated by both of the following:
 1. headache has developed in close temporal relation to other symptoms and/or clinical signs of CVT, or has led to the discovery of CVT
 2. either or both of the following:
 - a) headache has significantly worsened in parallel with clinical or radiological signs of extension of the CVT
 - b) headache has significantly improved or resolved after improvement of the CVT
- D. Not better accounted for by another ICHD-3 diagnosis.

6.7 Headache attributed to other acute intracranial arterial disorder

6.7.3.1 Acute headache attributed to reversible cerebral vasoconstriction syndrome (RCVS)

- A. Any new headache fulfilling criterion C
- B. RCVS has been diagnosed
- C. Evidence of causation demonstrated by either or both of the following:
 1. headache, with or without focal deficits and/or seizures, has led to angiography (with "strings and beads" appearance) and diagnosis of RCVS
 2. headache has one or more of the following characteristics:
 - a) thunderclap onset
 - b) triggered by sexual activity, exertion, Valsalva manoeuvres, emotion, bathing and/or showering
 - c) present or recurrent during ≤ 1 month after onset, with no new significant headache after > 1 month
- D. Either of the following:
 1. headache has resolved within 3 months of onset
 2. headache has not yet resolved but 3 months from onset have not yet passed
- E. Not better accounted for by another ICHD-3 diagnosis.

7. Headache attributed to non-vascular intracranial disorder

7.1 Headache attributed to increased cerebrospinal fluid (CSF) pressure

- A. New headache, or a significant worsening of a pre-existing headache, fulfilling criterion C
- B. Intracranial hypertension has been diagnosed, with both of the following:
 1. CSF pressure exceeds 250 mm CSF (or 280 mm CSF in obese children)
 2. normal CSF composition
- C. Evidence of causation demonstrated by at least two of the following:

1. headache has developed in temporal relation to the intracranial hypertension, or led to its discovery
 2. headache is relieved by reducing the intracranial hypertension
 3. papilloedema
- D. Not better accounted for by another ICHD-3 diagnosis.

7.1.1 Headache attributed to idiopathic intracranial hypertension (IIH)

- A. New headache, or a significant worsening of a pre-existing headache, fulfilling criterion C
- B. Both of the following:
1. IIH has been diagnosed
 2. CSF pressure exceeds 250 mm CSF (or 280 mm CSF in obese children)
- C. Either or both of the following:
1. headache has developed or significantly worsened in temporal relation to the IIH, or led to its discovery
 2. headache is accompanied by either or both of the following:
 - a) pulsatile tinnitus
 - b) papilloedema
- D. Not better accounted for by another ICHD-3 diagnosis.

7.2 Headache attributed to low cerebrospinal fluid (CSF) pressure

- A. Any headache fulfilling criterion C
- B. Either or both of the following:
1. low CSF pressure (<60 mm CSF)
 2. evidence of CSF leakage on imaging
- C. Headache has developed in temporal relation to the low CSF pressure or CSF leakage, or led to its discovery
- D. Not better accounted for by another ICHD-3 diagnosis.

7.2.1 Post-dural puncture headache

- A. Headache fulfilling criteria for 7.2 *Headache attributed to low CSF pressure*, and criterion C below
- B. Dural puncture has been performed
- C. Headache has developed within 5 days of the dural puncture
- D. Not better accounted for by another ICHD-3 diagnosis.

7.2.3 Headache attributed to spontaneous intracranial hypotension

- A. Headache fulfilling criteria for 7.2 *Headache attributed to low CSF pressure*, and criterion C below
- B. Absence of a procedure or trauma known to be able to cause CSF leakage
- C. Headache has developed in temporal relation to occurrence of low CSF pressure or CSF leakage, or has led to its discovery
- D. Not better accounted for by another ICHD-3 diagnosis.

7.4 Headache attributed to intracranial neoplasia

7.4.1 Headache attributed to intracranial neoplasm

- A. Any headache fulfilling criterion C
- B. A space-occupying intracranial neoplasm has been demonstrated
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed in temporal relation to development of the neoplasm, or led to its discovery
 - 2. either or both of the following:
 - a) headache has significantly worsened in parallel with worsening of the neoplasm
 - b) headache has significantly improved in temporal relation to successful treatment of the neoplasm
 - 3. headache has at least one of the following four characteristics:
 - a) progressive
 - b) worse in the morning and/or when lying down
 - c) aggravated by Valsalva-like manoeuvres
 - d) accompanied by nausea and/or vomiting
- D. Not better accounted for by another ICHD-3 diagnosis.

