Classification Workshop – International Classification Headache Disorders – 4 (ICHD-4) – Progress

Thursday 11 September 2025
22nd International Headache Congress, Sao Paulo, Brazil

Meeting Chaired by Professor Peter Goadsby (PJG) with a presentation by Dr Todd Schwedt (TS)

PJG welcomed International Headache Society members to the Workshop and gave a brief introduction and history timeline of ICHD from 1988 to date. This Workshop was put together for discussions of ICHD-4.

The Workshop attendees were informed that minutes have been taken at all ICHD-4 meetings and have been provided to the IHS Board. The minutes have been made available on IHS website and short summaries have been provided for *Cephalalgia*.

Beta versions of ICHD-4 definitions would be published as they were developed rather than as a single entity.

IHS members were invited to comment on the classification. All emails received went to Stefan Evers, Committee Secretary. There would be open workshops at major headache meetings in Europe, North America and Rest of the World. This is the first open workshop for ICHD-4 in South America.

The minutes are presented as is; we were unable to capture all names, and welcome those who spoke and were not identified to contact Dr Stefan Evers (everss@uni-muenster) to have the record corrected. A lesson to voice record future workshops was learned.

The classification committee have so far considered the following:

- Primary and secondary headache disorders
- Tension-type headache: overview
- Chronic migraine
- Vestibular Migraine
- Medication-Overuse Headache (MOH)
- TAC's: overview
    - Cranial autonomic symptoms
    - Indomethacin sensitive headache

TS gave a presentation 'Differentiation between primary and secondary headache' to provoke discussion and gave scenarios versus classification.

Feedback/Comments from Workshop:

Francesca Puledda – King's College London (UK)

- Consideration to be made around a refined definition of NDPH

Tesha Monteith – University of Miami Miller (USA)

- Neuroimaging/posttraumatic headache
- What about duration?
- What about migraine mechanism?
- How do we define that/change in characteristics?

Henrik Schytz– Danish Headache Group, Copenhagen (Denmark)
- Onset of secondary with pre-existing trauma

Franz Riederer - Bern (Switzerland)
- New onset cluster headache after trauma
- Insurance question – some people not developing some headache type

Gisela Terwindt (GT) - Leiden Headache Group (The Netherlands)
- general predisposition

Prab Prabhakar – Great Ormond Street, London (UK)
- Most pediatric cases we always get history – takes a long time and in younger groups we assume
- Acknowledge this in classification of pre-existing headache – need to agree
- Young people with dysfunctional headache disorders – we are seeing increasing numbers. There has to be some way of saying children can have primary and secondary headache and they can co-exist.
- Chapter on psychiatric headache has been around for two editions – there is no new data as nobody is studying this.

University of Nevada (USA)
- Gave scenario on chronic migraine phenotype
- ICHD specific phenotyping the secondary headache
- PJG commented that the ICHD notes for the single headache entities are under-read.

Christine Szperka– Philadelphia (USA)
- TAC's in children not necessarily fitting into criteria, how do we address that?
- PJG/Prab are doing longitudinal studies/series and have a transitional clinic to capture data – ''little TAC's group up into big TAC's''.

Tesha Monteith– Miami (USA)
- Entity cluster/migraine – cyclical headache problem – long episodes then turns off – clinical relevance
- PJG – cluster/migraine not in ICHD – Stefan Evers said there is no data on large case series. There was a comment in ICHD-1 but that was skipped.

Joana Medra
- LASH – does it have a place? What is lash?

Franz Riederer – Bern (Switzerland)
- Cluster – syndrome wise – comprising different headache phenotypes
- Stefan Evers: classification considers this – it is how we write it in the classification. Again, notes are not well read.

- Richard Lipton: headache phenotypes – we define and how they change over time.

Nazia Karsan – King's College London (UK)
- New classification should think about premon/postdrome – are we missing
- Not deferring general neurology
- Secondary headaches – pediatric might not meet criteria for migraine but the presence of primary headache may not be as obvious as adult criteria. Consider abdominal migraine.

Lucas Bonamico – Buenos Aires (Argentina)
- Trigeminal Neuralgia: submitted a proposal around classical TN with or without vascular compression – maybe revise this?

Marcin Straburzyński – Warsaw Poland – ENT
- Persistent facial pain resembling a sinusitis pain should be considered idiopathic if examination and all diagnostics is normal including ENT and sinus CT and should then be called idiopathic midfacial pain- several peer-reviewed papers exist. It should go into ICHD-4 and ICOP-2- this way it is researchable

Carlo
- SUNCT/SUNA distinction – don't we think it is the same.
- PJG: Therapeutics are different. Inclined to leave distinction. Work in progress.

Calvin Chan – Palmerston (New Zealand)
- Persisting/worsening headaches that are resolved but still have headache – what do we classify on medical insurance question? Criteria states once treated it is removed but secondary headache is still there.
- PPR – way round it: acute/persistent
- This is only a problem for medical insurance – we might not be able to resolve in classification.
- Chronic headache that does not mimic how onset works – we need to collect more data

Brazil
- Patients with no history of headache/migraine has LP and gets migraine. Is this posttraumatic or migraine? PJG – we will consider this issue.

David Moreno – London (UK)
- NDPH – does neuro-ontology clinics/dizziness clinics and vestibular migraine at the moment is a very episodic phenomenon.
- We should have chronic vestibular migraine
- New Daily Persistent Dizziness- I see quite a lot of phenotype not reflected anywhere

Ray – Columbia
- Migrainous time of 72 hours – diminish time as to when to treat more aggressive attacks.
- PJG – why not treat attacks at 48 hours?

Egypt
- Screen exposure and headache
- Commonly hearing headache on exposure

- Migraine has many triggers and this is not happening exclusively around screen exposure.

Francesca Puledda – London (UK)

- Dizziness PPTN/VS
- View on associated symptoms to migraine
- Section where we consider these
- PJG – notes/appendix

Diana Wei – London (UK)

- Migrainous infarctions in new criteria
- GT – extremely rare – it is quite clear in classification.

PJG finished by saying there is a distinct impression from the workshop people are clear the classification committee is interested in hearing views. The classification committee will spend several years listening to feedback. PJG thanked all and said 'please be part of the process'.

Jes Olesen remarked:

- Pleased to see membership of classification committee, continuity should be assured
- Liked the outline of work of committee
- Not rushing things is great
- Extremely fruitful to have long period of writing
- Could be more classification if research is done
- Hope future will primarily be based on results of classification research
- Many issues cannot be answered because we do not have data – go home and create studies
- Tension-type headache – population-based study – 70% of population have had tension-type headache but don't go to doctor – that is why we do not have data.
- Please consider population-based data
- Look forward to seeing the work being done.

Email considerations came from:

- Henrik Schytz, Francesca Puledda and Christoph Schankin – SIH Classification
- Rigmor Jenson – IIH-headache
- Stefania Maniataki – Wording 'absolute response' to indomethacin for the conditions of HC and PH

Further comments or proposals should be addressed to Dr Stefan Evers.