		Tension-Type Headache [a]	Migraine Headache [b]	Cluster Headache [c]
Associated Features	**Photophobia and phonophobia**	Can have one but not both	Both	Variably present
	Nausea, vomiting, or both	Neither	Either or both	Might be present
Other Features	**Autonomic features**[d]	None	Might occur but are often subtle and not noticed by the patient	Prominent autonomic features ipsilateral to the pain (see Appendix B)

* There are definitions for probable TTH, probable migraine, or probable cluster headache where patients might not fulfill all criteria listed above. The Work Group suggests that providers should not withhold therapy when patients do not meet all criteria listed for TTH, migraine, or cluster headache (i.e., are diagnosed with probable TTH, probable migraine, or probable cluster headache).(4) Providers should continually reassess patients during therapy.

[a] A diagnosis of TTH requires at least 10 headache episodes lasting 30 minutes to 7 days with at least two defining characteristics (i.e., bilateral location, non-pulsating quality, mild to moderate intensity, not aggravated by routine physical activity) and both associated features (i.e., no nausea or vomiting; either photophobia or phonophobia, but not both). If headaches fulfill all but one of the TTH criteria (e.g., having both photophobia and phonophobia), the diagnosis would be probable TTH.

[b] A diagnosis of migraine requires at least five headache episodes lasting 4–72 hours with at least two defining headache characteristics (i.e., unilateral throbbing or pulsating, moderate or severe intensity, aggravated, or caused by routine physical activity) and at least one associated feature (i.e., nausea, vomiting, or both and both photophobia and phonophobia). If headaches fulfill all but one of the migraine criteria (e.g., photophobia or phonophobia but not photophobia and phonophobia), the diagnosis would be probable migraine.

[c] A diagnosis of cluster headache requires at least five headache episodes of severe to very severe unilateral orbital, supraorbital, or temporal pain or any combination of such pain lasting 15–180 minutes and occurring once every other day to no more than eight times a day. Either or both autonomic features and a feeling of restlessness or agitation are required.

[d] Autonomic features include nasal congestion, rhinorrhea, or both; periorbital edema; miosis, ptosis, or both; conjunctival injection, lacrimation, or both.

c. Secondary Headache Disorders

The initial evaluation of patients with headache should focus on determining whether a secondary cause for the headache exists or whether a primary headache diagnosis is appropriate. Emergent evaluation should be considered based on the presence of red flag features (see Sidebar 1). In general, a secondary headache can be diagnosed if the headache is new and occurs in close temporal relation to another disorder known to cause headache or when a preexisting headache disorder significantly worsens in close temporal relation to a causative disorder. In instances where a preexisting headache disorder is worsened by a causative disorder, both the primary and secondary headache diagnoses should be given (e.g., migraine and medication overuse headache [MOH]).

This CPG addresses the management of three secondary headache types: cervicogenic headache, posttraumatic headache (PTH) (described in the ICHD-3 as a headache attributed to traumatic injury to the head, neck, or both), and MOH. These secondary headache types are the most encountered, based on the clinical experience