

Definition of terms

Accompanying symptoms: Symptoms which typically accompany rather than precede migraine pain. Most frequent are nausea, vomiting, photophobia and phonophobia. Osmophobia, diarrhoea and other symptoms occur more rarely.

Anorexia: Lack of appetite and dislike for food to a mild degree.

Anxiety: See DSM III-R.

Attack of pain: Pain which builds up, remains at a certain level for minutes to 72 hours and wanes completely.

Aura: The beginning of an attack of migraine manifested by focal cerebral dysfunction. The aura typically lasts 20-30 minutes and precedes the headache. See also focal symptoms, prodromes, premonitory symptoms, warning symptoms or neurological symptoms.

Close temporal relation: This term is used to describe the relation between an organic disorder and headache. Specific temporal relations may be known for disorders of acute onset where causality is likely, but have often not been studied sufficiently. For chronic disorders the temporal relation as well as causality are often very difficult to ascertain.

Cluster headache attack: One episode of continuous pain lasting 15 to 180 minutes.

Cluster period: The time during which attacks occur regularly, and at least once every other day.

Cluster remission period: The time during which no attacks occur either spontaneously or by induction with alcohol or nitroglycerin. To count as a remission the attack free period must exceed 14 days.

Depression: Includes both major and minor depression. See DSM III-R.

Duration of attack: Time from onset and until termination of one particular form of headache attack. After migraine and cluster headache a low grade non-pulsation headache without accompanying symptoms may persist, but this is not included in duration. If the patient falls asleep during an attack and wakes up relieved, duration is until time of awakening. If an attack is relieved medically, but recurs within 3 hours, it is still regarded as one attack. If relief lasts 4 hours or longer it is regarded as two attacks.

EMG level: Mean amplitude as recorded with surface electrodes.

Episodic: Comes and goes in a regular or irregular pattern. Is of steady or variable duration. Is also used about the type of cluster headache where attacks occur in repeated periods of illness.

Facial pain: Pain below the orbitomeatal line, above the neck and anterior to the ears.

Focal symptoms: Previously used term for aura.

Fortification: Angulated, gradually enlarging visual hallucination typical of visual aura.

Headache: Pain located above the orbitomeatal line.

Headache days: Means days with headache for a shorter or longer part of the day or the whole day.

Heterophoria: Latent strabismus.

Heterotropia: Manifest strabismus.

Hysteria: See DSM III-R somatoform disorder.

Intensity of pain: Is scored on a verbal 4 point scale: 0 no pain; 1 mild pain, does not interfere with activities; 2 moderate pain, inhibits, but does not prohibit activities; 3 severe pain, prohibits activities.

- Laboratory investigations:* Blood tests, urine tests, cerebrospinal fluid examination, blood pressure measurement, plain x-rays, neuroimaging, arteriography, pneumoencephalography, tests of ears and eyes, and other paraclinical investigations.
- Lancinating:* Brief, electric, shock-like along a root or nerve.
- Muscular stress:* Long lasting isometric contraction of muscles.
- Neuroimaging:* CT, NMR or scintigraphy of the brain.
- Neurological symptoms:* Previously used term for aura.
- New type of headache:* A type of headache which the patient has never had before.
- Not sufficiently validated:* Doubt based on the experience of the committee and controversy in the literature as to the validity of the diagnostic entity.
- Nuchal region:* Dorsal aspect of upper neck including region of insertion of neck muscles on the cranium.
- Oromandibular dysfunction:* See fourth digit code number 2, p. 33.
- Pericranial muscles:* Neck muscles, chewing muscles, mimic facial muscles and muscles in inner ear (tensor tympani, stapedius).
- Phonophobia:* Hypersensitivity to sound.
- Photophobia:* Hypersensitivity to light.
- Physiological test:* Change of posture, psychological functioning i.e. arithmetic, memorizing etc. or psychological stress, cold pressor test, finger coordination tests etc.
- Premonitory symptoms:* Sensations preceding a migraine attack by 2 to 48 hours. Among the common premonitory symptoms are: Fatigue, elation, depression, abnormal hunger, craving for special foods. Occur before the aura or before an attack of migraine without aura.
- Pressing/tightening:* Pain of a constant quality often compared to an iron band around the head.
- Pressure algometer:* Device to measure the detection threshold or tolerance threshold of pressure induced pain.
- Previously used term:* Diagnosis which has been used previously with a meaning more or less identical to criteria given in the present document. Previously used terms are often ambiguous and have been used differently in different countries.
- Prodromes:* Has been used with different meanings, most often as synonymous with premonitory symptoms. The term should be avoided in the future.
- Psycho-social stress:* See DSM III-R.
- Pulsating:* Varying with the heart beat.
- Referred pain:* Pain perceived in another area than the one where nociception arises.
- Refraction error:* Myopia, hypermetropia or astigmatismus.
- Scintillation:* Light hallucinations which are fluctuating in intensity, often approximately 8-10 cycles/second. Typical of migraine aura.
- Scotoma:* Loss of parts of the visual field of one or both eyes. May be absolute (no vision in the scotoma) or relative.
- Stab of pain:* Sudden pain lasting a minute or less (usually a second or less).
- Substance:* Drugs, chemicals, wine, vapours etc.
- Teichopsia:* Synonym for fortification spectrum.
- Tenderness:* A feeling of discomfort or pain caused by pressure which would not normally be sufficient to cause such sensations.
- Unilateral:* On either the right or the left side. If used about headache it does not necessarily involve all of the right or left side of the head, but may be frontal, temporal or occipital only. Used for sensory or motor disturbances of migraine aura it includes complete as well as partial hemidistribution.
- Vasospasm:* Constriction of artery or arterioles to such a degree that tissue perfusion is reduced.
- Warning symptoms:* Previously used term for aura or premonitory symptoms. Should not be used.
- Zig zag line:* Synonym for fortification.