

Expert Opinion

Migraine Versus Probable Migraine

Case History Submitted by Randolph W. Evans, MD

Expert Opinion Submitted by Seymour Solomon, MD

Key words: migraine, probable migraine

(*Headache* 2006;46:513-514)

“...You say either and I say eyether, You say neither and I say nyther; ...You say laughter and I say lawfter, You say after and I say awfter...” (excerpted from George and Ira Gershwin’s song, “Let’s Call the Whole Thing Off,” sang by Fred Astaire in the 1937 movie, “Shall We Dance.”)

CLINICAL HISTORY

A 77-year-old man has a history of similar recurring headaches since he was a teenager. For years, the headaches would occur about one time per month, but for the last 5 years, they occur about once per week. He reports a left frontal-retro-orbital aching non-throbbing pain without associated aura, nausea, vomiting, and light or noise sensitivity. Untreated headaches can last 1 day. Ibuprofen or sleep may help. The headaches have a moderate to severe intensity and may interfere with activities. The only trigger is stress. He has no other headaches. His mother had sick headaches.

Question: What is your diagnosis?

EXPERT OPINION

This man’s headaches are best classified as “probable migraine without aura.” The International Clas-

sification of Headache Disorders—2nd edition of the International Headache Society (IHS) diagnostic criteria¹ for “probable migraine without aura” require that attacks fulfill all the criteria but one for the diagnostic criteria for migraine without aura. This man’s headaches are not pulsating, but have three of the other four pain characteristics and only two are required. The headaches are probable without aura, rather than typical migraine without aura, because one important feature is missing, namely one of the accompanying symptoms: either nausea with or without vomiting, photophobia, and phonophobia (see Table).² Although hypersensitivity to light and noise was not overt in this patient, his behavior during an attack may

Table.—Features of Migraine Without Aura² (n = 342)

	%
Pain characteristics	
Unilateral location	55
Pulsating quality	82
Moderate or severe intensity	100
Aggravation by routine physical activity	97
Accompanying symptoms	
Nausea	87
Vomiting	45
Photophobia	94
Phonophobia	82

Address all correspondence to Dr. Randolph W. Evans, 1200 Binz #1370, Houston, TX 77004.

have suggested otherwise. As recently noted, most migraineurs when answering “no” to the question “does light or noise bother you during a headache,” will relate that they prefer a quiet and dark room during the attack.³ In a French study using IHS 2nd edition criteria of a representative sample of 10,532 adult subjects interviewed, 11.2% were diagnosed as having strict migraine and 10.1% as having probable migraine.⁴

In some instances, even two criteria may be missing and I would still consider the headaches as a form of migraine. For example, if this patient’s headaches were of short duration, ie, $3\frac{1}{2}$ hours rather than the required minimum of 4 hours, the headaches would not be classifiable by the 2004 IHS standards. But what headache other than migraine would manifest unilateral pain, recur about once a month, begin in the teens, and last for most of one’s life? The IHS classification is an excellent tool for research, but need not be considered the “Bible” with regard to clinical practice.

One can only speculate about the reason for increased headache frequency for the past 5 years in this 77-year-old man. At this age, some subclinical hemodynamic change is most probable. Nevertheless,

a treatable organic disease must be considered when a new headache or, as in this case, a change in headache pattern occurs in late adult life. And for this reason, an imaging study would be warranted.

REFERENCES

1. Headache Classification Committee of the International Headache Society. Classification and diagnostic criteria of headache disorders, cranial neuralgias and facial pain. 2nd edition. *Cephalalgia*. 2004;24(suppl 1):1-160.
2. Russell MB, Rasmussen BK, Fenger K, Olesen J. Migraine without aura and migraine with aura are distinct clinical entities: A study of four hundred and eighty-four male and female migraineurs from the general population. *Cephalalgia*. 1996;16:239-245.
3. Evans RW. Ascertainment of photophobia and sonophobia during migraine: Preferred close-ended questions. *Headache*. 2004;44:1057-1058.
4. Lanteri-Minet M, Valade D, Geraud G, Chautard MH, Lucas C. Migraine and probable migraine—results of FRAMIG 3, a French nationwide survey carried out according to the 2004 IHS classification. *Cephalalgia*. 2005;25:1146-1158.