



When should I use a preventive treatment in Cluster Headache?

During a cluster bout the acute attack treatments may be insufficient and your clinician may suggest you also take a preventive treatment.

Tell me about some of the usual preventive options

Verapamil

Verapamil is an effective preventive treatment in cluster headache.

The drug can cause cardiac conduction problems even after a long period of stability, so cardiac monitoring is needed

BASH recommends an ECG should be done at baseline and following each increase in dose. At a stable dose ECG should be done once every six months. Any cardiac rhythm disturbance may require dose reduction or drug withdrawal.

In episodic cluster headache, once control has been achieved, towards the end of the expected bout, the preventive can be slowly withdrawn. If attacks recur the preventive should be re-started.

Oral corticosteroids

Oral corticosteroids have been shown to be effective in the prevention of cluster headache attacks.

A response should be seen within 48 hours.

Given the high adverse effect profile corticosteroid use is best restricted as a short-term measure in people with multiple daily attacks, which cannot be treated effectively with acute treatments alone, whilst an alternative preventative is being introduced.

Suboccipital/Greater occipital nerve block (injection)

Suboccipital/Greater occipital nerve block (injection) has shown a significant reduction or resolution of attacks compared to placebo.

Non-invasive vagal nerve stimulation

Non-invasive vagal nerve stimulation has also been approved recently as a treatment option in episodic cluster headache as both the acute and preventative treatment

Other treatments

Other treatments such as lithium may also be considered