8. Headache attributed to a substance or its withdrawal

8.1 Headache attributed to use of or exposure to a substance

8.1.3 Carbon monoxide (CO)-induced headache

- A. Bilateral headache fulfilling criterion C
- B. Exposure to CO has occurred
- C. Evidence of causation demonstrated by all of the following:
 - 1. headache has developed within 12 hours of exposure to CO
 - 2. headache intensity varies with the severity of CO intoxication
 - 3. headache has resolved within 72 hours of elimination of CO
- D. Not better accounted for by another ICHD-3 diagnosis.

8.1.4.2 Delayed alcohol-induced headache

- A. Any headache fulfilling criterion C
- B. Alcohol has been ingested
- C. Evidence of causation demonstrated by all of the following:
 - 1. headache has developed within 5-12 hours after ingestion of alcohol
 - 2. headache has resolved within 72 hours of onset
 - 3. headache has at least one of the following three characteristics:

- a) bilateral
- b) pulsating quality
- c) aggravated by physical activity
- D. Not better accounted for by another ICHD-3 diagnosis.

8.2 Medication-overuse headache (MOH)

- A. Headache occurring on ≥ 15 days/month in a patient with a pre-existing headache disorder
- B. Regular overuse for > 3 months of one or more drugs that can be taken for acute and/or symptomatic treatment of headache
- C. Not better accounted for by another ICHD-3 diagnosis.

8.2.1 Ergotamine-overuse headache

- A. Headache fulfilling criteria for 8.2 MOH
- B. Regular intake of ergotamine on ≥ 10 days/month for > 3 months.

8.2.2 Triptan-overuse headache

- A. Headache fulfilling criteria for 8.2 MOH
- B. Regular intake of one or more triptans, in any formulation, on ≥ 10 days/month for > 3 months.

8.2.3 Non-opioid analgesic-overuse headache

8.2.3.1 Paracetamol (acetaminophen)-overuse headache

- A. Headache fulfilling criteria for 8.2 MOH
- B. Regular intake of paracetamol on ≥ 15 days/month for > 3 months.

8.2.3.2 Non-steroidal anti-inflammatory drug (NSAID)-overuse headache

- A. Headache fulfilling criteria for 8.2 MOH
- B. Regular intake of one or more NSAIDs (other than acetylsalicylic acid) on ≥ 15 days/month for > 3 months.

8.2.3.2.1 Acetylsalicylic acid-overuse headache

- A. Headache fulfilling criteria for 8.2 MOH
- B. Regular intake of acetylsalicylic acid on ≥ 15 days/month for > 3 months.

8.2.4 Opioid-overuse headache

- A. Headache fulfilling criteria for 8.2 MOH
- B. Regular intake of one or more opioids on ≥ 10 days/month for > 3 months.

8.2.5 Combination analgesic-overuse headache

- A. Headache fulfilling criteria for 8.2 MOH
- B. Regular intake of one or more combination-analgesic medications on ≥ 10 days/month for > 3 months.

8.2.6 MOH attributed to multiple drug classes not individually overused

- A. Headache fulfilling criteria for 8.2 MOH
- B. Regular intake of any combination of ergotamine, triptans, non-opioid analgesics and/or opioids on a total of ≥ 10 days/month for > 3 months without overuse of any single drug or drug class alone.

8.2.7 MOH attributed to unspecified or unverified overuse of multiple drug classes

- A. Headache fulfilling criteria for 8.2 MOH
- B. Both of the following:
 - 1. regular intake of any combination of ergotamine, triptans, non-opioid analgesics and/or opioids on ≥ 10 days/month for > 3 months
 - 2. the identity, quantity and/or pattern of use or overuse of these classes of drug cannot be reliably established.

