

Diagnostic delay of Cluster headache A cohort study from the Danish Cluster Headache Survey

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BACKGROUND

Despite clear diagnostic criteria, a diagnostic delay of Cluster headache (CH) patients is often reported to be year long. The consequence of a long diagnostic delay is that many CH patients receive misinformation and wrong treatment. Furthermore, CH has substantial socioeconomic implications for patients and society due to sick leave and use of medical services. To treat CH effectively, a correct and early diagnosis is essential, as the treatment of CH differs from the treatment of other primary headaches.

CONCLUSIONS

Diagnostic delay was reduced for every decade and CH patients

Onset before age of 20 years significantly prolonged the diagnostic delay

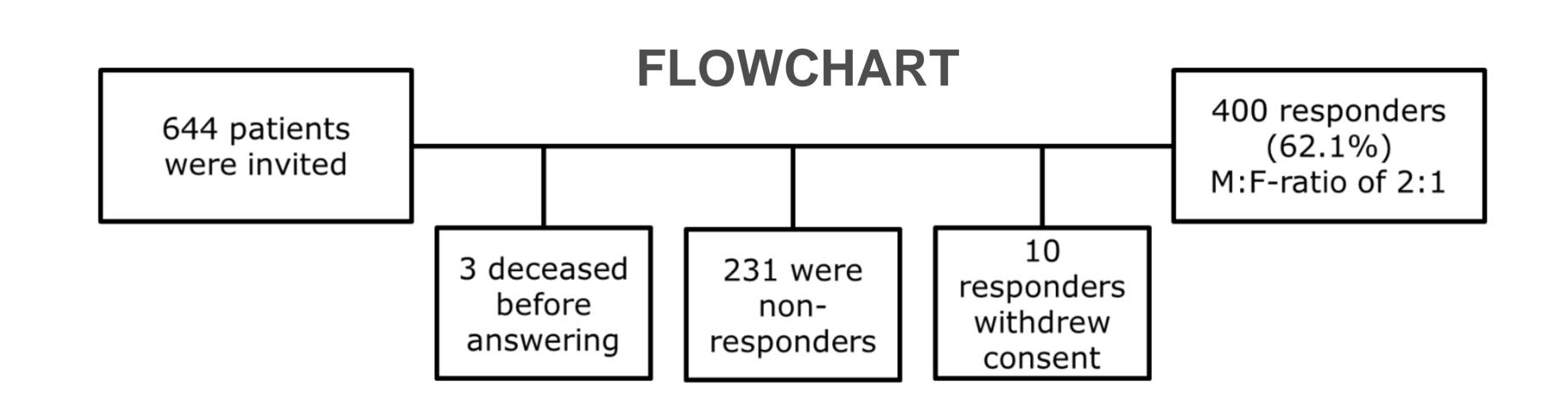
Prolonged diagnostic dealy was associated with clinical features such as long attack duration, migraine-like symptoms and nocturnal attacks

AIM

To investigate the influence of clinical and demographic features on diagnostic delay in CH patients.

