NEUROIMAGING IS AN ESSENTIAL TOOL FOR DIAGNOSIS OF HEADACHE DISORDERS - NO
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Headache disorders are classified according to the International Classification of Headache Disorders, second edition, published in 1994 (Cephalalgia). All headaches fulfill criteria for one or more headaches described in this classification, should be diagnosed accordingly. Diagnosis is clinical for primary headache disorders exclusively, for most cases. There are patients however, who need further investigation to exclude other conditions. When a headache with characteristics of a primary headache occurs for the first time in close temporal relation to another disorder that is a known cause of headache, it is coded according to the causative disorder as a secondary headache. It is not a primary headache therefore, although it fulfils the ICHD-II criteria. When pre-existing primary headache is made worse in close temporal relation to another disorder that is a known cause of headache, there are two possibilities, and judgment is required. The patient can either be given only the diagnosis of the primary headache according to IHD-II or be given both the diagnosis of the primary headache disorders and a secondary headache diagnosis according to the other disorder. Factors that support adding the latter diagnosis are: a very close temporal relation to the disorder, a marked worsening of the primary headache, very good evidence that the disorder can cause or aggravate the primary headache, and of course improvement or resolution of headache after relief from the disorder. There are no other reasons for paraclinical investigation when the ICHD-II criteria for a primary headache disorder are fulfilled. When the headache is classified as a secondary one, clinicians should follow the ICHD-II suggestions. But in most cases headaches are primary and neuroimaging is not need. Clinical awareness is always required to exclude reasons of other comordidities.