9. Headache attributed to infection

9.1 Headache attributed to intracranial infection

9.1.1 Headache attributed to bacterial meningitis or meningoencephalitis

- A. Headache of any duration fulfilling criterion C
- B. Bacterial meningitis or meningoencephalitis has been diagnosed
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed in temporal relation to the onset of the bacterial meningitis or meningoencephalitis
 - 2. headache has significantly worsened in parallel with worsening of the bacterial meningitis or meningoencephalitis
 - 3. headache has significantly improved in parallel with improvement in the bacterial meningitis or meningoencephalitis
 - 4. headache is either or both of the following:
 - a) holocranial
 - b) located in the nuchal area and associated with neck stiffness
- D. Not better accounted for by another ICHD-3 diagnosis.

9.1.2 Headache attributed to viral meningitis or encephalitis

- A. Any headache fulfilling criterion C
- B. Viral meningitis or encephalitis has been diagnosed
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed in temporal relation to the onset of the viral meningitis or encephalitis
 - 2. headache has significantly worsened in parallel with worsening of the viral meningitis or encephalitis

3. headache has significantly improved in parallel with improvement in the viral meningitis or encephalitis
 4. headache is either or both of the following:
 - a) holocranial
 - b) located in the nuchal area and associated with neck stiffness
- D. Not better accounted for by another ICHD-3 diagnosis.

9.2 Headache attributed to systemic infection

9.2.2 Headache attributed to systemic viral infection

- A. Headache of any duration fulfilling criterion C
- B. Both of the following:
 1. systemic viral infection has been diagnosed
 2. no evidence of meningitic or encephalitic involvement
- C. Evidence of causation demonstrated by at least two of the following:
 1. headache has developed in temporal relation to onset of the systemic viral infection
 2. headache has significantly worsened in parallel with worsening of the systemic viral infection
 3. headache has significantly improved or resolved in parallel with improvement in or resolution of the systemic viral infection
 4. headache has either or both of the following characteristics:
 - a) diffuse pain
 - b) moderate or severe intensity
- D. Not better accounted for by another ICHD-3 diagnosis.

10. Headache attributed to disorder of homeostasis

10.1 Headache attributed to hypoxia and/or hypercapnia

10.1.1 High-altitude headache

- A. Headache fulfilling criterion C
- B. Ascent to altitude above 2,500 metres has occurred
- C. Evidence of causation demonstrated by at least two of the following:
 1. headache has developed in temporal relation to the ascent
 2. either or both of the following:
 - a) headache has significantly worsened in parallel with continuing ascent
 - b) headache has resolved within 24 hours after descent to below 2,500 metres
 3. headache has at least two of the following three characteristics:
 - a) bilateral location
 - b) mild or moderate intensity

- c) aggravated by exertion, movement, straining, coughing and/or bending
- D. Not better accounted for by another ICHD-3 diagnosis.

11. Headache or facial pain attributed to disorder of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structure

11.2 Headache attributed to a disorder of the neck

11.2.1 Cervicogenic headache

- A. Any headache fulfilling criterion C
- B. Clinical and/or imaging evidence of a disorder or lesion within the cervical spine or soft tissues of the neck, known to be able to cause headache
- C. Evidence of causation demonstrated by at least two of the following:
 1. headache has developed in temporal relation to the onset of the cervical disorder or appearance of the lesion
 2. headache has significantly improved or resolved in parallel with improvement in or resolution of the cervical disorder or lesion
 3. cervical range of motion is reduced and headache is made significantly worse by provocative manoeuvres
 4. headache is abolished following diagnostic blockade of a cervical structure or its nerve supply
- D. Not better accounted for by another ICHD-3 diagnosis.

11.3 Headache attributed to disorder of the eyes

11.3.1 Headache attributed to acute angle-closure glaucoma

- A. Any headache fulfilling criterion C
- B. Acute angle-closure glaucoma has been diagnosed, with proof of increased intraocular pressure
- C. Evidence of causation demonstrated by at least two of the following:
 1. headache has developed in temporal relation to the onset of the glaucoma
 2. headache has significantly worsened in parallel with progression of the glaucoma
 3. headache has significantly improved or resolved in parallel with improvement in or resolution of the glaucoma
 4. pain location includes the affected eye
- D. Not better accounted for by another ICHD-3 diagnosis.

