Welcome to Therapeutic Guidelines eTG complete.

The new version of eTG complete, launching in 2016, will be completely upgraded with improved search functions and additional features.
This is the eTG complete home page. On the left side you’ll see the list of Guidelines. You can navigate by guideline to find content on a specific condition.

The search function allows you to search anywhere in eTG complete.

You can use the drug index to browse for drugs and their indications.

Quick links takes you to printable patient information sheets and PDFs, pregnancy and breastfeeding information, calculators and the video tutorial.

What’s new gives you information about what has changed in each release of eTG complete.
Searching in eTG complete

You can refine your search by viewing results by Guideline.

Search within results to further refine your search.

These are the search results.
You can use the breadcrumb trail to navigate through the content.

These icons under the banner relate to the entire topic. They show:
- the expert groups
- endorsements for the topic
- allow you to print the topic
- provide feedback on the topic
- save the topic to your favourites list.

The table of contents allows you to see where you are and navigate within the content.

Expand and collapse sections to read the content.
Cluster headache

Introduction

True cluster headache is rare and mainly seen in males; however, the term ‘cluster headache’ is often incorrectly used to refer to migraines where the attacks occur in cycles. Attacks of cluster headache are much shorter in duration than (untreated) attacks of migraine, and unlike migraine the headache does not swap sides between attacks. In cluster headache, the pain is centered around the orbit and is usually accompanied by unilateral rhinorhea, lacrimation or conjunctival congestion. Attacks typically last from 15 minutes to 3 hours, recurring in separate bouts, often nocturnally, with 1 to 8 attacks per day for several weeks or months. Cluster headache can sometimes be difficult to distinguish from paroxysmal hemicrania.

⚠️ Prevention of further attacks is the main focus of cluster headache treatment.

The main focus of cluster headache treatment is to prevent further attacks (see Preventive treatment), and to suppress the attack if necessary (see Bridging treatment and Acute treatment).

Preventive treatment

Immediately after diagnosis, commence preventive treatment with:

1. verapamil sustained-release 160 or 180 mg orally, once daily, up to 360 mg daily
   OR
2. methysergide 1 mg orally, once daily, up to 3 mg twice daily [Note 1]
   OR
3. lithium 250 mg orally, twice daily, titrate according to clinical response and tolerance, and be guided by serum concentration levels (see Prophylaxis for bipolar disorder: pharmacological treatment: lithium).

Lithium interacts with many drugs, and toxic adverse effects can occur even when the serum concentration is in the therapeutic range. For further information, see Lithium.

Verapamil may cause conduction abnormalities at higher doses. Consider performing an electrocardiogram if using doses higher than 240 mg daily.

Methysergide can cause retroperitoneal, cardiac and pleural fibrosis with long-term use. These serious adverse effects can be difficult to detect early in their development; they may be reversible if methysergide is promptly discontinued.

These three icons allow you to print the section, provide feedback on it or save the section to your favorites list.

These three icons link to important information about the recommended drug.

When you click on them, they show the PBS (Pharmaceutical Benefits Scheme) information, Pregnancy category, or advice on use in Breastfeeding for that drug.

Drug recommendations and icons

Drug recommendations set out clearly the generic drug name, dose, route of administration and frequency.

Dose regimens are for non-pregnant adults of average size. When more than one drug is listed for an indication, the order of preference for each drug recommendation is indicated by number 1 for first preference, 2 for second preference and so on. Drugs that are equally appropriate for an indication are marked with the same number.
The Drug Index is a new feature which lists all the drugs and their indications in eTG complete.
Central nervous system infections

Meningitis

Brain abscess and subdural empyema

Empirical therapy

In brain abscess or subdural empyema, the infecting organisms vary, depending on the predisposing cause. In immunocompetent patients, brain abscess is usually polymicrobial; microaerophilic cocci, including Streptococcus "milieu" group (S. anginosus, S. constellatus, S. intermedius), and anaerobic bacteria predominate. When the origin of infection is the ear, enteric Gram-negative bacilli are commonly involved. After trauma or surgery, Staphylococcus aureus is the predominant cause. In immunocompromised patients, Nocardia species, Toxoplasma gondii and fungi such as Cryptococcus species, Aspergillus species or Scedosporium species are more likely.

Seek a surgical opinion because aspiration or biopsy is essential to guide antimicrobial therapy, and subdural empyema requires urgent surgical drainage. Consultation with a clinical microbiologist or an infectious diseases physician is also advised.

For empirical therapy, use:

- **Metronidazole** 500 mg (child: 12.5 mg/kg up to 500 mg) IV, 8-hourly
  
  **PLUS EITHER**
  
  1. **Ceftriaxone** 4 g (child 1 month or older: 100 mg/kg up to 4 g) IV, daily
      OR
      1. **Ceftriaxone** 2 g (child 1 month or older: 50 mg/kg up to 2 g) IV, 12-hourly
         OR
      1. **Cefotaxime** 2 g (child: 50 mg/kg up to 2 g) IV, 6-hourly.

Browsing for drugs via the Drug Index allows the user to quickly check the drug dose for a particular indication.