

国際頭痛分類 ICHD-3 改訂のポイント

日本頭痛学会国際頭痛分類委員会

Web版

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11. Headache or facial pain attributed to disorder of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structure
12. Headache attributed to psychiatric disorder

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Appendix

1. Migraine

- ✓ 疫学について、Global Burden of Disease Study 2010(GBD2010)のデータに加え、新しい知見としてGBD2015のデータが引用されている。
- ✓ type, subtype, subformの用語が整理され、2桁の頭痛病名はtype, 3桁の頭痛病名はsubtype, 4桁以上頭痛病名はsubformと表現されている(これまではtypeという用語は使われていない？ subtype, subformの扱いも不明確であった)。
- ✓ ICHD-3βでは“premonitory phase(予兆期)”, “premonitory symptom(予兆)”および“resolution symptom(回復期)”の用語が採択されており, “prodrome”という用語は「前兆」の意味を含む用語として誤用されるため避けるべきであるとされていたが、ICHD-3では“prodromal symptom”および“postdromal symptom”という用語が採択されている(どのような日本語訳を採択するか課題)。
- ✓ 月経と片頭痛との関連について、ICHD-3βの付録で提案されていたA1.1.1「前兆のない純粋月経時片頭痛」、A1.1.2「前兆のない月経関連片頭痛」およびA1.1.3「前兆のない非月経時片頭痛」に加え、ICHD-3ではA.1.2.0.1”Pure menstrual migraine with aura“, A.1.2.0.2“Menstrually related migraine with aura”, A1.2.0.3“Non-menstrual migraine with aura”の診断基準も提案されたことが記されている。

1.2 Migraine with aura

診断基準

ICHD-3β



ICHD-3

- A. At least two attacks fulfilling criteria B and C
- B. One or more of the following fully reversible aura symptoms:
1. visual
 2. sensory
 3. speech and/or language
 4. motor
 5. brainstem
 6. retinal
- C. At least two of the following four characteristics:
1. at least one aura symptom spreads gradually over 5 minutes, and/or two or more symptoms occur in succession
 2. each individual aura symptom lasts 5-60 minutes¹
 3. at least one aura symptom is unilateral²
 4. the aura is accompanied, or followed within 60 minutes, by headache
- D. Not better accounted for by another ICHD-3 diagnosis, and transient ischaemic attack has been excluded.

- A. At least two attacks fulfilling criteria B and C
- B. One or more of the following fully reversible aura symptoms:
1. visual
 2. sensory
 3. speech and/or language
 4. motor
 5. brainstem
 6. retinal
- C. At least three of the following six characteristics:
1. at least one aura symptom spreads gradually over 5 minutes
 2. two or more aura symptoms occur in succession
 3. each individual aura symptom lasts 5–60 minutes¹
 4. at least one aura symptom is unilateral
 5. at least one aura symptom is positive
 6. the aura is accompanied, or followed within 60 minutes, by headache
- D. Not better accounted for by another ICHD-3 diagnosis.

- ✓ 1.2「前兆のある片頭痛」の診断基準項目Cが4項目から6項目に増加
- ✓ ICHD-3β版付録のA1.2「前兆のある片頭痛」の診断基準と差し替え

1.2.1 Migraine with typical aura

診断基準

ICHD-3β



ICHD-3

- A. At least two attacks fulfilling criteria B and C
- B. Aura consisting of visual, sensory and/or speech/language symptoms, each fully reversible, but no motor, brainstem or retinal symptoms
- C. At least two of the following four characteristics:
 1. at least one aura symptom spreads gradually over ≥ 5 minutes, and/or two or more symptoms occur in succession
 2. each individual aura symptom lasts 5-60 minutes¹
 3. at least one aura symptom is unilateral²
 4. the aura is accompanied, or followed within 60 minutes, by headache
- D. Not better accounted for by another ICHD-3 diagnosis, and transient ischaemic attack has been excluded.

- A. Attacks fulfilling criteria for 1.2 Migraine with aura and criterion B below
- B. Aura with both of the following:
 1. fully reversible visual, sensory and/or speech/language symptoms
 2. no motor, brainstem or retinal symptoms.

✓ 1.2.1「典型的な前兆を伴う片頭痛」の診断基準がA-DからA,B2項目に単純化

1.2.2 Migraine with brainstem aura

診断基準

ICHD-3β



ICHD-3

- A. At least two attacks fulfilling criteria B-D
- B. Aura consisting of visual, sensory and/or speech/ language symptoms, each fully reversible, but no motor¹ or retinal symptoms
- C. At least two of the following brainstem symptoms:
 - 1. dysarthria
 - 2. vertigo
 - 3. tinnitus
 - 4. hypacusis
 - 5. diplopia
 - 6. ataxia
 - 7. decreased level of consciousness
- D. At least two of the following four characteristics:
 - 1. at least one aura symptom spreads gradually over ≥ 5 minutes, and/or two or more symptoms occur in succession
 - 2. each individual aura symptom lasts 5-60 minutes²
 - 3. at least one aura symptom is unilateral³
 - 4. the aura is accompanied, or followed within 60 minutes, by headache
- E. Not better accounted for by another ICHD-3 diagnosis, and transient ischaemic attack has been excluded.

- A. Attacks fulfilling criteria for 1.2 Migraine with aura and criterion B below
- B. Aura with both of the following:
 - 1. at least two of the following fully reversible brainstem symptoms:
 - a. dysarthria 注1
 - b. vertigo 注2
 - c. tinnitus
 - d. hypacusis 注3
 - e. diplopia注4
 - f. ataxia not attributable to sensory deficit
 - g. decreased level of consciousness (GCS ≤ 13) 注5
 - 2. no motor⁶ or retinal symptoms.

- ✓ 項目B.g. の“decreased level of consciousness”にGCS ≤ 13 の基準が追加
- ✓ 注釈もより詳細になっている。

ICHD-3β



ICHD-3

- A. At least two attacks fulfilling criteria B and C
- B. Aura consisting of both of the following:
 1. fully reversible motor weakness
 2. fully reversible visual, sensory and/or speech/ language symptoms
- C. At least two of the following four characteristics:
 1. at least one aura symptom spreads gradually over ≥ 5 minutes, and/or two or more symptoms occur in succession
 2. each individual non-motor aura symptom lasts 5–60 minutes, and motor symptoms last < 72 hours²
 3. at least one aura symptom is unilateral³
 4. the aura is accompanied, or followed within 60 minutes, by headache
- D. Not better accounted for by another ICHD-3 diagnosis, and transient ischaemic attack and stroke have been excluded.

- A. Attacks fulfilling criteria for 1.2 Migraine with aura and criterion B below
- B. Aura consisting of both of the following:
 1. fully reversible motor weakness²
 2. fully reversible visual, sensory and/or speech/ language symptoms.

✓ 診断基準も単純化されA-DからA,Bの2項目に減少

ICHD-3β



ICHD-3

- A. At least two attacks fulfilling criteria B and C
- B. Aura consisting of fully reversible monocular positive and/or negative visual phenomena (e.g. scintillations, scotomata or blindness) confirmed during an attack by either or both of the following:
 - 1. clinical visual field examination
 - 2. the patient's drawing (made after clear instruction) of a monocular field defect
- C. At least two of the following three characteristics
 - 1. the aura spreads gradually over ≥ 5 minutes
 - 2. aura symptoms last 5-60 minutes
 - 3. the aura is accompanied, or followed within 60 minutes, by headache
- D. Not better accounted for by another ICHD-3 diagnosis, and other causes of amaurosis fugax have been excluded.

- A. Attacks fulfilling criteria for 1.2 Migraine with aura and criterion B below
- B. Aura characterized by both of the following:
 - 1. fully reversible, monocular, positive and/or negative visual phenomena (e.g. scintillations, scotomata or blindness) confirmed during an attack by either or both of the following:
 - a. clinical visual field examination
 - b. the patient's drawing of a monocular field defect (made after clear instruction)
 - 2. at least two of the following:
 - a. spreading gradually over ≥ 5 minutes
 - b. symptoms last 5–60 minutes
 - c. accompanied, or followed within 60 minutes, by headache
- C. Not better accounted for by another ICHD-3 diagnosis, and other causes of amaurosis fugax have been excluded.

✓ 項目が整理され、A-CからA,Bの2項目となった。

2. Tension-type headache

- ✓ 頭痛分類、頭痛名称の変更なし
- ✓ 診断基準の変更なし
- ✓ General Comment が整理され、箇条書き様に変更
- ✓ 診断基準後に、“Notes”として脚注のような形で補助的内容を追記
- ✓ 文献の変更なし

2. Tension-type headache

- ✓ 診断基準後に、“Notes”として脚注のような形で補助的内容を追記

2.1 Infrequent episodic tension-type headache

2.2 Frequent episodic tension-type headache

ICHD-3 β では2.2 Frequent episodic tension-type headacheのコメントして記載されていた“*When headache fulfils criteria for both 1.5 Probable migraine and 2. Tension-type headache, code as 2. Tension-type headache (or as either subtype of it for which the criteria are fulfilled) under the general rule that definite diagnoses always trump probable diagnoses*”（頭痛が1.「5片頭痛の疑い」と2「緊張型頭痛」の両方の診断基準を満たすときは、「確定診断は常に疑い診断に優先される」という原則に則って2.「緊張型頭痛」（または診断基準を満たすサブタイプ）にコード化される）がICHD-3では2.1 Infrequent episodic tension-type headacheおよび2.2 Frequent episodic tension-type headacheのNoteにそれぞれ記載された。

2. Tension-type headache

✓ Comment の変更

2.3 Chronic tension-type headache

ICHD-3 β ではMOHとの鑑別に際し、『8.2「薬剤の使用過多による頭痛(薬物乱用頭痛, MOH)」のサブフォームのいずれかの基準Bを満たす場合, かつ2.3「慢性緊張型頭痛」も基準を満たす場合は, 2.3「慢性緊張型頭痛」に加えて8.2「薬剤の使用過多による頭痛(薬物乱用頭痛, MOH)」にコード化する。使用過多の薬剤を中止後に, その診断は再評価されるべきである。緊張型頭痛かほかの反復性の頭痛のサブタイプに戻り, もはや2.3「慢性緊張型頭痛」の基準を満たさないことがまれでない。』の記載があった。

ICHD-3ではこの文章の後、さらに”When the disorder remains chronic after withdrawal, the diagnosis of 8.2 Medication-overuse headache may be rescinded”が追記された。

2. Tension-type headache

✓ Comment の変更

2.4 Probable tension-type headache

ICHD-3 β では「緊張型頭痛の疑い」の診断に際し、「下記の基準を満たす患者は、1.5「片頭痛の疑い」のサブフォームの基準も満たす可能性がある。そのような症例を診断するには、ほかに入手可能な情報をすべて用いて、可能性の高いほうを選択する。」と記載されていた。

しかし、ICHD-3では”Patients meeting one of the sets of criteria below may also meet the criteria for 1.5.1 Probable migraine without aura. In such cases, the general rule of hierarchy applies, putting 1. Migraine and its types and subtypes before 2. Tension-type headache and its types and subtypes.”と記載され、可能性の高いほうを選択する表記が削除された。

3. Trigeminal autonomic cephalalgias (TACs)

- ✓ 緒言でTACsの頭痛が片側性であることがより強調
- ✓ 群発頭痛、発作性片側頭痛、短時間持続性片側神経痛様頭痛発作、持続性片側頭痛に関する診断基準C項目から、「前額部および顔面の紅潮」と「耳閉感」が削除
- ✓ その根拠となる文献は、de Coorらの文献 (Cephalalgia 2016;36:547-551.)であり、ICHD-3betaの群発頭痛の診断を受けたものと受けなかった者ではこれらの症候の出現頻度に差はなかったと記載
- ✓ 付録の診断基準A.3.1にはこれらの項目は保存
- ✓ 文献はアップデート

3.1 Cluster headache (群発頭痛)

ICHD-3β



ICHD-3

- A. At least five attacks fulfilling criteria B-D
- B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 min (when untreated)
- C. Either or both of the following:
 1. at least one of the following symptoms or signs, ipsilateral to the headache:
 - a) conjunctival injection and/or lacrimation
 - b) nasal congestion and/or rhinorrhoea
 - c) eyelid oedema
 - d) forehead and facial sweating
 - e) forehead and facial flushing
 - f) sensation of fullness in the ear
 - g) miosis and/or ptosis
 2. a sense of restlessness or agitation
- D. Attacks have a frequency between one every other day and 8 per day for more than half of the time when the disorder is active
- E. Not better accounted for by another ICHD-3 diagnosis.