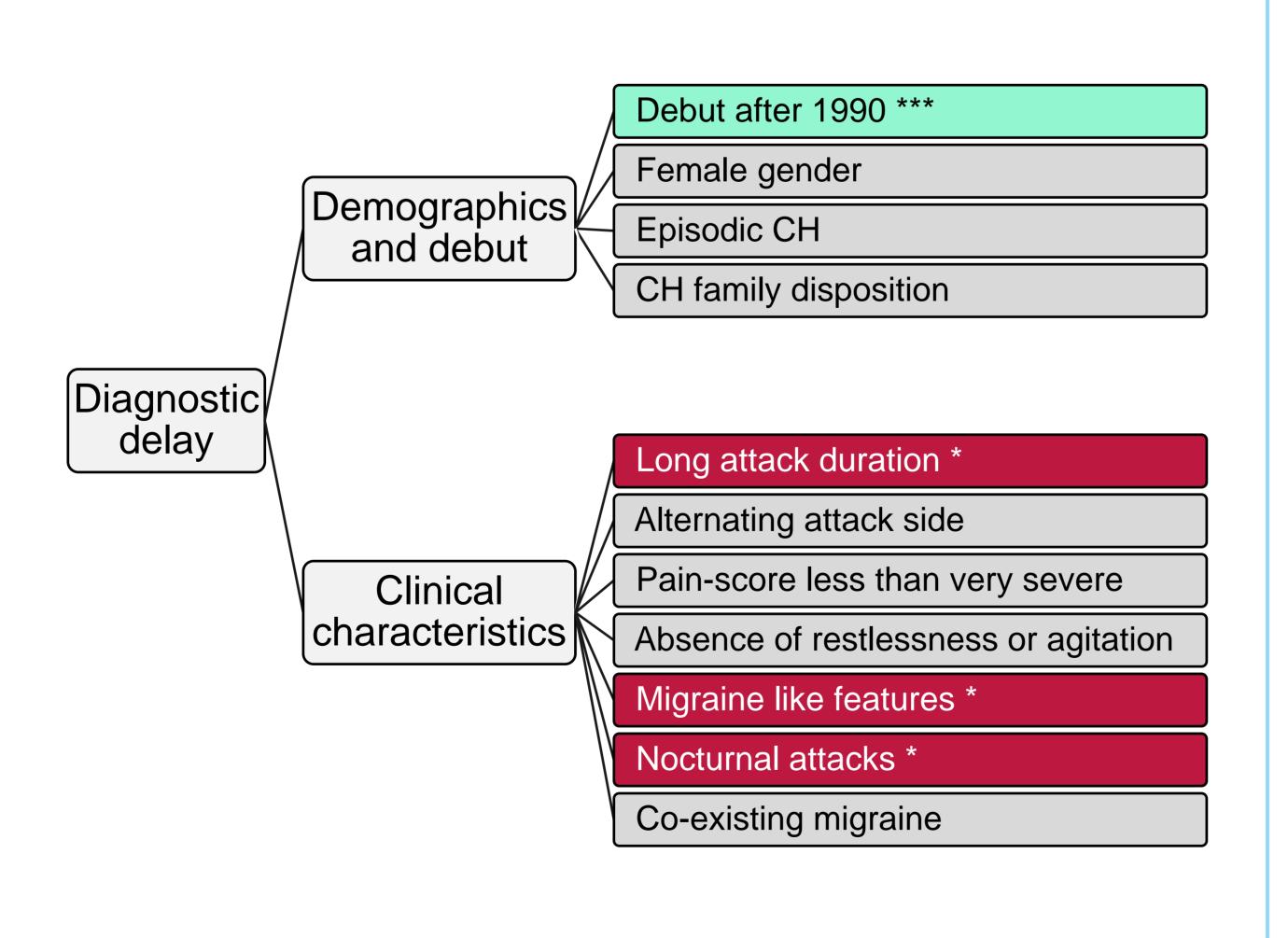
METHODS

A cross-sectional cohort study consisting of 400 CH patients. Patients completed the questionnaire, after which they had a structured interview to rule out ambiguities and to validate the headache diagnoses.



RESULTS

GAMMA REGRESSION MODEL



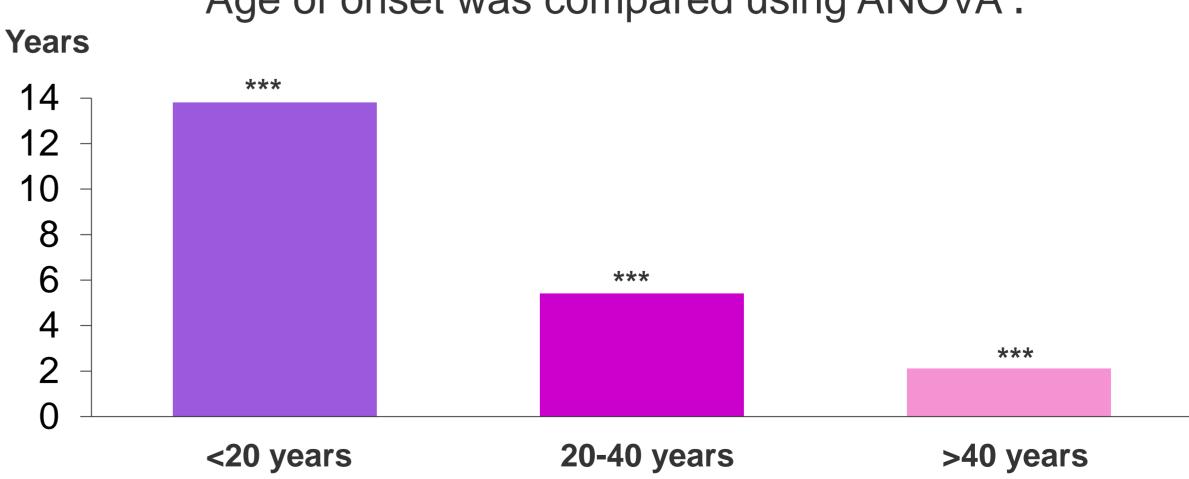
Associated with decreased diagnostic delay
 Associated with prolonged diagnostic delay
 No association with diagnostic delay

DECADE OF CH ONSET AND DIAGNOSTIC DELAY

Diagnostic delay compared between each decade (ANOVA)

	1950s	1960s	1970s	1980s	1990s	2000s	2010s
%	0.3	1.8	4.8	13.1	21.2	39.9	18.9
Diagnostic delay, years (SD)							0.9 (12)
P-value	<0.001	< 0.001	<0.001	< 0.001	< 0.001	< 0.001	< 0.001

AGE OF CH ONSET AND DIAGNOSTIC DELAY Age of onset was compared using ANOVA.



*P<0.05, ***p<0.001



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