



Hemicrania Continua

Epidemiology

Hemicrania continua is an uncommon disorder with estimated prevalence of 0.8-1.5% however it is acknowledged that this is compounded by diagnostic inaccuracy.

The disorder seems to be more common in women. Mean age of onset is between the 3rd and 4th decade.

Clinical features

Hemicrania continua is characterized by strictly unilateral pain of moderate severity with ipsilateral autonomic features which may be more prominent during exacerbations.

Hemicrania continua has both clinical and pathophysiological overlap with migraine.

Thus, although more than half of cases can be restless during the attacks, others experience motion sensitivity.

Although the disorder is defined by chronicity it can present in a relapsing and remitting (thus episodic) form.

Management

There are no RCTs for preventive treatment in hemicrania continua.



Acute treatment

Medication overuse can occur in hemicrania continua. Thus, analgesics should be withdrawn prior to assessing response to indomethacin.

Preventive treatment

Hemicrania continua is an indomethacin-sensitive disorder. The effective dose range is between 25-300mg daily dose.

Although most patients show a rapid response to Indomethacin, some patients can take up to a week to demonstrate a response to an effective dose. Based upon this BASH recommends Indomethacin 25mg TDS for 7 days, 50mg TDS 7 days, up to 75mg TDS.

Dose requirements can change over time and some patients may go into remission.

Therefore, once symptoms are well controlled for a period of time gradual dose reduction should be tried to maintain the lowest effective dose or, if there is no recurrence on each dose reduction, withdrawal during remission periods.

Gastrointestinal side effects with Indomethacin are common and may preclude use of the drug. A concomitant proton-pump blocker or H2-antagonist can be used.