- A. At least five attacks fulfilling criteria B-D
 - B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 minutes (when untreated)
 - C. Either or both of the following:
 1. at least one of the following symptoms or signs, ipsilateral to the headache:
 - a) conjunctival injection and/or lacrimation
 - b) nasal congestion and/or rhinorrhoea
 - c) eyelid oedema
 - d) forehead and facial sweating
 - e) miosis and/or ptosis
 2. a sense of restlessness or agitation
 - D. Occurring with a frequency between one every other day and eight per day 注2
 - E. Not better accounted for by another ICHD-3 diagnosis.
- Notes:

診断基準D項目で「発作時期の半分以上においては」が削除され、注2に「発作時期の半分未満において、発作頻度はこれより低くてもよい。」という文章が追加された。

3.1.1 Episodic cluster headache

診断基準

ICHD-3β



ICHD-3

- A. Attacks fulfilling criteria for 3.1 Cluster headache and occurring in bouts (cluster periods)
- B. At least two cluster periods lasting from 7 days to 1 year (when untreated) and separated by pain-free remission periods of **≥1 month**.

- A. Attacks fulfilling criteria for 3.1 Cluster headache and occurring in bouts (cluster periods)
- B. At least two cluster periods lasting from seven days to one year (when untreated) and separated by pain-free remission periods of **≥ 3 months**.

- ✓ 「3.1.1 反復性群発頭痛」の診断基準B項目において、寛解期の期間が「1ヵ月以上」から「3ヵ月以上」に変更

3.1.2 Chronic cluster headache

診断基準

ICHD-3β



ICHD-3

- A. Attacks fulfilling criteria for 3.1 Cluster headache, and criterion B below
- B. Occurring without a remission period, or with remissions lasting **<1 month**, for at least 1 year.

- A. Attacks fulfilling criteria for 3.1 Cluster headache, and criterion B below
- B. Occurring without a remission period, or with remissions lasting **<3 months**, for at least one year.

- ✓ 「3.1.2 慢性群発頭痛」の診断基準B項目において、寛解期の期間が「1ヵ月未満」から「3ヵ月未満」に変更

3.2 Paroxysmal hemicrania (発作性片側頭痛)

診断基準の

- ✓ C項目において「痛みと同側に」から「頭痛と同側に」に変更
- ✓ C項目において「2. 落ち着きのない、あるいは興奮した様子」が追加
- ✓ D項目において「病脳期間の半分以上において」が削除され、注に「病脳期間の半分未満では、発作頻度はこれより低くてもよい。」という文章が追加

3.2 Paroxysmal hemicrania (発作性片側頭痛)

診断基準

ICHD-3β



ICHD-3

- A. At least 20 attacks fulfilling criteria B-E
- B. Severe unilateral orbital, supraorbital and/or temporal pain lasting 2-30 min
- C. At least one of the following symptoms or signs, ipsilateral to the pain:
 - 1. conjunctival injection and/or lacrimation
 - 2. nasal congestion and/or rhinorrhoea
 - 3. eyelid oedema
 - 4. forehead and facial sweating
 - 5. forehead and facial flushing
 - 6. sensation of fullness in the ear
 - 7. miosis and/or ptosis
- D. Attacks have a frequency above five per day for more than half of the time
- E. Attacks are prevented absolutely by therapeutic doses of indomethacin
- F. Not better accounted for by another ICHD-III diagnosis.

- A. At least 20 attacks fulfilling criteria B-E
- B. Severe unilateral orbital, supraorbital and/or temporal pain lasting 2–30 minutes
- C. Either or both of the following:
 - 1. at least one of the following symptoms or signs, ipsilateral to the headache:
 - a) conjunctival injection and/or lacrimation
 - b) nasal congestion and/or rhinorrhoea
 - c) eyelid oedema
 - d) forehead and facial sweating
 - e) miosis and/or ptosis
 - 2. a sense of restlessness or agitation
- D. Occurring with a frequency of >5 per day 注
- E. Prevented absolutely by therapeutic doses of indomethacin
- F. Not better accounted for by another ICHD-3 diagnosis.

3.2.1 Episodic paroxysmal hemicrania

診断基準

ICHD-3β



ICHD-3

- A. Attacks fulfilling criteria for 3.2 Paroxysmal hemicranias and occurring in bouts
- B. At least two bouts lasting from 7 days to 1 year (when untreated) and separated by pain-free remission periods of ≥ 1 month.

- A. Attacks fulfilling criteria for 3.2 Paroxysmal hemicranias and occurring in bouts
- B. At least two bouts lasting from seven days to one year (when untreated) and separated by pain-free remission periods of ≥ 3 months.

- ✓ 「3.2.1 反復性発作性片側頭痛」の診断基準B項目において、寛解期の期間が「1カ月以上」から「3カ月以上」に変更

3.2.2 Chronic paroxysmal hemicrania

診断基準

ICHD-3β



ICHD-3

- A. Attacks fulfilling criteria for 3.2 Paroxysmal hemicrania, and criterion B below
- B. Occurring without a remission period, or with remissions lasting <1 month, for at least 1 year.

- A. Attacks fulfilling criteria for 3.2 Paroxysmal hemicrania, and criterion B below
- B. Occurring without a remission period, or with remissions lasting <3 months, for at least one year.

- ✓ 「3.2.2 慢性発作性片側頭痛」の診断基準B項目において、寛解期の期間が「1カ月未満」から「3カ月未満」に変更

3. 3 SUNCT

診断基準

ICHD-3β



ICHD-3

- A. At least 20 attacks fulfilling criteria B–D
- B. Moderate or severe unilateral head pain, with orbital, supraorbital, temporal and/or other trigeminal distribution, lasting for 1–600 seconds and occurring as single stabs, series of stabs or in a sawtooth pattern
- C. At least one of the following cranial autonomic symptoms or signs, ipsilateral to the pain:
 1. conjunctival injection and/or lacrimation
 2. nasal congestion and/or rhinorrhoea
 3. eyelid oedema
 4. forehead and facial sweating
 5. forehead and facial flushing
 6. sensation of fullness in the ear
 7. miosis and/or ptosis
- D. Attacks have a frequency of at least one a day for more than half of the time when the disorder is active
- E. Not better accounted for by another ICHD-3 diagnosis.

- A. At least 20 attacks fulfilling criteria B–D
- B. Moderate or severe unilateral head pain, with orbital, supraorbital, temporal and/or other trigeminal distribution, lasting for 1–600 seconds and occurring as single stabs, series of stabs or in a saw-tooth pattern
- C. At least one of the following five cranial autonomic symptoms or signs, ipsilateral to the pain:
 1. conjunctival injection and/or lacrimation
 2. nasal congestion and/or rhinorrhoea
 3. eyelid oedema
 4. forehead and facial sweating
 5. miosis and/or ptosis
- D. Occurring with a frequency of at least one a day **注**
- E. Not better accounted for by another ICHD-3 diagnosis.

- ✓ 項目Cの頭部自律神経症候の前に「次の5つの」が追記
- ✓ 項目Dの「発作時期の半分以上においては」が削除され、注に「発作時期の半分未満においては、発作頻度はこれより低くてもよい。」という文章が追記

診断基準

ICHD-3 β

3.3.1 SUNCT



ICHD-3

- A. Attacks fulfilling criteria for 3.3 Short-lasting unilateral neuralgiform headache attacks
- B. Both of conjunctival injection and lacrimation (tearing).

- A. Attacks fulfilling criteria for 3.3 Short-lasting unilateral neuralgiform headache attacks, and criterion B below
- B. Both of the following, ipsilateral to the pain:
 1. conjunctival injection
 2. lacrimation (tearing).

3.3.2 (SUNA)

診断基準

ICHD-3 β



ICHD-3

- A. Attacks fulfilling criteria for 3.3 Short-lasting unilateral neuralgiform headache attacks, and criterion B below
- B. Only one or neither of conjunctival injection and lacrimation (tearing).

- A. Attacks fulfilling criteria for 3.3 Short-lasting unilateral neuralgiform headache attacks, and criterion B below
- B. Not more than one of the following, ipsilateral to the pain:
 1. conjunctival injection
 2. lacrimation (tearing).

✓ 「3.3.1 SUNCT」および「3.3.2 SUNA」の診断基準項目Bの症状が箇条書きとなった。

診断基準

ICHD-3 β

3.3.1.1 Episodic SUNCT



ICHD-3

A. Attacks fulfilling criteria for 3.3.1 Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing and occurring in bouts

B. At least two bouts lasting from 7 days to 1 year and separated by pain-free remission periods of \geq 1 month.

A. Attacks fulfilling criteria for 3.3.1 Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing and occurring in bouts

B. At least two bouts lasting from seven days to one year (when untreated) and separated by pain-free remission periods of \geq 3 months.

診断基準

ICHD-3 β

3.3.2.1 Episodic SUNA



ICHD-3

A. Attacks fulfilling criteria for 3.3.2 Short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms and occurring in bouts

B. At least two bouts lasting from 7 days to 1 year and separated by pain-free remission periods of \geq 1 month.

A. Attacks fulfilling criteria for 3.3.2 Short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms and occurring in bouts

B. At least two bouts lasting from seven days to one year (when untreated) and separated by pain-free remission periods of \geq 3 months.

診断基準

3.3.1.2 Chronic SUNCT

ICHD-3β

- A. Attacks fulfilling criteria for 3.3.1 Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing, and criterion B below
- B. Occurring without a remission period, or with remissions lasting <1 month, for at least 1 year.



ICHD-3

- A. Attacks fulfilling criteria for 3.3.1 Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing, and criterion B below
- B. Occurring without a remission period, or with remissions lasting <3 months, for at least one year.

3.3.2.2 Chronic SUNA

診断基準

ICHD-3β

- A. Attacks fulfilling criteria for 3.3.2 Short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms, and criterion B below
- B. Occurring without a remission period, or with remissions lasting <1 month, for at least 1 year.



