

# THE ROLE OF DRUG EFFICACY SHOULD BE DOWNGRADED IN ICHD DIAGNOSTIC CRITERIA

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**C**hronic migraine (CM) is a disabling disorder which is under-diagnosed and under-treated. The International classification of headache disorders (ICHD-3 $\beta$ ) requires response to migraine-specific medication as one of its criteria. But migraine-specific medications are still not available on a global scale from previous data. This may be because other types of analgesics are not only effective and cheaper than triptans. Moreover, migraine-specific medications can also be effective against other primary headaches, such as cluster headaches and some secondary headaches. Consequently, it is very evident that the ICHD-3 $\beta$  criteria for CM are difficult to apply in clinical practice on a worldwide basis. Hemicrania continua (HC) are an uncommon type of primary headache. Absolute sensitivity to indomethacin is required as one of the diagnostic criteria for HC. However, earlier reports showed that cases with HC-like headaches should still prompt additional evaluations for secondary causes. Tolosa-Hunt syndrome (THS) is an important cause of painful ophthalmoplegia (PO), and defined by the ICHD-2 with adequately relieve by corticosteroids, which is used as one of the diagnostic criteria. However, the ICHD-3 $\beta$  criteria published in 2013 removed the item. This revision indicated that corticosteroid response remained meaningful for THS and that corticosteroid treatment could confirm the final diagnosis of THS, rather than diagnose THS. Consequently, downgrading the role of corticosteroid treatment is deemed to be reasonable. Hence, based on the criteria of responsivity of treatment by drugs, the precise diagnosis of headache remains controversial, and thus implying potential risk for inappropriate diagnosis and poor management. The diagnosis of headache should precede the remedy; drug efficacy should not be required as a diagnostic criterion. Treatment response, however, could help to confirm the final diagnosis of headache in cases where the original diagnosis was undefined. Consequently, we propose that it is entirely reasonable to downgrade the role of treatment response in the ICHD diagnostic criteria for headache.

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