

**Patient Presentation**  
Cluster

Acute

**GP**

**Treatment only needed during cluster bouts:**

- Subcutaneous injection of 6mg sumatriptan is recommended as the first choice treatment for the relief of acute attacks.
- Nasal sumatriptan or zolmitriptan is recommended for treatment of acute attacks in patients who cannot tolerate subcutaneous sumatriptan.
- Maximum triptan use is 2 doses a day.
- 100% oxygen (7–12 litres per minute) using a tight fitting, non-rebreathing mask, should be considered. A high flow regulator is required. Information available from [www.ouchuk.org](http://www.ouchuk.org); in Scotland has to be initiated by a specialist.
- Consider Lidocaine 10% nasal drops to speed relief of acute attacks for patients whose attacks are not well relieved by subcutaneous or nasal triptan and inhaled 100% oxygen.

**NHSGG&C**  
Refer all new Cluster Headaches to the Headache Clinic, Neurology Dept, SGH.  
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In the West of Scotland oxygen treatment is initiated at the headache clinic by a Consultant Neurologist.

Prophylaxis

**GP**

- Verapamil 240–960mg daily (slow release preparations can be used) Pre-treatment electrocardiogram and regular ECG monitoring is required 10 days after each dose titration. This is short term prophylaxis during the cluster bout.
- Oral steroids can be useful to abort a cluster bout – consider discussing with the local headache/neurology service.
- Greater occipital nerve injection (discuss with headache/neurology service).

**Patient Support Group**  
Organisation for the understanding of cluster headache (OUCH)  
Helpline: 01646 651 979  
[www.ouchuk.org](http://www.ouchuk.org)