ICHD-3

- A. Attacks fulfilling criteria for 3.3.2 Short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms, and criterion B below
- B. Occurring without a remission period, or with remissions lasting <3 months, for at least one year.

- ✓ 「3.3.1.2 慢性SUNCT」および「3.3.2.2 慢性SUNA」の診断基準項目Bで、寛解期の期間が「1ヵ月未満」から「3ヵ月未満」に変更

ICHD-3β



ICHD-3

- A. Unilateral headache fulfilling criteria B-D
- B. Present for >3 months, with exacerbations of moderate or greater intensity
- C. Either or both of the following:
 - 1. at least one of the following symptoms or signs, ipsilateral to the headache:
 - a) conjunctival injection and/or lacrimation
 - b) nasal congestion and/or rhinorrhoea
 - c) eyelid oedema
 - d) forehead and facial sweating
 - e) forehead and facial flushing
 - f) sensation of fullness in the ear
 - g) miosis and/or ptosis
 - 2. a sense of restlessness or agitation, or aggravation of the pain by movement
- D. Responds absolutely to therapeutic doses of indomethacin
- E. Not better accounted for by another ICHD-3 diagnosis.

- A. Unilateral headache fulfilling criteria B–D
- B. Present for >3 months, with exacerbations of moderate or greater intensity
- C. Either or both of the following:
 - 1. at least one of the following symptoms or signs, ipsilateral to the headache:
 - a) conjunctival injection and/or lacrimation
 - b) nasal congestion and/or rhinorrhoea
 - c) eyelid oedema
 - d) forehead and facial sweating
 - e) miosis and/or ptosis
 - 2. a sense of restlessness or agitation, or aggravation of the pain by movement
- D. Responds absolutely to therapeutic doses of indomethacin
- E. Not better accounted for by another ICHD-3 diagnosis.

✓ 項目Cから、「前額部および顔面の紅潮」と「耳閉感」が削除

診断基準

3.4.1 Hemicrania continua, remitting subtype

ICHD-3 β



ICHD-3

A. Headache fulfilling criteria for 3.4 Hemicrania continua, and criterion B below
B. Headache is not daily or continuous, but interrupted by remission periods of ≥ 1 day without treatment.

A. Headache fulfilling criteria for 3.4 Hemicrania continua, and criterion B below
B. Headache is not daily or continuous, but interrupted (without treatment) by remission periods of ≥ 24 hours.

3.4.2 Hemicrania continua, unremitting subtype

ICHD-3 β



ICHD-3

診断基準

A. Headache fulfilling criteria for 3.4 Hemicrania continua, and criterion B below
B. Headache is daily and continuous for at least 1 year, without remission periods of ≥ 1 day.

A. Headache fulfilling criteria for 3.4 Hemicrania continua, and criterion B below
B. Headache is daily and continuous for at least one year, without remission periods of ≥ 24 hours.

Introduction to the secondary headaches

- ✓ 第5章緒言については大きな変更はなされていない.

5. Headache attributed to trauma or injury to the head and/or neck

- ✓ 頭部外傷から頭痛発症までの間隔で本編では7日以内とされているが明らかな根拠はないので3ヶ月まで認める代替診断基準A5.1.1.1 Delayed-onset acute headache attributed to moderate or severe traumatic injury to the head およびA5.1.2.1 Delayed-onset acute headache attributed to mild traumatic injury to the head について追記
- ✓ 軽症頭部外傷の基準に当てはまらないような単回もしくは複数回の打撃による非常に軽微な外傷(例えば、ラグビーやアメリカンフットボールにおける)でも頭痛を発症するためA5.8 Acute headache attributed to other trauma or injury to the head and/or neck およびA5.9 Persistent headache attributed to other trauma or injury to the head and/or neck について追記
- ✓ 5.1.1 および5.2.1 で amnesiaの持続時間がnoteに” The duration of post-traumatic amnesia is defined as the time between head injury and resumption of normal continuous recall of events.”と記載
- ✓ 5.2 Persistent headache attributed to traumatic injury to the headの鑑別にあたりnotesにMOHも考慮する必要があると追記
- ✓ 5.5: Acute headache attributed to craniotomy ではnotesとcommentsが整理されている。Commentsで「開頭術後3分の2以上に頭痛が発症する」から「開頭術後、大部分に頭痛が発症する」と変更。
- ✓ Bibliography: 文献が更新

5.1.1 Acute headache attributed to moderate or severe traumatic injury to the head

診断基準

ICHD-3β



ICHD-3

- A. Headache fulfilling criteria for 5.1 Acute headache attributed to traumatic injury to the head
- B. Injury to the head associated with at least one of the following:
1. loss of consciousness for >30 minutes
 2. Glasgow Coma Scale (GCS) score <13
 3. post-traumatic amnesia lasting >24 hours
 4. alteration in level of awareness for >24 hours
 5. imaging evidence of a traumatic head injury such as intracranial haemorrhage and/or brain contusion.

- A. Headache fulfilling criteria for 5.1 Acute headache attributed to traumatic injury to the head
- B. Injury to the head associated with at least one of the following:
1. loss of consciousness for >30 minutes
 2. Glasgow Coma Scale (GCS) score <13
 3. post-traumatic amnesia lasting >24 hours
 4. alteration in level of awareness for >24 hours
 5. imaging evidence of a traumatic head injury such as skull fracture, intracranial haemorrhage and/or brain contusion.

- ✓ 5.1.1と5.2.1の項目B 5および5.1.2と5.2.2の項目B 1 e)において画像検査の所見として脳出血と脳挫傷に加えて頭蓋骨骨折 (skull fracture) が追加

5.1.2 Acute headache attributed to mild traumatic injury to the head

診断基準

ICHD-3 β



ICHD-3

- A. Headache fulfilling criteria for 5.1 Acute headache attributed to traumatic injury to the head
- B. Injury to the head fulfilling both of the following:
 - 1. associated with none of the following:
 - a) loss of consciousness for >30 minutes
 - b) Glasgow Coma Scale (GCS) score <13
 - c) post-traumatic amnesia lasting >24 hours
 - d) altered level of awareness for >24 hours
 - e) imaging evidence of a traumatic head injury such as intracranial haemorrhage and/or brain contusion
 - 2. associated, immediately following the head injury, with one or more of the following symptoms and/or signs:
 - a) transient confusion, disorientation or impaired consciousness
 - b) loss of memory for events immediately before or after the head injury
 - c) two or more other symptoms suggestive of mild traumatic brain injury: nausea, vomiting, visual disturbances, dizziness and/or vertigo, impaired memory and/or concentration.

✓ 5.1.2と5.2.2の項目B 2 c) : 随伴症状が箇条書きとなり、gait and/or postural imbalance (歩行や姿勢のバランスの障害)が追加

- A. Headache fulfilling criteria for 5.1 Acute headache attributed to traumatic injury to the head
- B. Injury to the head fulfilling both of the following:
 - 1. associated with none of the following:
 - a) loss of consciousness for >30 minutes
 - b) Glasgow Coma Scale (GCS) score <13
 - c) post-traumatic amnesia lasting >24 hours
 - d) altered level of awareness for >24 hours
 - e) imaging evidence of a traumatic head injury such as skull fracture, intracranial haemorrhage and/or brain contusion
 - 2. associated with one or more of the following symptoms and/or signs:
 - a) transient confusion, disorientation or impaired consciousness
 - b) loss of memory for events immediately before or after the head injury
 - c) two or more of the following symptoms suggestive of mild traumatic brain injury:
 - i. nausea
 - ii. vomiting
 - iii. visual disturbances
 - iv. dizziness and/or vertigo
 - v. gait and/or postural imbalance
 - vi. impaired memory and/or concentration.

ICHD-3 β



ICHD-3

6. Headache attributed to cranial or cervical vascular disorder

6. Headache attributed to cranial and/or cervical vascular disorder

ICHD-3β



ICHD-3

6.1 Headache attributed to ischaemic stroke or transient ischaemic attack

6.1.1 Headache attributed to ischaemic stroke (cerebral infarction)

6.1.2 Headache attributed to transient ischaemic attack (TIA)

6.1 Headache attributed to cerebral ischaemic event

6.1.1 Headache attributed to ischaemic stroke (cerebral infarction)

6.1.1.1 Acute headache attributed to ischaemic stroke (cerebral infarction)

6.1.1.2 Persistent headache attributed to past ischaemic stroke (cerebral infarction)

6.1.2 Headache attributed to transient ischaemic attack (TIA)

- ✓ 6.1.1 虚血性脳卒中(脳梗塞)による頭痛が、3ヶ月以内に寛解する6.1.1.1 虚血性脳卒中(脳梗塞)による急性頭痛と3ヶ月以上持続する6.1.1.2 虚血性脳卒中(脳梗塞)による持続性頭痛に変更

6.2 Headache attributed to non-traumatic intracranial haemorrhage

ICHD-3β



ICHD-3

- 6.2.1 Headache attributed to non-traumatic intracerebral haemorrhage
- 6.2.2 Headache attributed to non-traumatic subarachnoid haemorrhage (SAH)
- 6.2.3 Headache attributed to non-traumatic acute subdural haemorrhage (ASDH)

- ✓ 6.2.1 非外傷性脳内出血による頭痛、
6.2.2 非外傷性くも膜下出血による頭痛、
6.2.3 非外傷性急性硬膜下血腫による頭痛は、それぞれ3ヶ月以内に寛解する
6.2.1 非外傷性脳内出血による急性頭痛、
6.2.2 非外傷性くも膜下出血による急性頭痛、6.2.3 非外傷性急性硬膜下血腫による急性頭痛に変更

- ✓ 血腫が安定して3ヶ月を経ても持続する6.2.4 過去の非外傷性脳内出血による持続性頭痛が新たに設けられ、さらに6.2.4.1 過去の非外傷性脳内出血による持続性頭痛、6.2.4.2 過去の非外傷性くも膜下出血による持続性頭痛、6.2.4.3 過去の非外傷性急性硬膜下血腫による持続性頭痛が下位項目に新設

- 6.2.1 Acute headache attributed to non-traumatic intracerebral haemorrhage
- 6.2.2 Acute headache attributed to non-traumatic subarachnoid haemorrhage (SAH)
- 6.2.3 Acute headache attributed to non-traumatic acute subdural haemorrhage (ASDH)

6.2.4 Persistent headache attributed to past non-traumatic intracranial haemorrhage

- 6.2.4.1 Persistent headache attributed to past non-traumatic intracerebral haemorrhage
- 6.2.4.2 Persistent headache attributed to past non-traumatic subarachnoid haemorrhage
- 6.2.4.3 Persistent headache attributed to past non-traumatic acute subdural haemorrhage

6.5 Headache attributed to cervical carotid or vertebral artery disorder

ICHD-3β



ICHD-3

6.5.1 Headache or facial or neck pain attributed to cervical carotid or vertebral artery dissection

6.5.2 Post-endarterectomy headache

6.5.3 Headache attributed to carotid or vertebral angioplasty

6.5.1 Headache or facial or neck pain attributed to cervical carotid or vertebral artery dissection

6.5.1.1 Acute headache or facial or neck pain attributed to cervical carotid or vertebral artery dissection

6.5.1.2 Persistent headache or facial or neck pain attributed to past cervical carotid or vertebral artery dissection

6.5.2 Post-endarterectomy headache

6.5.3 Headache attributed to carotid or vertebral angioplasty or stenting

- ✓ 6.5.1 頸部頸動脈または椎骨動脈の解離による頭痛、顔面痛または頸部痛も同様に3ヶ月以内に寛解する6.5.1.1 急性頭痛と3ヶ月以上持続する6.5.1.2 持続性頭痛に変更

