

From the Office of _____

Your employee, _____ has been diagnosed as suffering from Cluster Headaches (CH). The term "headache" is very misleading. Your employee is not experiencing the typical symptoms of familiar primary headaches, such as Migraine and Tension. Cluster Headaches only affect 0.1% of the population. The cause and cure of Cluster Headache Disease are unknown. Cluster Headache sufferers fall into one of two categories; Episodic (sufferers who experience headaches in clusters for a period of (six weeks - typical) to six months. Episodic sufferers will go into periods of remissions typically lasting from six months to 3 years. Chronic sufferers experience no periods of remission lasting longer than one month in the period of one year. Your employee has the _____ form of this disease.

Cluster Headache sufferers experience some of the most intense pain known to the medical field. There are many medications available to help Cluster patients manage their condition. Medications fall into two categories: **Preventive** - these medications are used to abort the cycle, i.e.: steroids, Verapamil, Lithium, etc. **Abortive** - these medications are used to abort the headache i.e.: Imitrex, O2, etc. Narcotic medications are not effective in managing cluster headaches. Your employee is currently taking: _____ to manage his/her condition.

Potential side effects for these medications include: _____

The CH attack is unilateral (one sided). Pain may begin around one eye, "Like a nail or knife stabbing and piercing" the eye, or as if someone "were pulling out" your eye. A tearing or bloodshot eye and a running nose on the side of the attack may accompany it. It can radiate from the eye to the forehead, temple, ear, cheek, jaw and neck on the same side. The pain of a Cluster Headache has been described as piercing, throbbing, pulsating and so excruciating that most victims cannot sit still and feel compelled to rock in a chair, walk back and forth, or bang their heads against something. The pain is so extreme, Dr. Peter Goadsby, the worlds leading researcher on CH has commented, "The pain of CH is worse than natural childbirth or even amputation without anesthetic." Most CH victims experience these attacks 2 to 10 times daily. The pain quickly escalates from no pain to unbearable pain within ten minutes. The pain subsides in the same manner. Attacks can last anywhere from 15 minutes to 3 hours or more. CH affects the biological clock in the brain. Your employee's sleep pattern is severely altered during an active cluster cycle.

Good communication between the employer and employee is a key ingredient in the treatment of cluster headache syndrome. Some important questions to consider:

1. Is your employee able to work variable hours?
2. Can your employee work at home?
3. Is it necessary that your employee take a disability leave during their cycle?
4. Does your employee feel safe driving to work?
5. Is it safe for coworkers should your CH employee have an attack at a crucial moment?
6. Do you have a private area that your employee can use when he/she feels a CH attack coming on? May he/she keep an oxygen tank in that area?

Open and honest communication will benefit both the employer and employee. Cluster Headaches are manageable but some cycles are more difficult then others. The term headache and the low level of awareness as to the facts concerning this disorder have created many pre-conceived notions and misunderstandings from family, friends and business associates. Many people suffering from cluster headaches are very productive and creative.

To learn more about this disorder try these links:

Organization for Understanding Cluster Headaches

<http://www.ouch-us.org>

Cluster Headaches

<http://www.clusterheadaches.com>

The National Headache Foundation

<http://www.headaches.org/consumer/educationalmodules/completeguide/clusindex.html>

Michigan Head/Pain & Neurological Institute

http://www.mhni.com/faqs_cluster.html