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# Clinical Features and Treatment Options for Cluster Headaches and Other Trigemino-Autonomic Headaches: A Literature Review

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**Categoria**: Cefaleia em Salvas e outras Cefaleias Trigêmino-Autonômicas

**Introduction**

Trigemino-autonomic headaches represent a distinct and complex group of headache disorders. Although considered rare, they are an extremely debilitating condition, and their severity and impact on the quality of life should not be underestimated. This group comprises various complex types of primary headaches, such as cluster headaches, paroxysmal hemicrania, and SUNCT (short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing). These conditions are characterized by severe headache pain, often unilateral, and accompanied by autonomic symptoms like nasal congestion, facial redness, and tearing. Despite their rarity compared to other headache types, individuals suffering from these disorders still face a challenge in finding effective relief options, highlighting the importance of a better understanding of clinical characteristics and therapeutic approaches used by healthcare professionals.

**Objectives**

This study aims to address cluster headaches and other types of trigemino-autonomic headaches, focusing on their clinical characteristics and the most commonly used therapeutic approaches today.

**Methods**

This research was conducted through a systematic literature review, covering headache- related topics and classifications, using the PubMed and Scielo databases. The inclusion criteria involved English and Portuguese languages, with publications from 2010 to 2023.

**Results**

Among trigemino-autonomic headaches, cluster headaches are the most common. They are clinically characterized by an extreme, intense, and excruciating pain pattern, typically located around the eye, lasting approximately 15 minutes to 3 hours. Cluster headaches occur in episodic patterns, with patients experiencing daily or multiple attacks per day for weeks or months, known as "clusters," followed by remission periods. One distinctive feature during these episodes is restlessness; patients become agitated and restless, sometimes resorting to self-harm for pain relief. Currently, the most commonly used therapeutic approaches for these patients include high- flow oxygen inhalation, providing rapid relief during attacks, acute medications such as triptans and local anesthetics like nasal lidocaine, which aid in pain reduction, and preventive medications such as Verapamil for chronic cases, prescribed to reduce the frequency and severity of attacks.

**Conclusion**

In summary, the treatment of trigemino-autonomic headaches can be complex and varies depending on the specific condition and individual response. It is essential for patients to seek evaluation and treatment from a neurologist or headache specialist to develop a treatment plan tailored to their needs and conditions. Furthermore, it is important to emphasize the need for ongoing research to enhance te understanding of these rare conditions and identify more effective treatment options for affected individuals.

**Keywords**: Trigeminal Autonomic Cephalalgias; headache disorders; headache.