6.6 Headache attributed to cranial venous disorder

ICHD-3 β



ICHD-3

6.6 Headache attributed to cerebral venous thrombosis (CVT)

6.6 Headache attributed to cranial venous disorder

6.6.1 Headache attributed to cerebral venous thrombosis (CVT)

6.6.2 Headache attributed to cranial venous sinus stenting

- ✓ 6.6 脳静脈血栓症による頭痛は従来のものが6.6.1 脳静脈血栓症による頭痛になり、6.6.2 頭蓋内脳静脈洞のステント留置による頭痛が追加

6.7 Headache attributed to other acute intracranial arterial disorder

ICHD-3β



ICHD-3

6.7.1 Headache attributed to an intracranial endovascular procedure

6.7.2 Angiography headache

6.7.3 Headache attributed to reversible cerebral vasoconstriction syndrome (RCVS)

6.7.3.1 Headache probably attributed to reversible cerebral vasoconstriction syndrome (RCVS)

6.7.4 Headache attributed to intracranial arterial dissection

6.7.1 Headache attributed to an intracranial endarterial procedure

6.7.2 Angiography headache

6.7.3 Headache attributed to reversible cerebral vasoconstriction syndrome (RCVS)

6.7.3.1 Acute headache attributed to reversible cerebral vasoconstriction syndrome (RCVS)

6.7.3.2 Acute headache probably attributed to reversible cerebral vasoconstriction syndrome (RCVS)

6.7.3.3 Persistent headache attributed to past reversible cerebral vasoconstriction syndrome (RCVS)

6.7.4 Headache attributed to intracranial artery dissection

- ✓ 6.7.3 RCVSによる頭痛は下位項目の分類が変更
- ✓ 6.7.3.1 RCVSによる急性頭痛
- ✓ 6.7.3.2 RCVSによる急性頭痛の疑い(血管攣縮が画像上証明されていない)
- ✓ 6.7.3.3 RCVSによる持続性頭痛(RCVS発症後3ヶ月以上頭痛が持続)に再分類

6.8 Headache and/or migraine-like aura attributed to chronic intracranial vasculopathy

ICHD-3β



ICHD-3

6.8 Headache attributed to genetic vasculopathy

6.8.1 Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL)

6.8.2 Mitochondrial Encephalopathy, Lactic Acidosis and Stroke-like episodes (MELAS)

6.8.3 Headache attributed to another genetic vasculopathy

- ✓ ICHD-3βで6.8「遺伝性血管異常症による頭痛」はCADASILによる頭痛、MELASによる頭痛、その他の遺伝性血管異常症による頭痛のみ
- ✓ ICHD-3から6.8 Headache and/or migraine-like aura attributed to chronic intracranial vasculopathyに変更
- ✓ 6.8.3 もやもや病による頭痛、6.8.4 脳アミロイドアンギオパチーによる頭痛、6.8.5 RVCLSMによる頭痛が追加

6.8 Headache and/or migraine-like aura attributed to chronic intracranial vasculopathy

6.8.1 Headache attributed to Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL)

6.8.2 Headache attributed to mitochondrial encephalopathy, lactic acidosis and stroke-like episodes (MELAS)

6.8.3 Headache attributed to Moyamoya angiopathy (MMA)

6.8.4 Migraine-like aura attributed to cerebral amyloid angiopathy (CAA)

6.8.5 Headache attributed to syndrome of retinal vasculopathy with cerebral leukoencephalopathy and systemic manifestations (RVCLSM)

6.8.6 Headache attributed to other chronic intracranial vasculopathy

7. Headache attributed to non-vascular intracranial disorder

- ✓ 7.1.1: 頭痛の悪化と軽減に関する記載が削除され、2.a)拍動性耳鳴とb)乳頭浮腫が追記
- ✓ 7.1.2と7.1.4:A.7.1の診断基準を満たすと追記
- ✓ 7.1.3にHeadache attributed to intracranial hypertension secondary to chromosomal disorderとして新たに追加されているが、診断基準は7.1とほぼ同じ
- ✓ 7.1.2: notesに診断基準の詳細が追記
- ✓ 7.2: notes 2.に画像所見の詳細が追記
- ✓ 7.2.1、7.2.2、7.2.3:A.7.2の診断基準を満たすと追加
- ✓ 7.2.3:B.髄液漏出の原因となる手技や外傷がない、が追加
- ✓ 7.4.1:C.3.d)悪心や嘔吐を随伴する、が追加
- ✓ 7.4.3:B.から「プロラクチン、成長ホルモン、ACTHの分泌過多を含む」がnoteに移動
- ✓ 7.6:C.1.が「痙攣発作と同時に」から「痙攣発作と同時に、または直後に」に変更
- ✓ 7.7:C.1.a)「頭痛が疾患発見のきっかけとなった」が追加

7. Headache attributed to non-vascular intracranial disorder

ICHD-3 β



ICHD-3

7.1 Headache attributed to increased cerebrospinal fluid pressure

7.1.1 Headache attributed to idiopathic intracranial hypertension (IIH)

7.1.2 Headache attributed to intracranial hypertension secondary to metabolic, toxic or hormonal causes

7.1.3 Headache attributed to intracranial hypertension secondary to hydrocephalus

7.6 Headache attributed to epileptic seizure

7.6.1 Hemicrania epileptica

7.6.2 Post-ictal headache

7.1 Headache attributed to increased cerebrospinal fluid (CSF) pressure

7.1.1 Headache attributed to idiopathic intracranial hypertension (IIH)

7.1.2 Headache attributed to intracranial hypertension secondary to metabolic, toxic or hormonal cause

7.1.3 Headache attributed to intracranial hypertension secondary to chromosomal disorder

7.1.4 Headache attributed to intracranial hypertension secondary to hydrocephalus

7.6 Headache attributed to epileptic seizure

7.6.1 Ictal epileptic headache

7.6.2 Post-ictal headache

7.1 Headache attributed to increased cerebrospinal fluid (CSF) pressure

ICHD-3β

診断基準

- A. Any headache fulfilling criterion C
- B. Increased CSF pressure (>250 mm CSF) measured by lumbar puncture (performed in the lateral decubitus position, without sedative medications), epidural or intraventricular monitoring, with normal CSF chemistry and cellularity
- C. Evidence of causation demonstrated by either or both of the following:
 - 1. headache has developed in temporal relation to intracranial hypertension
 - 2. headache is relieved by reducing intracranial pressure
- D. Not better accounted for by another ICHD-3 diagnosis.



ICHD-3

- A. New headache, or a significant worsening of a pre-existing headache, fulfilling criterion C
- B. Intracranial hypertension has been diagnosed, with both of the following:
 - 1. cerebrospinal fluid (CSF) pressure exceeds 250 mm CSF (or 280 mm CSF in obese children)
 - 2. normal CSF composition
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed in temporal relation to the intracranial hypertension, or led to its discovery
 - 2. headache is relieved by reducing the intracranial hypertension
 - 3. papilloedema
- D. Not better accounted for by another ICHD-3 diagnosis

- ✓ A. 「新規発症の頭痛もしくは既存の頭痛が悪化」が追加
- ✓ B. 腰椎穿刺の体位と鎮静について削除され、肥満小児の場合280mmCSFを超えると追記
- ✓ C. 少なくとも2つ以上の項目を満たすとされ、3. 乳頭浮腫が追加

7.1.1 Headache attributed to idiopathic intracranial hypertension (IIH)

ICHD-3β



ICHD-3

診断基準

- A. Any headache fulfilling criterion C
- B. Idiopathic intracranial hypertension (IIH) has been diagnosed, with CSF pressure >250mm CSF (measured by lumbar puncture performed in the lateral decubitus position, without sedative medications, or by epidural or intraventricular monitoring)
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed in temporal relation to IIH, or led to its discovery
 - 2. headache is relieved by reducing intracranial hypertension
 - 3. headache is aggravated in temporal relation to increase in intracranial pressure
- D. Not better accounted for by another ICHD-3 diagnosis.

- A. New headache, or a significant worsening of a pre-existing headache, fulfilling criterion C
- B. Both of the following:
 - 1. idiopathic intracranial hypertension (IIH) has been diagnosed
 - 2. cerebrospinal fluid (CSF) pressure exceeds 250 mm CSF (or 280 mm CSF in obese children)
- C. Either or both of the following:
 - 1. headache has developed or significantly worsened in temporal relation to the IIH, or led to its discovery
 - 2. headache is accompanied by either or both of the following:
 - a) pulsatile tinnitus
 - b) papilloedema
- D. Not better accounted for by another ICHD-3 diagnosis.

- ✓ ICHD-3βの項目C 2,3 頭痛の悪化と軽減に関する記載が削除
- ✓ ICHD-3 の項目C 2 a)拍動性耳鳴およびb)乳頭浮腫が追記

7.2.3 Headache attributed to spontaneous intracranial hypotension

診断基準

ICHD-3β



ICHD-3

- A. Any headache fulfilling criterion C
- B. Low CSF pressure (<60 mm CSF) and/or evidence of CSF leakage on imaging
- C. Headache has developed in temporal relation to the low CSF pressure or CSF leakage, or has led to its discovery
- D. Not better accounted for by another ICHD-3 diagnosis.

- A. Headache fulfilling criteria for 7.2 Headache attributed to low cerebrospinal fluid (CSF) pressure, and criterion C below
- B. Absence of a procedure or trauma known to be able to cause CSF leakage
- C. Headache has developed in temporal relation to occurrence of low CSF pressure or CSF leakage, or has led to its discovery
- D. Not better accounted for by another ICHD-3 diagnosis.

- ✓ 項目B. Absence of a procedure or trauma known to be able to cause CSF leakage (髄液漏出の原因となる手技や外傷がない)が追加

7.4.1 Headache attributed to intracranial neoplasm

ICHD-3β



ICHD-3

診断基準

- A. Headache fulfilling criterion C
- B. A space-occupying intracranial neoplasm has been demonstrated
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed in temporal relation to development of the neoplasm, or led to its discovery
 - 2. either or both of the following:
 - a) headache has significantly worsened in parallel with worsening of the neoplasm
 - b) headache has significantly improved in temporal relation to successful treatment of the neoplasm
 - 3. headache has at least one of the following three characteristics:
 - a) progressive
 - b) worse in the morning or after daytime napping
 - c) aggravated by Valsalva-like manoeuvres
- D. Not better accounted for by another ICHD-3 diagnosis.

- A. Any headache fulfilling criterion C
- B. A space-occupying intracranial neoplasm has been demonstrated
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed in temporal relation to development of the neoplasm, or led to its discovery
 - 2. either or both of the following:
 - a) headache has significantly worsened in parallel with worsening of the neoplasm
 - b) headache has significantly improved in temporal relation to successful treatment of the neoplasm
 - 3. headache has at least one of the following four characteristics:
 - a) progressive
 - b) worse in the morning and/or when lying down
 - c) aggravated by Valsalva-like manoeuvres
 - d) accompanied by nausea and/or vomiting
- D. Not better accounted for by another ICHD-3 diagnosis.

