

CLUSTER HEADACHE: JUST THE FACTS



ABOUT CLUSTER HEADACHE

Cluster headache is a rare and extremely painful primary headache disorder characterized by recurring unilateral (on one side of the head) attacks. Cluster headache is one of the most painful conditions an individual can experience. Often referred to as "suicide headache," cluster headache is known to be even more excruciating and debilitating than migraine.

THE FREQUENCY OF CLUSTER HEADACHE



Typically occurs in bouts for
6-12 weeks¹



Lasts **15 minutes**
to **3 hours¹**



Can strike up to
8 times a day¹

THE IMPACT OF CLUSTER HEADACHE



Patients
take their own lives



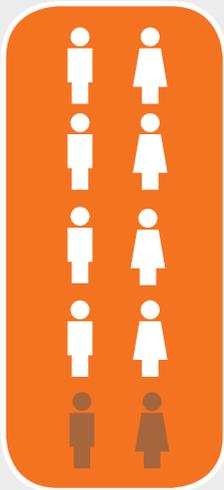
more than the
national average²



79%

of patients reported they were either
"Not at all satisfied"
or **"A little satisfied"**
with current treatment options³

CLUSTER HEADACHE CAN BE A COSTLY STRAIN⁴



Work hours lost due to cluster headache:

78%

for absenteeism

23%

for short-term disability



Overall direct costs of cluster headache can total over

\$3,000

per person, per year

20%

of patients with cluster headache have lost their job due to their condition

CURRENT STANDARD OF CARE FOR CLUSTER HEADACHE TREATMENT IS NOT ALWAYS EFFECTIVE⁵

Treatment strategies can prove challenging for cluster headache patients, as there is a critically unmet need for viable therapies.

For example, approved therapies like injectable sumatriptan can pose challenges for patients:



- **Triptan non-response**
- **Limitations on the number of uses per day**
- **Reimbursement and quantity restrictions**

EMERGING THERAPIES

Upcoming innovations have the potential to provide cluster headache patients with alternative treatment options for currently unmet needs.



Neuromodulation

- **Neuromodulation** is an area of medicine that can potentially be used in novel ways to give patients alternative treatment options for pain associated with primary headache, especially as varying applications of neuromodulation have already proven effective and safe. Through the transmission of therapeutic signals, neuromodulation blocks certain pain signals and thereby provides relief for the patient.



Novel drugs

- **Calcitonin gene-related peptide (CGRP) monoclonal antibodies** are part of a new class of medicine being studied in cluster headache.

REFERENCES

1. Fletcher J (2015) Why Cluster Headaches Are Called "Suicide Headaches". J Neuro Stroke 3(3): 00092. DOI: 10.15406/jnsk.2015.02.00092.
2. "Cluster Headache." The Migraine Trust. The Migraine Trust, n.d. Web. <https://www.migrainetrust.org/about-migraine/types-of-migraine/other-headache-disorders/cluster-headache/>. Accessed February 2018.
3. Data on file. electroCore, LLC.
4. Ford JH, Nero D, Kim G, et al. Societal burden of cluster headache in the United States: a descriptive economic analysis. J Med Econ. 2017 Nov 10:1-11.
5. Robbins, M. S., A. J. Starling, T. M. Pringsheim, W. J. Becker, and T. J. Schwedt. 2016. Treatment of cluster headache: the American Headache Society Evidence-Based Guidelines. Headache 56:1093-1106.

