



# REMOTE SLEEP SCORING

## Hypnic Headache

### Full Educational Lecture Script

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Good Evening.

Today we will discuss one of the rarest sleep-related headache disorders:

### Hypnic Headache

Sometimes called:

### “The Alarm Clock Headache”

This condition is unique because it occurs almost exclusively during sleep and wakes patients from sleep at nearly the same time night after night.

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### What Is Hypnic Headache?

Hypnic Headache

Hypnic Headache is a rare primary headache disorder that:

- Occurs only during sleep
  - Awakens the sleeper
  - Usually occurs multiple nights per week
  - Is not caused by another medical condition
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### Why Is It Called the Alarm Clock Headache?

Many patients report:

- Waking at the same time every night
- Similar timing night after night
- Predictable attacks

For this reason it became known as:

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### **The Alarm Clock Headache**

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### **Who Gets Hypnic Headache?**

Most commonly:

- Adults over age 50
- More common in women

However:

- It can occur at any age
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### **Typical Symptoms**

Patients often report:

- Being awakened from sleep by headache
  - Bilateral pain
  - Dull or throbbing pain
  - Episodes lasting 15 minutes to several hours
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### **Common Locations**

Pain may occur:

- Across the forehead
- Behind the eyes

- Temples
- Entire head

Unlike migraine, the location is often less specific.

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### **Frequency**

Episodes may occur:

- Several times per week
- Every night
- Multiple times per night

Some patients experience attacks for years.

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### **What Makes It Unique?**

Unlike most headaches:

#### **It starts during sleep**

Most headache disorders:

- Begin during wakefulness

Hypnic headache begins after sleep has already started.

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### **Sleep Stage Association**

Research suggests attacks often occur during:

- REM sleep

However:

- NREM-related attacks have also been reported

The relationship with sleep stages is still being studied.

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### **Why Does It Happen?**

The exact cause remains unknown.

Current theories involve:

- Circadian rhythm dysfunction
  - Hypothalamic dysfunction
  - Altered pain regulation during sleep
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### **The Role of the Hypothalamus**

The hypothalamus regulates:

- Sleep
- Wakefulness
- Circadian rhythms
- Pain pathways

Many researchers believe this area plays a key role.

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### **Symptoms During an Attack**

Patients may experience:

- Headache awakening them from sleep
- Mild nausea
- Restlessness
- Need to get out of bed

Most patients do not have severe migraine symptoms.

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### **Difference from Migraine**

#### **Migraine**

- Often unilateral
  - Light sensitivity
  - Sound sensitivity
  - Nausea
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#### **Hypnic Headache**

- Begins during sleep
  - Usually bilateral
  - Less severe autonomic symptoms
  - Predictable timing
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## **Difference from Cluster Headache**

Cluster Headache

This is a common differential diagnosis.

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### **Cluster Headache**

- Severe excruciating pain
  - One-sided
  - Eye tearing
  - Nasal congestion
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### **Hypnic Headache**

- Usually milder
  - Often bilateral
  - No major autonomic symptoms
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### **Differential Diagnosis**

Important conditions to exclude:

- Migraine
  - Cluster headache
  - Brain tumors
  - Obstructive sleep apnea
  - Nocturnal hypertension
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## **Sleep Apnea and Headaches**

Obstructive Sleep Apnea

Sleep apnea can cause:

- Morning headaches
- Sleep disruption

Patients suspected of hypnic headache often undergo sleep evaluation.

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### **Diagnostic Evaluation**

Diagnosis is primarily clinical.

Evaluation may include:

- Neurological examination
- Brain imaging
- Sleep study

to rule out secondary causes.

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### **Polysomnography**

A sleep study may be performed to:

- Exclude sleep apnea
  - Exclude nocturnal hypoxemia
  - Evaluate sleep architecture
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### **Diagnostic Criteria**

Typical features include:

- Headaches occurring only during sleep
  - Awakening the patient
  - Occurring at least 10 days per month
  - Lasting 15 minutes to 4 hours
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## **Treatment**

Several therapies have shown benefit.

