It has been estimated that approximately 30% of patients with hypothyroidism suffer from headache. Its mechanism is unclear. There is a female preponderance and often a history of migraine in childhood. Headache attributed to hypothyroidism is not associated with nausea or vomiting.

10.5 Headache attributed to fasting

Coded elsewhere:
Hypoglycaemia-induced migraine is coded according to subtype under 1. Migraine, with hypoglycaemia considered as a precipitating factor.

Diagnostic criteria:
A. Headache with at least one of the following characteristics and fulfilling criteria C and D:
   1. frontal location
   2. diffuse pain
   3. non-pulsating quality
   4. mild or moderate intensity
B. The patient has fasted for >16 hours
C. Headache develops during fasting
D. Headache resolves within 72 hours after resumption of food intake

Comments:
Headache with fasting is significantly more common in individuals with a prior history of headache. In those individuals with a prior history of migraine, the headache may resemble 1.1 Migraine without aura.

The likelihood of headache developing as a result of a fast increases with the duration of the fast.

The headache associated with fasting does not appear to be related to duration of sleep, to caffeine withdrawal or to hypoglycaemia. Although headache may occur under conditions of hypoglycaemia-induced brain dysfunction, there is no conclusive evidence to support a causal association. Fasting headache can occur in the absence of hypoglycaemia, insulin-induced hypoglycaemia does not precipitate headache in migraine sufferers, and headache is not a complaint of patients presenting to the emergency department with symptomatic hypo-glycaemia. Well-controlled studies are needed to demonstrate a causal relationship, if one exists.

10.6 Cardiac cephalalgia

Diagnostic criteria:
A. Headache, which may be severe, aggravated by exertion and accompanied by nausea and fulfilling criteria C and D
B. Acute myocardial ischaemia has occurred
C. Headache develops concomitantly with acute myocardial ischaemia
D. Headache resolves and does not recur after effective medical therapy for myocardial ischaemia or coronary revascularisation

Comment:
Diagnosis must include careful documentation of headache and simultaneous cardiac ischaemia during treadmill or nuclear cardiac stress testing. Failure to recognise and correctly diagnose 10.6 Cardiac cephalalgia can have grave consequences. Therefore, distinguishing this disorder from 1.1 Migraine without aura is of crucial importance, particularly since vasoconstrictor medications (eg, triptans, ergots) are indicated in the treat-
ment of migraine but contraindicated in patients with ischaemic heart disease. Both disorders can produce severe head pain accompanied by nausea and both disorders can be triggered by exertion. Migraine-like headache may be triggered by angina treatment such as nitroglycerine.

10.7 Headache attributed to other disorder of homoeostasis
Diagnostic criteria:
A. Headache fulfilling criteria C and D
B. Evidence of a disorder of homoeostasis other than those described above
C. Headache develops within 2 months after onset of the disorder, and other evidence exists that the disorder can cause headache
D. Headache resolves within 3 months after relief from the disorder of homoeostasis

Bibliography

10.1.1 High-altitude headache; 10.1.3 Sleep apnoea headache

10.1.2 Diving headache

10.2 Dialysis headache