

DEBATE: NEW DAILY PERSISTENT HEADACHE IS A PRIMARY HEADACHE DISORDER: YES

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New Daily Persistent Headache (NDPH) is a recognized form of primary headache. It was first described in 1986 as a self-limiting form of a chronic daily headache. NDPH is unique in its clinical presentation. Many patients with no prior headache history present with daily headache from onset, and they can state the exact date their headache began. The abrupt onset of headache typically develops over less than 3 days, it is constant and unremitting. Headache is usually bilateral with varying intensity and can be associated with migrainous symptoms. NDPH is also a primary headache disease prevalent in young women (second to third decade).

Since abrupt onset of headache suggests secondary causes, the diagnosis of NDPH depends on exclusion. Some of these secondary disorders may have low or elevated cerebrospinal fluid pressure, cerebral vein thrombosis, carotid or vertebral artery dissection, chronic subdural hematomas, posttraumatic headaches, temporal arteritis, postmeningitis headache, chronic meningitis, sphenoid sinusitis, cervical facet syndrome, leptomeningeal metastasis, intracranial neoplasm or mass lesion.

The course of NDPH was described as benign initially since NDPH resolved in 73% of patients without any treatment in 2 years. However recent studies revealed that majority of patients suffer from NDPH for many years and headache is refractory to treatment. When NDPH patients start overusing medications, getting them out of analgesic overuse typically does not improve the headache. The latter finding is in contrast with migraine or TTH headache patients who develop medication overuse headache.

There is no specific treatment strategy can be suggested for primary NDPH based on clinical evidence. Based on limited number of patient reports, suggested treatments include medications such as valproate, topiramate, gabapentin, SSRIs, tricyclics, tetracycline derivatives, mexiletine or intravenous corticosteroids, and interventional approaches such as cervical facet blocks, atlantoaxial blocks, or greater occipital nerve blocks.

Though NDPH is recognized as a primary headache disorder with discrete clinical features, clinical, therapeutic and pathophysiological studies are inadequate at present. Further studies are needed to elucidate the disease and to guide the revision of the current International Classification of Headache Disorders II criteria for new daily persistent headache.