- ✓ 項目C.3.d) accompanied by nausea and/or vomiting (悪心・嘔吐を随伴する)が追記

8.1 Headache attributed to use of or exposure to a substance

- ✓ ICHD-3βの8.1.5 「食品および添加物誘発頭痛」および8.1.12 「外因性ホルモンによる頭痛」はICHD-3で削除
- ✓ ICHD-3βの8.1.12 「外因性ホルモンによる頭痛」はICHD-3では8.1.10 「頭痛治療薬以外の薬剤の長期使用による頭痛」に分類
- ✓ ピルを使用していないときに生じる頭痛は、8.3.3 「エストロゲン離脱頭痛」に分類
- ✓ 8.1.1.2「遅延型一酸化窒素(NO)供与体誘発性頭痛」、8.1.6.2「遅延型ヒスタミン誘発頭痛」、8.1.7.2「遅延型カルシトニン遺伝子関連ペプチド(CGRP)誘発頭痛」の頭痛は患者が持つ一次性頭痛と類似しているが、薬剤に起因する二次性とみなされ、患者は一次性頭痛とそれぞれの頭痛の両者にコードすべきであるとnoteに追記
- ✓ 8.1.1.2 「遅延型一酸化窒素(NO)供与体誘発性頭痛」、8.1.6.2「遅延型ヒスタミン誘発頭痛」、8.1.7.2「遅延型カルシトニン遺伝子関連ペプチド(CGRP)誘発頭痛」において、それぞれの頭痛は、一次性頭痛患者のみで発症し(8.1.7.2は片頭痛と明記されている)、その症状が一次性頭痛の型と類似しているが、mechanismは異なると推定されるとcommentに追記
- ✓ 8.1.9「頭痛治療薬以外の一時的使用による頭痛」の原因薬剤としてシденаフィル(sildenafil)がコメントに追記

8.1 Headache attributed to use of or exposure to a substance

ICHD-3 β



ICHD-3

- 8.1.1 Nitric oxide (NO) donor-induced headache
 - 8.1.1.1 Immediate NO donor-induced headache
 - 8.1.1.2 Delayed NO donor-induced headache
- 8.1.2 Phosphodiesterase (PDE) inhibitor-induced headache
- 8.1.3 Carbon monoxide (CO)-induced headache
- 8.1.4 Alcohol-induced headache
 - 8.1.4.1 Immediate alcohol-induced headache
 - 8.1.4.2 Delayed alcohol-induced headache
- 8.1.5 Headache induced by food and/or additive
 - 8.1.5.1 Monosodium glutamate (MSG)-induced headache
- 8.1.6 Cocaine-induced headache
- 8.1.7 Histamine-induced headache
 - 8.1.7.1 Immediate histamine-induced headache
 - 8.1.7.2 Delayed histamine-induced headache
- 8.1.8 Calcitonin gene-related peptide (CGRP)-induced headache
 - 8.1.8.1 Immediate CGRP-induced headache
 - 8.1.8.2 Delayed CGRP-induced headache
- 8.1.9 Headache attributed to exogenous acute pressor agent
- 8.1.10 Headache attributed to occasional use of non-headache medication
- 8.1.11 Headache attributed to long-term use of non-headache medication
- 8.1.12 Headache attributed to exogenous hormone
- 8.1.13 Headache attributed to use of or exposure to other substance

- 8.1.1 Nitric oxide (NO) donor-induced headache
 - 8.1.1.1 Immediate NO donor-induced headache
 - 8.1.1.2 Delayed NO donor-induced headache
- 8.1.2 Phosphodiesterase (PDE) inhibitor-induced headache
- 8.1.3 Carbon monoxide (CO)-induced headache
- 8.1.4 Alcohol-induced headache
 - 8.1.4.1 Immediate alcohol-induced headache
 - 8.1.4.2 Delayed alcohol-induced headache
- 8.1.5 Cocaine-induced headache
- 8.1.6 Histamine-induced headache
 - 8.1.7.1 Immediate histamine-induced headache
 - 8.1.7.2 Delayed histamine-induced headache
- 8.1.7 Calcitonin gene-related peptide (CGRP)-induced headache
 - 8.1.7.1 Immediate CGRP-induced headache
 - 8.1.7.2 Delayed CGRP-induced headache
- 8.1.8 Headache attributed to exogenous acute pressor agent
- 8.1.9 Headache attributed to occasional use of non-headache medication
- 8.1.10 Headache attributed to long-term use of non-headache medication
- 8.1.11 Headache attributed to use of or exposure to other substance

8.1 Headache attributed to use of or exposure to a substance

診断基準

ICHD-3β



ICHD-3

- A. Headache fulfilling criterion C
- B. Use of or exposure to a substance known to be able to cause headache has occurred
- C. Evidence of causation demonstrated by two of the following:
 1. headache has developed in temporal relation to use of or exposure to the substance
 2. headache has significantly improved or resolved after removal of the substance
 3. headache has characteristics typical for use of or exposure to the substance
 4. other evidence exists of causation
- D. Not better accounted for by another ICHD-3 diagnosis.

✓ 一般的な診断基準の変更

- A. Headache fulfilling criterion C
- B. Use of, exposure to or withdrawal from a substance known to be able to cause headache has occurred
- C. Evidence of causation demonstrated by at least two of the following:
 1. headache has developed in temporal relation to use of, exposure to or withdrawal from the substance
 2. either of the following:
 - a) headache has significantly improved or resolved in close temporal relation to cessation of use of or exposure to the substance
 - b) headache has significantly improved or resolved within a defined period after withdrawal from the substance
 3. headache has characteristics typical for use of, exposure to or withdrawal from the substance
 4. other evidence exists of causation
- D. Not better accounted for by another ICHD-3 diagnosis.

8.2 Medication-overuse headache (MOH)

ICHD-3β



ICHD-3

- 8.2.1 Ergotamine-overuse headache
- 8.2.2 Triptan-overuse headache
- 8.2.3 Simple analgesic-overuse headache
- 8.2.3.1 Paracetamol (acetaminophen)-overuse headache
- 8.2.3.2 Acetylsalicylic acid-overuse headache
- 8.2.3.3 Other non-steroidal anti-inflammatory drug (NSAID)-overuse headache
- 8.2.4 Opioid-overuse headache
- 8.2.5 Combination-analgesic-overuse headache
- 8.2.6 Medication-overuse headache attributed to multiple drug classes not individually overused
- 8.2.7 Medication-overuse headache attributed to unverified overuse of multiple drug classes
- 8.2.8 Medication-overuse headache attributed to other medication

- 8.2.1 Ergotamine-overuse headache
- 8.2.2 Triptan-overuse headache
- 8.2.3 Non-opioid analgesic-overuse headache
- 8.2.3.1 Paracetamol (acetaminophen)-overuse headache
- 8.2.3.2 Non-steroidal anti-inflammatory drug (NSAID)-overuse headache
- 8.2.3.2.1 Acetylsalicylic acid-overuse headache
- 8.2.3.3 Other non-opioid analgesic-overuse headache
- 8.2.4 Opioid-overuse headache
- 8.2.5 Combination-analgesic-overuse headache
- 8.2.6 Medication-overuse headache attributed to multiple drug classes not individually overused
- 8.2.7 Medication-overuse headache attributed to unspecified or unverified overuse of multiple drug classes
- 8.2.8 Medication-overuse headache attributed to other medication

- ✓ ICHD-3βで 8.2.3単純鎮痛薬乱用頭痛の名称が変更
- ✓ ICHD-3 8.2.3.2 NSAID-overuse headacheのsubformの下に8.2.3.2.1アセチルサリチル酸乱用頭痛が移動
- ✓ 8.2.3.3 Other non-opioid analgesic-overuse headacheがsubformに追加

- ✓ 8.2 Medication-overuse headache (MOH)の診断基準の後にICHD-3ではコメントとして下記の文章が追加

It is recognized that cross-sectional populationbased studies estimating the prevalence of 8.2 Medication-overuse headache can record the coexistence in participants of headache on ≥ 15 days/month and overuse of drugs for acute and/or symptomatic treatment of headache but are rarely able to collect information on earlier headache, on duration of the current headache or medication overuse, and/or that might support a presumption of causation. In consequence, either or both of criteria A and B may not be entirely fulfilled. Provided that criteria are not fulfilled for another ICHD-3 diagnosis, such cases should be reported as probable medication-overuse headache (pMOH), although ICHD-3 does not provide a coding for this.

- ✓ 8.2.3 Non-opioid analgesic-overuse headacheのコメント内にICHD-3では複数の非オピオイド鎮痛薬を服用している場合について記載

Many patients use more than one non-opioid analgesic: a common example is paracetamol (acetaminophen) and a non-steroidal anti-inflammatory drug (NSAID). For the purposes of ICHD-3, all nonopioid analgesics are regarded as a single class; therefore, a patient who uses more than one non-opioid analgesic cumulatively, but not any single drug, on 15 or more days/month is coded 8.2.3 Non-opioid analgesic-overuse headache (with the individual drugs specified in parenthesis) and not 8.2.6 Medication-overuse headache attributed to multiple drug classes not individually overused.

9. Headache attributed to infection

✓ General comments

ICHD-3では「頭痛，発熱，悪心/嘔吐の三主徴は9.感染症による頭痛を強く示唆する。傾眠やけいれんもまた臨床像の一部である場合はその可能性がさらに大きくなる。」が冒頭に追記

ICHD-3では「一次性頭痛か，二次性頭痛か，あるいはその両方か？」の項が2つの段落に分けられ，1.で「新たな頭痛が感染症と時期的に一致して新たに発症する場合には・・・」と新規の頭痛を強調し，2.で「9.感染症による頭痛(またはそのタイプやサブタイプ)」と「そのタイプ」が追記

✓ 9.1.1細菌性髄膜炎または髄膜脳炎による頭痛

コメントに「免疫抑制(HIVまたは移植後や慢性免疫抑制治療による)が感受性および生物学的プロファイルに影響を与えるため，免疫学的背景は非常に重要である」が追記

9.1.1.1 Acute headache attributed to bacterial meningitis or meningoencephalitis

診断基準

ICHD-3β



ICHD-3

A. Headache fulfilling criteria for 9.1.1 Headache attributed to bacterial meningitis or meningoencephalitis, and criterion C below

B. Bacterial meningitis or meningoencephalitis remains active or has recently resolved

C. Headache has been present for <3 months.

- ✓ 項目B「細菌性髄膜炎または髄膜脳炎は活動性が存続するか、または最近消失している」が削除

A. Headache fulfilling criteria for 9.1.1 Headache attributed to bacterial meningitis or meningoencephalitis, and criterion B below

B. Headache has been present for <3 months.

9.1.1.2 Chronic headache attributed to bacterial meningitis or meningoencephalitis

診断基準

ICHD-3β



ICHD-3

A. Headache fulfilling criteria for 9.1.1 Headache attributed to bacterial meningitis or meningoencephalitis, and criterion C below

B. Bacterial meningitis or meningoencephalitis remains active or has resolved within the last 3 months

C. Headache has been present for >3 months.

- ✓ 項目Bの注釈に「1.血液脳関門の損傷の有無によりMRIで局所性または多巣性の増強効果または持続性の髄液(CSF)細胞数増加のいずれか1つ以上を示す」が追加

A. Headache fulfilling criteria for 9.1.1 Headache attributed to bacterial meningitis or meningoencephalitis, and criterion C below

B. Bacterial meningitis or eningoencephalitis remains active¹ or has resolved within the last three months

C. Headache has been present for >3 months.

Note 1 Demonstrated by MRI focal or multifocal contrast enhancement and/or persistence of cerebrospinal fluid (CSF) pleocytosis with or without evidence of blood-brain barrier damage.