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## **Caffeine**

Surprisingly:

### **Bedtime caffeine is often effective**

Many patients improve with:

- Coffee before bed
- Caffeine tablets

Unlike most people, these patients often do not experience worsening insomnia.

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## **Lithium**

Lithium is considered one of the classic treatments.

Benefits:

- Reduces attack frequency

Requires physician monitoring.

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## **Indomethacin**

Some patients respond well to:

- Indomethacin

A prescription anti-inflammatory medication.

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## **Prognosis**

Hypnic headache is usually:

- Chronic
- Benign

It does not typically cause neurological damage.

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## **Impact on Sleep**

Repeated awakenings can lead to:

- Fatigue
  - Sleep fragmentation
  - Reduced sleep quality
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## **Key Clinical Insight**

The hallmark feature is:

**Headaches that repeatedly wake a person from sleep**

especially at nearly the same time every night.

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**Summary**

Hypnic Headache is:

- A rare sleep-related headache disorder
- Occurs only during sleep
- Often awakens patients at predictable times

- Most common after age 50

Treatment may include:

- Caffeine
  - Lithium
  - Indomethacin
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**Final Message**

Most headaches happen while we are awake.

Hypnic headache is unusual because it begins during sleep itself, acting like an alarm clock that repeatedly awakens the brain from otherwise normal sleep.

# THE ALARM CLOCK HEADACHE: UNDERSTANDING HYPNIC HEADACHE

## CLINICAL PROFILE & DEMOGRAPHICS

**THE "ALARM CLOCK" PHENOMENON**  
 Patients are awakened from sleep by a headache at a predictable, nearly identical time each night.

## EXCLUSIVE SLEEP ASSOCIATION

Only during sleep, ceases during wakefulness.

Wakefulness Sleep

**PREDOMINANT IN ADULTS 50+**  
 Most commonly affects older adults and shows a higher prevalence in women.

## PATHOPHYSIOLOGY & DIAGNOSIS

**HYPOTHALAMIC INVOLVEMENT**  
 Current theories suggest dysfunction in the hypothalamus, regulating circadian rhythms and sleep-wake cycles.

**Brain Imaging**

**RULING OUT SECONDARY CAUSES**

**Polysomnography (Sleep Study)**  
 Clinical evaluation excludes brain tumors or Obstructive Sleep Apnea.



## COMPARATIVE DIAGNOSIS

HYPNIC HEADACHE	MIGRAINE	CLUSTER HEADACHE
<b>ONSET:</b> Only during sleep	<b>ONSET:</b> Usually while awake	<b>ONSET:</b> Day or night
<b>LOCATION:</b> Bilateral (Both sides)	<b>LOCATION:</b> Unilateral (One side)	<b>LOCATION:</b> Unilateral (Strictly)
<b>PAIN LEVEL:</b> Mild to Moderate	<b>PAIN LEVEL:</b> Severe	<b>PAIN LEVEL:</b> Excruciating
<b>AUTONOMIC SIGNS:</b> Rare	<b>AUTONOMIC SIGNS:</b> Common (Nausea/Light)	<b>AUTONOMIC SIGNS:</b> Severe (Tearing/Nasal)

## SYMPTOM CHARACTERISTICS



**BILATERAL AND DULL**  
 Felt across the entire head, forehead, or temples, described as dull or throbbing rather than sharp.



**15 MINUTES TO 4 HOURS**  
 Episodes are relatively brief compared to migraines, though they can occur multiple times in a single night.



**MINIMAL AUTONOMIC SYMPTOMS**  
 Patients rarely experience the severe light/sound sensitivity or nausea associated with migraines.

## TREATMENT & PROGNOSIS

**BEDTIME CAFFEINE THERAPY**  
 Paradoxically, a cup of coffee or caffeine tablet before bed is highly effective for many patients without causing insomnia.

**PHARMACEUTICAL OPTIONS**  
 Lithium and indomethacin (an anti-inflammatory) are primary medical treatments used to reduce attack frequency.

**CHRONIC BUT BENIGN**  
 Typically chronic, resulting in sleep fragmentation/fatigue, but does not cause neurological damage.

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