11.5 Headache attributed to disorder of the nose or paranasal sinuses

11.5.1 Headache attributed to acute rhinosinusitis

- A. Any headache fulfilling criterion C
- B. Clinical, nasal endoscopic and/or imaging evidence of acute rhinosinusitis
- C. Evidence of causation demonstrated by at least two of the following:
 1. headache has developed in temporal relation to the onset of rhinosinusitis
 2. either or both of the following:
 - a) headache has significantly worsened in parallel with worsening of the rhinosinusitis
 - b) headache has significantly improved or resolved in parallel with improvement in or resolution of the rhinosinusitis
 3. headache is exacerbated by pressure applied over the paranasal sinuses
 4. in the case of a unilateral rhinosinusitis, headache is localized and ipsilateral to it
- D. Not better accounted for by another ICHD-3 diagnosis.

PART 3. PAINFUL CRANIAL NEUROPATHIES, OTHER FACIAL PAIN AND OTHER HEADACHES

13. Painful lesions of the cranial nerves and other facial pain

13.1 Pain attributed to a lesion or disease of the trigeminal nerve

13.1.1 Trigeminal neuralgia

- A. Recurrent paroxysms of unilateral facial pain in the distribution(s) of one or more divisions of the trigeminal nerve, with no radiation beyond, and fulfilling criteria B and C
- B. Pain has all of the following characteristics:
 1. lasting from a fraction of a second to 2 minutes
 2. severe intensity
 3. electric shock-like, shooting, stabbing or sharp in quality
- C. Precipitated by innocuous stimuli within the affected trigeminal distribution
- D. Not better accounted for by another ICHD-3 diagnosis.

13.1.1.1 Classical trigeminal neuralgia

- A. Recurrent paroxysms of unilateral facial pain fulfilling criteria for 13.1.1 *Trigeminal neuralgia*
- B. Demonstration on MRI or during surgery of neurovascular compression (not simply contact), with morphological changes in the trigeminal nerve root.

13.1.2 Painful trigeminal neuropathy

13.1.2.1 Painful trigeminal neuropathy attributed to herpes zoster

- A. Unilateral facial pain in the distribution(s) of a trigeminal nerve branch or branches, lasting <3 months
- B. One or more of the following:
 - 1. herpetic eruption has occurred in the same trigeminal distribution
 - 2. Varicella zoster virus (VZV) has been detected in the CSF by polymerase chain reaction (PCR)
 - 3. direct immunofluorescence assay for VZV antigen or PCR assay for VZV DNA is positive in cells obtained from the base of lesions
- C. Not better accounted for by another ICHD-3 diagnosis.

13.4 Occipital neuralgia

- A. Unilateral or bilateral pain in the distribution(s) of the greater, lesser and/or 3rd occipital nerves and fulfilling criteria B-D
- B. Pain has at least two of the following three characteristics:
 - 1. recurring in paroxysmal attacks lasting from a few seconds to minutes
 - 2. severe in intensity
 - 3. shooting, stabbing or sharp in quality
- C. Pain is associated with both of the following:
 - 1. dysaesthesia and/or allodynia apparent during innocuous stimulation of the scalp and/or hair
 - 2. either or both of the following:
 - a) tenderness over the affected nerve branches
 - b) trigger points at the emergence of the greater occipital nerve or in the distribution of C2
- D. Pain is eased temporarily by local anaesthetic block of the affected nerve(s)
- E. Not better accounted for by another ICHD-3 diagnosis.

13.12 Persistent idiopathic facial pain

- A. Facial and/or oral pain fulfilling criteria B and C
- B. Recurring daily for >2 hours/day for >3 months
- C. Pain has both of the following characteristics:
 - 1. poorly localized, and not following the distribution of a peripheral nerve
 - 2. dull, aching or nagging quality
- D. Clinical neurological examination is normal
- E. A dental cause has been excluded by appropriate investigations
- F. Not better accounted for by another ICHD-3 diagnosis.

14. Other headache disorders

14.1 Headache not elsewhere classified

- A. Headache with characteristic features suggesting that it is a unique diagnostic entity
- B. Headache does not fulfil criteria for any of the headache disorders described above.

14.2 Headache unspecified

- A. Headache is or has been present
- B. Not enough information is available to classify the headache at any level of this classification.