- ✓ 9.1.2 ウイルス性髄膜炎または脳炎による頭痛
ICHD-3コメントに「エンテロウイルスは、ウイルス性髄膜炎または脳炎に起因する9.1.2 ウイルス性髄膜炎または脳炎による頭痛のほとんどの症例の原因となるが、アルボウイルス、コクサッキーウイルス、単純ヘルペス、水痘帯状疱疹、アデノウイルス、ムンプスやその他様々なウイルス因子もまた原因となる」が追記
- ✓ 9.1.2.1 ウイルス性髄膜炎による頭痛
ICHD-3の診断基準項目Bで「神経画像検査は軟膜にのみ増強効果を示す」と増強効果の部位を限定
- ✓ 9.1.2.2 ウイルス性脳炎による頭痛
ICHD-3の診断基準項目Bの1.が「神経画像検査はびまん性または多巣性脳浮腫を示す」に変更され、注釈に「1.関連する軟膜の増強効果もまた認める」が追加
- ✓ 9.1.3 頭蓋内真菌または他の寄生虫感染による頭痛
ICHD-3診断基準項目Dの注釈に「2.早期診断はCTまたはMRIによって最良に行われる」が追加
ICHD-3コメントに「髄膜炎または脳炎の原因となる真菌には、カンジダ、アスペルギルスおよびクリプトコッカス・ネオフォルマンズが含まれ、寄生虫にはトキソプラズマが含まれる」が追記
- ✓ 9.1.3.1 頭蓋内真菌または他の寄生虫感染による急性頭痛
ICHD-3β診断基準項目B「頭蓋内真菌または他の寄生虫感染は活動性が存続するか、または最近消失している」が削除
- ✓ 9.1.3.2 頭蓋内真菌または他の寄生虫感染による慢性頭痛
ICHD-3β診断基準項目B「頭蓋内真菌または他の寄生虫感染は活動性が存続するか、または少なくとも3カ月以内に消失している」が削除

9.1.4 Headache attributed to localized brain infection

- ✓ ICHD-3βの9.1.4 脳膿瘍による頭痛と9.1.5 硬膜下膿瘍による頭痛が統合され、ICHD-3で9.1.4 Headache attributed to localized brain infection (限局性脳感染症による頭痛: 仮称)に改名
- ✓ ICHD-3で解説が「脳膿瘍, 硬膜下膿瘍, 感染性肉芽腫または他の限局性感染病変によって引き起こされる頭痛で, 通常, 発熱, 局所神経障害または精神状態のいずれか1つ以上の変化(覚醒度の低下を含む)」に変更
- ✓ ICHD-3のコメントでは以下のように記載
「脳膿瘍は, 通常, 嫌気性または時には嫌気性連鎖球菌またはバクテロイドを含むことが多い混合細菌によって引き起こされる。ブドウ球菌は, 頭蓋外傷, 神経系外科手術または心内膜炎の後で一般的である。腸内細菌は慢性耳感染症でよくみられる。真菌(例えば, アスペルギルス(*Aspergillus*))および原虫(例えば, HIV感染患者におけるトキソプラズマ・ゴンディ(*Toxoplasma gondii*))は膿瘍の原因となり得る。硬膜下膿瘍はしばしば副鼻腔炎または中耳炎に続発する。また, 髄膜炎の合併症でもある。脳肉芽腫は, 嚢胞症, サルコイドーシス, トキソプラズマ症およびアスペルギルス症に随伴する。9.1.4限局性脳感染症による頭痛を引き起こすメカニズムには, 直接圧迫, 髄膜または動脈組織への刺激, 頭蓋内圧亢進および発熱が含まれる。硬膜下膿瘍による頭痛は, 特に発熱および髄膜刺激および頭蓋内圧亢進による他の臨床症候を伴う。」

ICHD-3

A. Any headache fulfilling criterion C

B. A localized brain infection has been demonstrated by neuroimaging and/or specimen analysis

C. Evidence of causation demonstrated by at least two of the following:

1. headache has developed in temporal relation to development of the localized brain infection, or led to its discovery

2. headache has significantly worsened in parallel with deterioration of the localized brain infection shown by either of the following:

a) worsening of other symptoms and/or clinical signs arising from the localized brain infection

b) evidence of enlargement (or rupture, in the case of brain abscess) of the localized brain infection

3. headache has significantly improved in parallel with improvement in the localized brain infection

4. headache has at least one of the following four characteristics:

a) intensity increasing gradually, over several hours or days, to moderate or severe

b) aggravated by straining or other Valsalva manoeuvre

c) accompanied by fever, nausea and/or vomiting

d) unilateral, and ipsilateral to the localized brain infection

D. Not better accounted for by another ICHD-3 diagnosis.

診断基準

9.2.1.1 Acute headache attributed to systemic bacterial infection

ICHD-3β



ICHD-3

A. Headache fulfilling criteria for 9.2.1 Headache attributed to systemic bacterial infection, and criterion C below

B. The systemic bacterial infection remains active or has recently resolved

C. Headache has been present for <3 months.

A. Headache fulfilling criteria for 9.2.1 Headache attributed to systemic bacterial infection, and criterion B below

B. Headache has been present for <3 months.

項目B「全身性細菌感染は活動性が存続するか、または最近消失している」がICHD-3で削除

9.2.1.2 Chronic headache attributed to systemic bacterial infection

診断基準

ICHD-3β



ICHD-3

A. Headache fulfilling criteria for 9.2.1 Headache attributed to systemic bacterial infection, and criterion C below

B. The systemic bacterial infection remains active or has resolved within the last 3 months

C. Headache has been present for >3 months.

A. Headache fulfilling criteria for 9.2.1 Headache attributed to systemic bacterial infection, and criterion B below

B. Headache has been present for >3 months.

項目B「全身性細菌感染は活動性が存続するか、または直近の3ヵ月以内に消失している」がICHD-3で削除

- ✓ 9.2.2.1「全身性ウイルス感染による急性頭痛および9.2.3.1「その他の全身性感染症による急性頭痛」で、それぞれ項目B「全身性ウイルス感染は活動性が存続するか、または最近消失している」、「全身性感染は活動性が存続するか、または最近消失している」が削除
- ✓ 9.2.3.2その他の全身性感染症による慢性頭痛で診断基準から項目B「全身性感染は活動性が存続するか、または直近の3ヵ月以内に消失している」が削除

10.1.1 High-altitude headache

- ✓ 「Comments」に”Dwelling at altitudes above 1000 metres increases not only prevalence but also the severity of the symptoms of 1. *Migraine*. The mechanisms are unknown, and probably unrelated to those of 10.1.1 *High-altitude headache*” (海拔1000m以上に居住している人は片頭痛の有病率のみならず、片頭痛患の重症度も悪化する。その機序は不明であるが「10.1.1 High-altitude headache」の機序とは関連ないだろう)が追記

追加論文

1. Arnglim N, Schytz HW, Hauge MK, et al. Carbon monoxide may be an important molecule in migraine and other headaches. *Cephalalgia* 2014; 34: 1169–1180.
2. Linde M, Edvinsson L, Manandhar K, et al. Migraine associated with altitude: results from a populationbasedstudyinNepal. *EurJNeurol* 2017;24:1055–1061.
3. Serrano-Duen~ as M. High-altitude headache. *Expert Rev Neurother* 2007; 7: 245–248.
4. Wilson MH, Davagnanam I, Holland G, et al. Cerebral venous system and anatomical predisposition to highaltitude headache. *Ann Neurol* 2013; 73: 381–389.

診断基準

10.1.2 Headache attributed to aeroplane travel

ICHD-3β



ICHD-3

- A. At least two episodes of headache fulfilling criterion C
- B. The patient is travelling by aeroplane
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed exclusively during aeroplane travel
 - 2. either or both of the following:
 - a) headache has worsened in temporal relation to ascent after take-off and/or descent prior to landing of the aeroplane
 - b) headache has spontaneously improved within 30 minutes after the ascent or descent of the aeroplane is completed
 - 3. headache is severe, with at least two of the following three characteristics:
 - a) unilateral location
 - b) orbitofrontal location (parietal spread may occur)
 - c) jabbing or stabbing quality (pulsation may also occur)
- D. Not better accounted for by another ICHD-3 diagnosis.

- A. At least two episodes of headache fulfilling criterion C
- B. The patient is travelling by aeroplane
- C. Evidence of causation demonstrated by at least two of the following:
 - 1. headache has developed during the aeroplane flight
 - 2. either or both of the following:
 - a) headache has worsened in temporal relation to ascent following take-off and/or descent prior to landing of the aeroplane
 - b) headache has spontaneously improved within 30 minutes after the ascent or descent of the aeroplane is completed
 - 3. headache is severe, with at least two of the following three characteristics:
 - a) unilateral location 1
 - b) orbitofrontal location 2
 - c) jabbing or stabbing quality 3
- D. Not better accounted for by another ICHD-3 diagnosis

Notes:

- 1. Side-shift between different flights occurs in around 10% of cases.
- 2. Parietal spread may occur.
- 3. Pulsation (throbbing) may also be noted.

10.1.2 Headache attributed to aeroplane travel

- ✓ 項目C 1 でICHD-3βでは「aeroplane travel」であったがICHD-3 では「aeroplane flight」に変更
- ✓ ICHD-3βで項目C.3. a)、b)、c)で記載されている項目のカッコの部分をICHD-3 では「Notes」として記載。その「Notes」の「1.」として「約10%の症例で異なるフライトで頭痛の起こる側が換る」と追記
- ✓ 「Comments」に以下の3つが追加
 - ① 最近のスカンジナビア人の調査では、航空機利用旅行者の8.3%におよびこの頭痛を認める
 - ② 随伴徴候は30%に認められる。最も多い随伴症状は落ち着きのなさ(焦燥感)や流涙。悪心や光、音過敏などの他の部位の副交感神経症状を5%未満に認める
 - ③ この頭痛を認める患者はシュノーケリングや山からの即時の下山によっても頭痛を生じるため、副鼻腔の内外圧の不均衡で生じる可能性がある

追加論文

1. Bui SB, Petersen T, Poulsen JN, et al. Headaches attributed to airplane travel: a Danish survey. J Headache Pain 2016; 17: 33.
2. Mainardi F, Maggioni F and Zanchin G. Aeroplane headache, mountain descent headache, diving ascent headache. Three subtypes of headache attributed to imbalance between intrasinus and external air pressure? Cephalalgia. Epub ahead of print 8 August 2017. DOI: 10.1177/0333102417724154.

