Easy Approach To TACS in Out Patient Department

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Headache is the most common neurological disorder and the second leading cause of disability worldwide. Among the primary headache types, TACS are the more difficult to treat. The term TACS was first coined by Goadsby and Lipton to include a group of headache disorders characterized by moderate to severe short-lived headpain in trigeminal distribution with accompanying unilateral cranial parasympathetic autonomic features such as lacrimation, rhinorrhoea, conjunctival injection, eyelid oedema and ptosis.

TACS are of five types-
A) Cluster Headache
B) Paroxysmal Hemicrania
C) Short Lasting Unilateral Neuralgiform Headache Attacks
D) Hemicrania Continua
E) PROBABLE TACS

In my clinic, distribution of headache cases in the last 3 years documentation, n=1,922 patients, Migraine was 50.6% (973), Tension Type Headache 45.2% (869), Cluster Headache 1.6% (30) and Other headaches 2.6% (50).
Cluster Headache is an archetypal TACS with severe pain and major autonomic activation. The unique feature I observed in Cluster Headache patients is a distinctive circadian and circannual periodicity in the episodic form. Unilateral lacrimation is the most frequent autonomic sign. The commonest provocating factor for Cluster Headache is alcohol. The most effective pharmacological treatment for episodic Cluster Headache is oxygen and Triptans, and for prophylaxis- Verapamil and Topiramate, according to my study.
Paroxysmal Hemicrania is a rare variety of TACS. Autonomic signs may occur bilaterally. The commonest sign is ipsilateral lacrimation and nasal congestion. The treatment of choice is Indomethacin. Topiramate works very well where Indomethacin is resistant.
SUNCT and SUNA are unilateral headaches or facial pain with very brief paroxysmal attacks with ipsilateral autonomic signs. I have observed Lamotrigine to be the most effective treatment.
Hemicrania Continua may be remitting and continuous (>3 months) with paucity of autonomic signs. Indomethacin is choice.

Biography
Dr Prosenjit Chakraborty has completed his MD Medicine from Patna, India, and his DM in Neurology from King George's Medical College, Lucknow, India at the age of 31 years. He did his postdoctoral studies on Epilepsy from the National Hospital for Neurology and Neurosurgery, Queen Square, London. He is a Fellow of American Academy of Neurology and also did his Fellowship from the Royal College of Physicians, Glasgow. He is a practicing Neurologist for the last 25 years. He is the HOD of Neurology of a Multispeciality Hospital, Ruby General Hospital, India. He has been the principal investigator in Drug Trials for medications for Parkinsons disease and also in Neuropathic low back pain where he had the highest recruitment of subjects in India.

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