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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Cluster Headache

Patient education guide · Headache & Facial Pain · Madison Neurology LLC

What is it?

Cluster headache causes attacks of excruciating, strictly one-sided pain around or behind the eye, lasting 15 minutes to 3 hours, often striking at the same time each day (frequently at night) for weeks or months at a stretch — the 'cluster' period — then disappearing for months or years. Attacks are so severe that sufferers cannot lie still, earning it the grim nickname 'suicide headache.' Effective treatments exist.

How does it happen?

Cluster headache involves activation of the hypothalamus (the brain's internal clock) and the trigeminal-autonomic nerve system, which is why attacks are so time-locked and accompanied by tearing and nasal congestion on the pain side. Alcohol is a potent trigger during cluster periods; smoking is strongly associated. Men are affected more than women.

Common symptoms

- Excruciating, boring or burning pain in/around one eye or temple, always the same side
- Attacks lasting 15-180 minutes, 1-8 times daily, often waking from sleep
- Restlessness and agitation during attacks (unlike migraine, where stillness helps)
- One-sided red, tearing eye, drooping eyelid, runny or blocked nostril
- Cluster periods lasting weeks-months, then remission (episodic form); ~10-15% have no breaks (chronic form)

How is it diagnosed?

Diagnosis is clinical from the unmistakable pattern; a brain MRI is done at first diagnosis to exclude structural mimics. Keeping an attack diary (times, duration, triggers) sharpens the picture.

How is it treated?

Two treatments stop attacks fast: high-flow oxygen through a mask (12-15 L/min for 15-20 minutes) — remarkably effective and safe — and injectable or nasal triptans. Verapamil is the first-choice preventive during cluster periods; a short steroid course often bridges until it works. For chronic cluster, options include galcanezumab (approved for episodic cluster), lithium, and nerve stimulation devices. Avoiding alcohol during cluster periods is essential.

What does the future hold?

Episodic cluster means pain-free remissions between bouts; chronic cluster needs ongoing prevention. While cluster can be lifelong, attack burden is greatly reduced with proper treatment — oxygen and verapamil change lives. New CGRP therapies and neuromodulation continue to expand options.

Questions patients commonly ask

Q: Why does oxygen help?

A: High-flow pure oxygen constricts cranial blood vessels and calms the trigeminal-autonomic circuit; it aborts most attacks within 15 minutes and can be used at home.

Q: Can I drink alcohol during a cluster period?

A: Alcohol reliably triggers attacks during an active cluster period for most patients — abstinence until the period ends is strongly advised.

Q: Will this ever go away?

A: Episodic cluster gives complete breaks between bouts, and some patients' cluster periods stop permanently with age; chronic cluster can be controlled with ongoing prevention.

National support groups & resources

- **Clusterbusters** — clusterbusters.org
- **American Migraine Foundation** — americanmigrainefoundation.org
- **National Headache Foundation** — headaches.org

(Organization contact details were current at the time of compilation; please verify online.)

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