- ✓ 10.1.3 「Diving headache」の「他疾患にコード化する」の注釈に「ダイビングした時に頸動脈や椎骨動脈解離を起こした場合の頭痛は、6.5.1.1. 「Acute headache or facial or neck pain attributed to cervical carotid or vertebral artery dissection」に分類すべきである」のコメントが追加
- ✓ 10.1.4 「Sleep apnea headache」の「Notes」の2として「2. 診断確定には昼夜ポリソムノグラフィーが必要である。」が追記
- ✓ 10.2 「Dialysis headache」の「Comments」でICHD-3 βでは低マグネシウム、高ナトリウム血症が「透析頭痛を起こす危険因子と記載されているが、ICHD-3では「尿素、ナトリウム、マグネシウム、血圧、体重などが危険因子となる。」というように幅広く危険因子を記載

「10.1.4 Sleep apnea headache」

1. Aldrich MS and Chauncey JB. Are morning headaches part of obstructive sleep apnea syndrome? Arch Intern Med 1990; 150: 1265–1267.
2. Greenough GP, Nowell PD and Sateia MJ. Headache complaints in relation to nocturnal oxygen saturation among patients with sleep apnea syndrome. Sleep Med 2002; 3: 361–364.
3. Russell MB, Kristiansen HA and Kvarner KJ. Headache in sleep apnea syndrome: epidemiology and pathophysiology. Cephalalgia 2014; 34: 752–755.
4. Suzuki K, Miyamoto M, Miyamoto T, et al. Sleep apnoea headache in obstructive sleep apnoea syndrome patients presenting with morning headache: comparison of the ICHD-2 and ICHD-3 beta criteria. J Headache Pain 2015; 16: 56.

「10.2 Dialysis headache」

1. Antoniazzi AL and Corrado AP. Dialysis headache. Curr Pain Headache Rep 2007; 11: 297–303.

「10.3 Headache attributed to arterial hypertension」

1. Sousa Melo E, Carrilho Aguiar F and Sampaio Rocha-Filho PA. Dialysis headache: a narrative review. Headache 2017; 57: 161–164.

「10.4 Headache attributed to hypothyroidism」

1. Lima Carvalho MF, de Medeiros JS and Valenc, a MM. Headache in recent onset hypothyroidism: prevalence, characteristics and outcome after treatment with levothyroxine. Cephalalgia 2017; 37: 938–946.

「10.6 Cardiac cephalalgia」

1. Bowen J and Oppenheimer G. Headache as a presentation of angina: reproduction of symptoms during angioplasty. Headache 1993; 33: 238–239.

11. Headache or facial pain attributed to disorder of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structure

- ✓ 診断基準後に、“Notes”として脚注のような形で補助的内容を追記
- ✓ 11.2.3 Headache attributed to craniocervical dystoniaにおいて、表現の変更
- ✓ 11.3 Headache attributed to disorder of the eyes のコード変更、追記
- ✓ 11.6 の診断名はICHD-3β ではHeadache attributed to disorder of the teeth or jawであったがICHD-3では“jaw” が削除
- ✓ 11.7 Headache attributed to temporomandibular disorder (TMD)で診断基準の変更

11.2.3 Headache attributed to craniocervical dystonia

診断基準

ICHD-3β



ICHD-3

- B. Craniocervical dystonia is demonstrated by abnormal movements or defective posturing of the neck **or** head **as a result of** muscular hyperactivity
- C. Evidence of causation demonstrated by at least two of the following:
1. **headache** has developed in temporal relation to the onset of craniocervical dystonia
 2. **headache** has significantly worsened in parallel with progression of the craniocervical dystonia
 3. **headache** has significantly improved or resolved in parallel with improvement in or resolution of the craniocervical dystonia
 4. **headache** location corresponds to the location of the dystonic muscle(s)

- B. Craniocervical dystonia is demonstrated by abnormal movements or defective posturing of the neck **and/or** head **due to** muscular hyperactivity
- C. Evidence of causation demonstrated by at least two of the following:
1. **pain** has developed in temporal relation to the onset of craniocervical dystonia
 2. **pain** has significantly worsened in parallel with progression of the craniocervical dystonia
 3. **pain** has significantly improved or resolved in parallel with improvement in or resolution of the craniocervical dystonia
 4. **pain** location corresponds to the location of the dystonic muscle(s)

✓項目C.1~4の **headache** が **pain** に変更

11.3 Headache attributed to disorder of the eyes

ICHD-3β



ICHD-3

11.3.1 Headache attributed to acute glaucoma

11.3.2 Headache attributed to refractive error

11.3.3 Headache attributed to heterophoria or heterotropia (latent or persistent squint)

11.3.4 Headache attributed to ocular inflammatory disorder

11.3.5 Headache attributed to trochleitis

11.3.1 Headache attributed to acute angle-closure glaucoma

11.3.2 Headache attributed to refractive error

11.3.3 Headache attributed to ocular inflammatory disorder

11.3.4 Trochlear headache

- ✓ ICHD-3βでは11.3.1 Headache attributed to acute glaucomaであったがICHD-3ではangle-closureが追加
- ✓ ICHD-3βの11.3.3 Headache attributed to heterophoria or heterotropia (latent or persistent squint)はICHD-3では本編から削除され付録A11.3.5 Headache attributed to heterophoria or heterotropiaに移動(潜伏性または顕在性斜視は削除)
- ✓ これに伴いICHD-3本編11.3.4および11.3.5のコード番号が変更
- ✓ 11.3.4 Trochlear headacheはICHD-3βではHeadache attributed to trochleitis

11.6 Headache attributed to disorder of the teeth

診断基準

ICHD-3β



ICHD-3

- B. Clinical and/or imaging evidence of a disorder or lesion of one or more teeth **and/or the jaw**, known to be able to cause headache
- C. Evidence of causation demonstrated by at least two of the following:
1. headache has developed in temporal relation to the onset of the disorder or appearance of the lesion
 2. either or both of the following:
 - a) headache has significantly worsened in parallel with worsening or progression of the disorder or lesion
 - b) headache has significantly improved or resolved in parallel with improvement in or resolution of the disorder or lesion
 3. headache is exacerbated by pressure applied to the **lesion**
 4. in the case of a unilateral disorder or lesion, headache is localized ipsilateral to it

- B. Clinical and/or imaging evidence of a disorder or lesion of one or more teeth, known to be able to cause headache
- C. Evidence of causation demonstrated by at least two of the following:
1. headache has developed in temporal relation to the onset of the disorder or appearance of the lesion
 2. either or both of the following:
 - a) headache has significantly worsened in parallel with worsening or progression of the disorder or lesion
 - b) headache has significantly improved or resolved in parallel with improvement in or resolution of the disorder or lesion
 3. headache is exacerbated **by palpation, probing or** pressure applied to the **affected tooth or teeth**
 4. in the case of a unilateral disorder or lesion, headache is localized and ipsilateral to it

- ✓ B の **jaw** が削除
- ✓ C.3.の 表現の変更

11.7 Headache attributed to temporomandibular disorder (TMD)

診断基準

ICHD-3β



ICHD-3

B. Clinical **and/or imaging** evidence of a pathological process affecting the temporomandibular joint (TMJ), muscles of mastication and/or or associated structures

C. Evidence of causation demonstrated by at least two of the following:

1. headache has developed in temporal relation to the onset of the temporomandibular disorder
2. either or both of the following:
 - a) headache has significantly worsened in parallel with progression of the temporomandibular disorder
 - b) headache has significantly improved or resolved in parallel with improvement in or resolution of the temporomandibular disorder
3. the headache is **produced or exacerbated by active jaw movements**, passive movements **through the range of motion** of the jaw **and/ or provocative manœuvres applied to temporomandibular structures such as pressure on the TMJ and surrounding muscles of mastication**
4. headache, when unilateral, is ipsilateral to the side of the temporomandibular disorder

B. Clinical evidence of a **painful** pathological process affecting **elements of** the temporomandibular joint(s), muscles of mastication and/or associated structures **on one or both sides**

C. Evidence of causation demonstrated by at least two of the following:

1. **the** headache has developed in temporal relation to the onset of the temporomandibular disorder, **or led to its discovery**
 2. **the headache is aggravated by jaw motion, jaw function (e.g. chewing) and/or jaw parafunction (e.g. bruxism)**
 3. the headache is provoked on physical examination by temporalis muscle palpation and/or passive movement of the jaw
- ✓ ICHD-3 ではICHD-3βの項目C.2が削除され項目C.1と統合
 - ✓ ICHD-3 ではICHD-3βの項目C.3.が変更されC.2,C.3に対応
 - ✓ ICHD-3 ではICHD-3β 項目C.4 が削除

12. Headache attributed to psychiatric disorder

- ✓ 頭痛分類の変更なし
- ✓ 頭痛名称の変更なし
- ✓ 診断基準
 - 12.1 Headache attributed to somatization disorder(身体化障害による頭痛)の変更なし
 - 12.2 Headache attributed to psychotic disorder精神病性障害による頭痛
ICHD-3では診断基準内の妄想による頭痛の例の記載が削除
ICHD-3では項目C. 1 の.“headache has developed with or after the onset of the delusion”のあとに or led to its diagnosis” (精神疾患の診断につながる頭痛)が追記
- ✓ 解説でDSM-4がDSM-5に変更されたが、本章の精神疾患の診断名はDSM-4を用いると記載

12.2 Headache attributed to psychotic disorder

診断基準

ICHD-3 β



ICHD-3

- A. Any headache fulfilling criterion C
- B. Presence of a delusion whose content involves a mechanism that would explain the headache (e.g. **the patient believes that a device has been implanted into his or her head, which is causing a headache, or that he or she has a brain tumour causing headache despite irrefutable proof to the contrary**)
- C. Evidence of causation demonstrated by either or both of the following:
 - 1. headache has developed with or after the onset of the delusion
 - 2. headache has remitted after remission of the delusion
- D. Not better accounted for by another ICHD-3 diagnosis.

