Hypnic Headache

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Abstract

Sleep disturbances are common in patients with primary headache disorders, particularly migraine, cluster headache, and tension-type headache. The relationship between sleep and headache is often bidirectional, creating a vicious cycle. Secondary headaches may also cause nocturnal or early-morning awakenings. Among primary headache disorders that disrupt sleep, hypnic headache, previously known as "alarm clock headache", is particularly distinctive. It is characterized by recurrent headaches occurring on at least 10 days per month for more than three months, exclusively during sleep and causing awakening. Attacks last from 15 minutes to four hours after awakening and are not accompanied by cranial autonomic symptoms or restlessness. Hypnic headache predominantly affects individuals older than 50 years and is more common in women and patients with other primary headache disorders. The pain is usually bilateral, moderate to severe in intensity, and dull or throbbing in character. Attacks typically occur at a consistent time during the night, usually two to four hours after sleep onset. The pathophysiology of hypnic headache remains unclear. However, its characteristic nocturnal timing suggests possible dysfunction of the suprachiasmatic nucleus of the hypothalamus and disturbances of circadian rhythm regulation. Hypnic headache has not been consistently associated with a particular sleep stage. Diagnostic evaluation should primarily focus on excluding secondary causes of headache. The author recommends neuroimaging, including brain CT or MRI with angiographic assessment, in the diagnostic workup. Caffeine administered before bedtime, either as a beverage or in tablet form at a dose of 40–60 mg, is considered a first-line treatment option. Preventive treatment may include indomethacin, melatonin, or lithium. Agomelatine, which acts on melatonin and serotonin receptors, is also being considered as a potential therapeutic option. Recognition and appropriate treatment of hypnic headache are essential because the disorder affects not only sleep but also daytime functioning and patients' quality of life.

Keywords: hypnic headache; sleep; ICHD-3; hypothalamus; caffeine

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Hipnička glavobolja

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Sažetak

U osoba s primarnim glavoboljama, osobito migrenom, klaster glavoboljom i glavoboljom tenzijskog tipa, poremećaji spavanja česti su i nerijetko su s glavoboljama povezani dvosmjernim odnosom koji stvara začarani krug. Sekundarne glavobolje također mogu uzrokovati noćna ili ranojutarnja buđenja. Među primarnim glavoboljama koje remete spavanje posebno se izdvaja hipnička glavobolja, prethodno poznata kao „glavobolja poput budilice". Karakteriziraju je ponavljajuće glavobolje koje se javljaju najmanje 10 dana mjesečno tijekom razdoblja duljeg od tri mjeseca, isključivo tijekom spavanja, te uzrokuju buđenje. Napadaji traju od 15 minuta do četiri sata nakon buđenja i nisu praćeni kranijalnim autonomnim simptomima ni nemirom. Hipnička glavobolja uglavnom se javlja u osoba starijih od 50 godina, češće u žena i osoba s drugim primarnim glavoboljama. Bol je najčešće obostrana, umjerenog do jakog intenziteta, tupog ili pulsirajućeg karaktera. Napadaji se obično pojavljuju u približno isto doba noći, najčešće dva do četiri sata nakon usnivanja. Patofiziologija hipničke glavobolje nije u potpunosti razjašnjena. Međutim, karakteristična pravilnost njezina noćnog pojavljivanja upućuje na moguću disfunkciju suprahijazmatske jezgre hipotalamusa i poremećaj regulacije cirkadijanog ritma. Hipnička glavobolja nije dosljedno povezana s određenim stadijem spavanja. Dijagnostička obrada prvenstveno treba biti usmjerena na isključivanje sekundarnih uzroka glavobolje. Autorica preporučuje neuroradiološku obradu, uključujući CT ili MR mozga s angiografskom procjenom. Kofein primijenjen prije spavanja, u obliku napitka ili tableta u dozi od 40 do 60 mg, smatra se jednom od terapijskih mogućnosti prvog izbora. Preventivno liječenje može uključivati indometacin, melatonin ili litij. Kao moguća terapijska opcija razmatra se i agomelatin, koji djeluje na melatoninske i serotoninske receptore. Prepoznavanje i odgovarajuće liječenje hipničke glavobolje nužni su jer ovaj poremećaj, osim spavanja, narušava i dnevno funkcioniranje te kvalitetu života bolesnika.

Ključne riječi: hipnička glavobolja; spavanje; ICHD-3; hipotalamus; kofein

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