Cluster story; exceptions that confirm the rule. Signum temporis, civilisation trends...

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Cluster headaches are the hardest challenge for general practitioner, even for a neurologist and for headacher! Cluster attacks are the most excrutiating painful episodes, accompanied by autonomic symptoms. By definition we expect cluter periods with nocturnal attacks, accuring almost exclusively in male patients. As a neurologist and headache expert treating over 100 patients with cluster headache for the last 20 years, based on clinical observations, and teleconsultations, I do observe a trend towards rising occurance of cluster headache in female patients, and the unusual prevalence of cluster attacks during day time. Cluster in women is increasing with years, as already suggested by other authors. Life style changes and masculinisation of women with cluster headache: social and hormonal aspects should be further anallysed. Women that are more independent, more involved in professional carrer and single women seem to suffer more often from clusters. Hormonal changes as lack of ovulation, PCOS, higher testosterone levels were observed.Carefull interview and follow-up are essential for proper diagnosis and treatment. Sleep pattern and work pattern are essential to introduce a more adequate abortive and prophylactic treatment. Case presentation of patients with cluster attacks occuring during day time, after carefull analysis of their work schedule, professional specific and surrounding conditions, seem to play a great role in establishing a different treatment recommendations. Different sleep-awake pattern requires a different scheme of medication use, that should be worked-out with patient. This can be achieved only in close contact between patient and doctor. Cluster patients are best contacted directly or via emails and telephones. The role of telemedicine should be strongly supported in those specific patients, suffering from the most painful, known so far, headache attacks with autonomic symptomes.

Female sex is less "protective" against cluster headaches. Not only evidence based medicine, but also medicine based on practical experts experience should be considered in teaching, based on individual "patient stories", as life is our best teacher.