- A. Any headache fulfilling criterion C
- B. Presence of a delusion whose content involves a mechanism that would explain the headache
- C. Evidence of causation demonstrated by either or both of the following:
 - 1. headache has developed with or after the onset of the delusion, **or led to its diagnosis**
 - 2. headache has remitted after remission of the delusion
- D. Not better accounted

- ✓ ICHD-3では診断基準内の妄想による頭痛の例の記載が削除
- ✓ ICHD-3では項目C. 1 の. “headache has developed with or after the onset of the delusion” のあとに **or led to its diagnosis**” (精神疾患の診断につながる頭痛)が追記

13. Painful lesions of the cranial nerves and other facial pain

- ✓ ICHD-3では大項目にlesionという用語が追加され、器質的病変を強調
- ✓ Trigeminal neuralgiaが中項目から小項目に
- ✓ 国際頭痛学会と国際疼痛学会のコンセンサスにより記載されたことが追記
- ✓ 症状診断から画像・解剖学的異常による診断が強調
- ✓ ICHD-3βで 11.2.1Cervicogenic headacheに記載されていたNeck-tongue syndromeがICHD-3では13.5 Neck-tongue syndromeとして記載
- ✓ 一部文献が追加

ICHD-3 β



ICHD-3

13. Painful cranial neuropathies and other facial pains

13.1 Trigeminal neuralgia

13.2 Glossopharyngeal neuralgia

13.3 Nervus intermedius (facial nerve) neuralgia

13.4 Occipital neuralgia

13.5 Optic neuritis

13.6 Headache attributed to ischaemic ocular motor nerve palsy

13.7 Tolosa-Hunt syndrome

13.8 Paratrigeminal oculosympathetic (Raeder's) syndrome

13.9 Recurrent painful ophthalmoplegic neuropathy

13.10 Burning mouth syndrome (BMS)

13.11 Persistent idiopathic facial pain (PIFP)

13.12 Central neuropathic pain

13. Painful lesions of the cranial nerves and other facial pain

13.1 Pain attributed to a lesion or disease of the trigeminal nerve

13.2 Pain attributed to a lesion or disease of the glossopharyngeal nerve

13.3 Pain attributed to a lesion or disease of nervus intermedius

13.4 Occipital neuralgia

13.5 Neck-tongue syndrome

13.6 Painful optic neuritis

13.7 Headache attributed to ischaemic ocular motor nerve palsy

13.8 Tolosa–Hunt syndrome

13.9 Paratrigeminal oculosympathetic (Raeder's) syndrome

13.10 Recurrent painful ophthalmoplegic neuropathy

13.11 Burning mouth syndrome (BMS)

13.12 Persistent idiopathic facial pain (PIFP)

13.13 Central neuropathic pain

13.1 Pain attributed to a lesion or disease of the trigeminal nerve

ICHD-3 β



ICHD-3

13.1 Trigeminal neuralgia

13.1.1 Classical trigeminal neuralgia

13.1.1.1 Classical trigeminal neuralgia, purely paroxysmal

13.1.1.2 Classical trigeminal neuralgia with concomitant persistent facial pain

13.1.2 Painful trigeminal neuropathy

13.1.2.1 Painful trigeminal neuropathy attributed to acute Herpes zoster

13.1.2.2 Post-herpetic trigeminal neuropathy

13.1.2.3 Painful post-traumatic trigeminal neuropathy

13.1.2.4 Painful trigeminal neuropathy attributed to multiple sclerosis (MS) plaque

13.1.2.5 Painful trigeminal neuropathy attributed to space-occupying lesion

13.1.2.6 Painful trigeminal neuropathy attributed to other disorder

13.1 Pain attributed to a lesion or disease of the trigeminal nerve

13.1.1 Trigeminal neuralgia

13.1.1.1 Classical trigeminal neuralgia

13.1.1.1.1 Classical trigeminal neuralgia, purely paroxysmal

13.1.1.1.2 Classical trigeminal neuralgia with concomitant continuous pain

13.1.1.2 Secondary trigeminal neuralgia

13.1.1.2.1 Trigeminal neuralgia attributed to multiple sclerosis

13.1.1.2.2 Trigeminal neuralgia attributed to space occupying lesion

13.1.1.2.3 Trigeminal neuralgia attributed to other cause

13.1.1.3 Idiopathic trigeminal neuralgia

13.1.1.3.1 Idiopathic trigeminal neuralgia, purely paroxysmal

13.1.1.3.2 Idiopathic trigeminal neuralgia with concomitant continuous pain

13.1.2 Painful trigeminal neuropathy

13.1.2.1 Painful trigeminal neuropathy attributed to herpes zoster

13.1.2.2 Trigeminal post-herpetic neuralgia

13.1.2.3 Painful post-traumatic trigeminal neuropathy

13.1.2.4 Painful trigeminal neuropathy attributed to other disorder

13.1.2.5 Idiopathic painful trigeminal neuropathy

Appendix

- ✓ A1.2 前兆のある片頭痛に、A1.2.0.1 前兆のある純粹月経時片頭痛、A1.2.0.2 前兆のある月経関連片頭痛、A1.2.0.3 前兆のある非月経時片頭痛、の3項目が追加
 - ✓ A1.2.1 典型的な前兆のある片頭痛 (代替診断基準) は削除
 - ✓ A1.4.6 visual snowが新たに追加
 - ✓ 中国において、片頭痛の10.3%に前庭性片頭痛がみられ、驚くほど高頻度であったとコメントが追加(文献1,2)
 - ✓ 11.3.3 眼球斜位または斜視による頭痛 が本文から付録 A11.3.5 へ移動
 - ✓ A12.10 急性ストレス障害による頭痛 が削除
1. *Cho SJ, Kim BK, Kim BS, et al. Vestibular migraine in multicenter neurology clinics according to the appendix criteria in the third beta edition of the International Classification of Headache Disorders. Cephalalgia 2016; 36: 454–462.*
 2. *Zhang Y, Kong Q, Chen J, et al. International Classification of Headache Disorders 3rd edition beta-based testing of vestibular migraine in China: demographic, clinical characteristics, audiometric findings and diagnosis statuses. Cephalalgia 2016; 36: 240–248.*

Appendix

ICHD-3 β



ICHD-3

A1. Migraine

A1.1 Migraine without aura

A1.1.1 Pure menstrual migraine without aura

A1.1.2 Menstrually related migraine without aura

A1.1.3 Non-menstrual migraine without aura

A1.2 Migraine with aura (alternative criteria)

A1.2.1 Migraine with typical aura (alternative criteria)

A1.3 Chronic migraine (alternative criteria)

A1.3.1 Chronic migraine with pain-free periods

A1.3.2 Chronic migraine with continuous pain

A1.4 Complications of migraine

A1.4.5 Migraine aura status

A1.6 Episodic syndromes that may be associated with migraine

A1.6.4 Infantile colic

A1.6.5 Alternating hemiplegia of childhood

A1.6.6 Vestibular migraine

A1. Migraine

A1.1 Migraine without aura

A1.1.1 Pure menstrual migraine without aura

A1.1.2 Menstrually related migraine without aura

A1.1.3 Non-menstrual migraine without aura

A1.2 Migraine with aura

A1.2.0.1 Pure menstrual migraine with aura

A1.2.0.2 Menstrually related migraine with aura

A1.2.0.3 Non-menstrual migraine with aura

A1.3 Chronic migraine (alternative criteria)

A1.3.1 Chronic migraine with pain-free periods

A1.3.2 Chronic migraine with continuous pain

A1.4 Complications of migraine

A1.4.5 Migraine aura status

A1.4.6 Visual snow

A1.6 Episodic syndromes that may be associated with migraine

A1.6.4 Infantile colic

A1.6.5 Alternating hemiplegia of childhood

A1.6.6 Vestibular migraine

A2. Tension-type headache (alternative

A1.2.0.1 Pure menstrual migraine with aura

診断基準

- A. Attacks, in a menstruating woman, fulfilling criteria for 1.2 Migraine with aura and criterion B below
- B. Occurring exclusively on day 1 ± 2 (i.e. days -2 to +3) of menstruation in at least two out of three menstrual cycles and at no other times of the cycle.

A1.2.0.2 Menstrually related migraine with aura

診断基準

- A. Attacks, in a menstruating woman, fulfilling criteria for 1.2 Migraine without aura and criterion B below
- B. Occurring on day 1 ± 2 (i.e. days -2 to +3) of menstruation in at least two out of three menstrual cycles, and additionally at other times of the cycle.

(AはMigraine with auraと思いますが原文に合わせます)

A1.2.0.3 Non-menstrual migraine with aura

診断基準

- A. Attacks, in a menstruating woman, fulfilling criteria for 1.2 Migraine with aura and criterion B below
- B. Not fulfilling criterion B for A1.2.0.1 Pure menstrual migraine with aura or A1.2.0.2 Menstrually related migraine with aura.

A1.4.6 Visual snow

診断基準

- A. Dynamic, continuous, tiny dots across the entire visual field, persisting for >3 months
- B. Additional visual symptoms of at least two of the following four types:
 - 1. palinopsia
 - 2. enhanced entoptic phenomena
 - 3. photophobia
 - 4. impaired night vision (nyctalopia)
- C. Symptoms are not consistent with typical migraine visual aura
- D. Symptoms are not better accounted for by another disorder

Visual snowについての文献

1. *Perenboom M, Zamanipour Najafabadi A, Zielman R, et al. Visual sensitivity is more enhanced in migraineurs with aura than in migraineurs without aura. Cephalalgia 2015; 35(Suppl): 1224–1226.*
2. *Schankin CJ, Maniyar FH, Digre KB, et al. ‘Visual snow’ – a disorder distinct from persistent migraine aura. Brain 2014; 137: 1419–1428.*
3. *Schankin CJ, Maniyar FH, Springer T, et al. The relation between migraine, typical migraine aura and “visual snow”. Headache 2014; 54: 957–966.*

A3. Trigeminal-autonomic cephalalgias (TACs)

- ✓ 本編の診断基準から「前額部および顔面の紅潮」と「耳閉感」が削除
 - ✓ 「前額部および顔面の紅潮」と「耳閉感」が記載されているICHD-3βの診断基準が付録に移動
 - ✓ de Cooの論文が根拠
 - ✓ Commentには「前額部および顔面の紅潮」、「耳閉感」を診断基準から削除するにあたり、意見が別れたけれどもworking groupの専門家は特異度の有意な低下なしに感度を改善させると考えたことが記載されている。ただしこの考えをサポートする公式なフィールドテストは行われていないとも記されている。
1. *De Coo IF, Wilbrink LA, Haan J, et al. Evaluation of the new ICHD-III beta cluster headache criteria. Cephalalgia 2016; 36: 547–551.*

A7.6.3 Post-electroconvulsive therapy (ECT) headache

- ✓ 電気痙攣療法 (ECT)後に生じる頭痛について、ECT後72人中20人 (28%)が頭痛を訴えた論文をcommentに記載
- 1. *Kertesz DP, Trabekín O and Vanetik MS. Headache treatment after electroconvulsive treatment: a single-blinded trial comparator between eletriptan and paracetamol. J ECT 2015; 31: 105–109.*

A11.3 Headache attributed to disorder of the eyes

A11.3.5 Headache attributed to heterophoria or heterotropia (眼球斜位あるいは斜視による頭痛)

- ✓ ICHD-3βでは11.3.3「眼球斜位あるいは斜視による頭痛」として本編に掲載
- ✓ エビデンスが乏しいため付録に移動
- ✓ 診断名から、(潜伏性または顕在性斜視) が削除
- ✓ 頭痛の部位を前頭部、と記載

用語の定義

- ✓ ICHD-3での新たな用語として以下の16語が追加
Allodynia, Attributed to, Enhanced entopic phenomena, Hypalgesia, Hyperalgesia, Nyctalopia, Palinopsia, Persistent, Postdrome, Primary headache (disorder), Punctate stimuli, Refractory period, Resolution, Secondary headache (disorder), Strabismus, Withdrawal
- ✓ Painの説明に, IASPの定義によると加筆されている.
- ✓ Premonitory symptomsとProdrome
 - ICHD-3βではPremonitory symptomsを使用しProdromeの使用を避けるべきと記載
 - ICHD-3ではProdromeを使用し, Premonitory symptomsの使用を避ける様に記載
- ✓ ICHD-3βで‘See also’として示されるも対応する用語説明がなかった Neurological symptomsがFocal neurological symptomsに修正
- ✓ その他, 説明の補足が複数力所で加えられている.