

# Classification Committee of the International Headache Society (IHS)

## International Classification of Headache Disorders (ICHD) IV Meeting

Thursday 11 September 2025  
World Trade Centre, Sao Paulo, Brazil

In attendance:

Peter Goadsby (PJG)  
Richard Lipton (RL)  
Arne May (AM)  
Amy Gelfand (AG)  
Todd Schwedt (TS)  
Shuu-Jiun Wang (SJW)  
Patricia Pozo-Rosich (PPR)  
Stefan Evers (SE)  
Cristina Tassorelli (CT)  
Gisele Terwindt (GT)  
Alison Worth (PJG PA; AW)

1. Call to order and apologies
  - i) Apologies: Jean Schoenen (JS). A zoom conference was set up too late and JS could not join.
  - ii) It was agreed the next face to face meeting would take place on Tuesday 01 December 2026. As previous meetings have been held in South America (Brazil), South-East Asia (South Korea) and Europe (UK) the meeting would take place at the American Headache Society Scottsdale Meeting in North America. A Townhall would be held to let American colleagues' comment on the classification. Zoom facilities will be requested.
  - iii) *A funding request for travel to America for the Classification Committee would go to the International Headache Society (IHS).* **Action:** PJG to approach IHS with costs
  - iv) There will be two short meetings via MS Teams over the next 12 months.
  - v) It is currently envisaged that ICHD-4 would probably be done by 2030 and published in *Cephalalgia*.
2. Minutes from the Committee meeting of September 2024
  - i) The minutes were accepted
3. Matters Arising from the last meeting
  - i) AW had circulated the Word document of the ICHD-3.

- ii) *TS had put together a Secondary Headache Commentary. TS had taken responses and integrated some of them. The paper is rounded and sets out thought process nicely. Hearing a general view and agree to text and accept what is done. Agreed to submit for publication of short paper. Get it in soon for publication as perspective in January 2026 issue. **Action:** TS to finalise and submit paper*
  - iii) International Classification of Orofacial Pain (ICOP) – AM informed all that there are seven working groups within ICOP which have met several times. With a larger face to face meeting taking place in Brussels in 2025. ICOP is heading to publish in the next 2-3 years. AM asked for a gap between ICOP and ICHD-4 publication to allow for citations. When ICOP is published this will have an impact on ICHD-4. AM stressed there must not be two different definitions of OFP. He suggested that idiopathic mid-facial pain (also see classification workshop) to be added to ICHD-4. The Classification Committee would welcome ICOP draft to review. If the draft is problematic the ClassCom would report back to AM.
  - iv) *Preamble before assembling groups: a Section Review working group will be formed with GT, SE, RBL and SJW and chaired by PJG to examine whether the current sectional layout is optimal. Aim to get back to the ClassCom in Q1 2026 and to bottom out working groups in Q2 2026. **Action:** PJG to convene meeting after minutes reviewed by the Committee*
4. Should we meet with industry, or regulators, or both?
- i) It was agreed there would be a group who would try to meet with regulators such as the Food and Drug Administration (FDA), European Medicines Agency (EMA) and Medicine and Healthcare Products Regulatory Agency (MHRA). We would look to see the regulator's reaction to any changes. **Action:** Committee to discuss in 2026
  - ii) It was agreed to meet with patient associations/groups and get input once we have the text formulated. It was agreed that industry should not be involved with classification discussions.
5. Topics and issues arising from ClassCom to be discussed
- i) Once Working Parties are identified they will address topic issues
  - ii) Episodic versus chronic migraine- some views were expressed that need consideration when the working group is formed and meets:
    - AG raised a comment made by Nazia Karsan at the Classification Committee Workshop about incorporating into the classification the number of postdrome/premonitory days.
    - AM said that classifications are *per se* agreements and cannot be proven right or wrong. They serve only one purpose: to define a given symptom or disease and this agreement makes sure that everyone uses this nomenclature. Once this is established, we can research whether we want to change this convention. This understanding explains the rules:

very rigid and very small-sized definitions. Example: If we continue to allow tension-type headache to have photophobia, the sharpness of separation from migraine is softened and, consequently, research is hindered.

- Monthly frequency is not reliable as this can change from one month to the next.
- Rigidity of migraine days – 15 days should be rigid as allows to draw the same conclusion.
- PPR – We need to talk about things with the patient. The way the disease behaves is not the same for everyone.
- CT – We should not reverse what we have done about chronic migraine as it has too many implications for patients. The issue is with the word episodic. We cannot just say migraine as some people have 5 days and some have 25 days and their lives are completely different.
- TS – we will have done a disservice to people with severe migraine.
- PJG – the question is: does the person in front of you need a preventive?
- PPR – Aura: why do we say migraine with or migraine without aura? Aura is very important and can have cardiovascular outcome. Aura symptomatology was poorly studied. If they have aura, they have migraine for sure. PJG – interesting paper to write. It would cause considerable discussion. RL – aura symptoms are so specific and you don't need any more detail. Diagnosis is easier if people have aura.

iii) Tension-type headache: move appendix criteria to main criteria and current main section criteria to the appendix

- Tension-type headache – headache without any other features
- PJG: what do you do with a person with photophobia only, as an example?
- 'Probable migraine': AM – useful to have probable migraine if you cannot completely classify. SJW – we don't have many patients with photophobia.
- RL – classification of headache types; not headache disorders. Symptomatic overlap, criteria need to be valid and generalisable. We need to solve problem of completeness.

iv) Misc.

- SE – Chapters 5 and 12 have issues. These chapters should be worked on.
- AM – Issue of idiopathic persistent mid-facial pain with no vegetative or cranial autonomic features and normal examination and sinus CT should be added to ICHD-4 (as idiopathic midfacial pain). PJG – this could be featured in the appendix – and deserves a working party.

v) Menstrual Migraine

- GT – Menstrual Migraine – we should have more research on this.
- Responds differently to medications
- Treat these people in different way

- RL – For menstrual migraine, there is the gap between the operational and conceptual definition. The concept of menstrual migraine is that headaches occur with increased probability on certain days of the month, perhaps days -2 to +3. Operationally, we say that a headache must occur in that window in at least 2 of 3 cycles. If MMD frequency is very high, everyone will meet the definition of MM even if headaches are not associated with menses. If headache frequency is very low, say every 3 months, then even people with almost all of their headaches in that time window may not meet the definition
- AM – pure menstrual migraine in neuroimaging showed no difference to non-menstrual migraine which suggests that menstrual migraine is not an entity in its own right and hormonal changes are just another trigger.
- RL - Menstrual Migraine - difficult to prevent.
- AG – it is really hard to treat and a very well-studied stimulus; if another specific, single stimulus were to be as well studied, the results might be similar to MM.
- vi) Vestibular Migraine
  - Clinical utility to it- PJG needs careful thought

## 6 Any Other Business

- i) PJG – we will aim to have two Teams meetings over next 12 months
- ii) An editorial will be authored based on the current meeting
- iii) Minutes will be sent to IHS
- iv) PPR – we need to accentuate research
- v) PJG thanked all for coming along.

## 7 Date of next meeting

- i) Tuesday 01 December 2026 – Scottsdale American Headache Society Meeting
- ii) *Teams meeting to be arranged after polling members for timing* **Action:** AW will poll members for 2026 Teams meetings when minutes have been reviewed.