International Headache Society (IHS)
International Classification of Headache Disorders IV Meeting
Thursday 05 September 2024 at 10:00
Migraine Trust Internationals Symposium 2024 (MTIS 2024),
Mezzanine 10-11, Hilton Metropole, London, United Kingdom
and via Microsoft Teams (MT)

In attendance:
Peter Goadsby (PJG)
Richard Lipton (RL) via MS Teams
Arne May (AM),
Todd Schwedt (TS)
Shuu-Jiun Wang (SJW) via MS Teams
Patricia Pozo-Rosich (PPR)
Stefan Evers (SE) via MS Teams
Cristina Tassorelli (CT) via MS Teams, only shortly due to signal problems
Alison Worth (PJG PA; AW)

1.0 Apologies:
i) Jean Schoenen (JS), Amy Gelfand (AG) and Gisela Terwindt (GT, belated)

2.0 Welcome:
i) AW preparing minutes. Once formally agreed the minutes would be submitted to IHS.
ii) Substantial matters discussed by the Committee will be reported in Cephalalgia to members.

3.0 Minutes of previous meeting:
i) Minutes of previous meeting formally accepted and circulated on 27 November 2023.

4.0 Address items from the editorial. Notes below include discussion of notes, questions raised and items for action:

In-person Meetings 2025: We will plan an in-person meeting at the International Headache Congress. IHS has a budget for the ICHD and therefore would look at what is possible to facilitate a face-to-face meeting with a workshop in Sau Paolo, Brazil in 2025.
Action: If finances support, aim to get as many committee members as possible for a face-to-face meeting at IHC 2025 with a workshop of length to be determined by the IHC2025 Program Committee.
Proposed: We hold a workshop at IHC2025, with as many committee members as possible, where we summarise what has been done and what we are planning, and allow time for IHS members to express views. The details will be determined by the time available.

Episodic Migraine: A topic for further discussion

Overlap between episodic and chronic migraine: Discussion on the word chronic. Some felt the word should be removed. The question is whether a patient needs preventive medication. The committee recognizes the importance of resolving the naming around chronic migraine. The committee will undertake dealing with issue at some point. Will encourage IHS people who attend workshops discuss.

Classification input. PJG to source DSM person.

Differentiating primary from secondary in pre-existing/traumatic headache:
Chapter 5: Traumatic Headache vs chronic migraine:

- Characteristics substantially change pre-existing headache with new symptoms. This begs the question: what is a substantial change? Significant changes of headache without phenotypic switching.
- Important to note classification of post-traumatic headache for European insurance/legal administration – wording needs tidying up.

Action: In ICHD4 add a paragraph of what we general think of the problem. Clear primary/clear secondary/then other group. Significant phenotypic overlaps: similarities but do not know extent of similarities.
Action: TS to edit paragraphs 9, 14 and 15. Track changes and send edits around.

Mood changes:

- Discussion around Axis 1 (biological related – psychology, anxiety/depression) and Axis 2 – behaviour/social and Axis 3 – medical and the utility of this approach for ICHD. This is an unresolved issue.

Medication Overuse Headache (MOH): Discussion on the removal of 'headache'. There is a need to be more specific on 'consecutive months' in diagnosis. Work on criteria for MOH. Add to criteria that mentioning reducing medication will improve MOH. Keep MOH as a secondary headache because this diagnostic entity catches WHO's attention and has a significant impact regarding the global disease burden. It was commented that anyone with headache can have MOH problems. Point out in preamble as opposed to leaving to Section 8. No broad support for having a linguist opine on terminology.
Action: RL to address MOH. Explain what we are thinking around MOH.

Migraine/Tension-Type Headache: The issue of where the line should be clearer line drawn needs addressing. One solution would be to swap the current appendix criteria for tension-type headache into the main body and move the main body criteria to the appendix to acknowledge the need for work on the correct boundary.

Vestibular Migraine: Need to ensure the committee does not have a conflicting approach to The Barany Society. Subgroups would be asked to work this out.
Action: SJW asked to put together a half page on principles and how one would deal with 'probable' for example, hierarchy and generalization. Need to have a better definition of what probable means and make it more transparent.

Facial Pain: Need to maintain alignment with the International Classification of Orofacial Pain (ICOP). AM involved with ICOP2 which aims to be published in four years' time. We need to align and not contradict. Request publication of classification updates are done in separate years.
Acton: AM will be our liaison to ICOP.

General notes/actions:

- Preamble to be written before we have subgroups in place.
- AW to obtain and circulate ICHD3 in Word format.
- PPR raised two issues/ideas:
    - Non-headache symptoms – migraine with no headache
    - Biomarkers – every speciality in neurology using biomarkers going forward and we should start thinking about it.

Any other business: there was no other business raised.

Next meetings:

- All meetings will be hybrid to maximize attendance.
- Aim for face to face with workshops at IHC 2025.