**Patient Presentation**

**Cluster**

**Acute**

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**GP**

**Treatment only needed during cluster bouts:**

- Subcutaneous injection of 6mg sumatriptan is recommended as the first choice treatment for the relief of acute attacks.
- Nasal sumatriptan or zolmitriptan is recommended for treatment of acute attacks in patients who cannot tolerate subcutaneous sumatriptan.
- Maximum triptan use is 2 doses a day.
- 100% oxygen (7–12 litres per minute) using a tight fitting, non-rebreathing mask, should be considered. A high flow regulator is required. Information available from www.ouchuk.org; in Scotland has to be initiated by a specialist.
- Consider Lidocaine 10% nasal drops to speed relief of acute attacks for patients whose attacks are not well relieved by subcutaneous or nasal triptan and inhaled 100% oxygen.

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**Prophylaxis**

**GP**

- Verapamil 240–960mg daily (slow release preparations can be used) Pre-treatment electrocardiogram and regular ECG monitoring is required 10 days after each dose titration. This is short term prophylaxis during the cluster bout.
- Oral steroids can be useful to abort a cluster bout – consider discussing with the local headache/neurology service.
- Greater occipital nerve injection (discuss with headache/neurology service).

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**Patient Support Group**

Organisation for the understanding of cluster headache (OUCH)
Helpline: 01646 651 979
www.ouchuk.org

This information is available online at: http://www.18weeks.scot.nhs.uk/how-to-achieve-and-maintain-18-weeks/patient-pathways-1/