

Idiopathic Intracranial Hypertension (IIH)

Idiopathic intracranial hypertension is a condition which has a long name but explains what it is. 'Hypertension' means raised pressure and 'intracranial' means that the raised pressure is inside the skull. 'Idiopathic' means that the cause is not known. The condition usually occurs in young, overweight women.

When it is suspected, investigations are usually done to make sure there are no other causes of raised pressure in the skull. These tests often include a brain scan, another type of brain scan with contrast dye (venogram) and sometimes a lumbar puncture ('spinal tap').

A lumbar puncture is when a needle is inserted in the lower back to drain some fluid inside the skull and spine. It may relieve the symptoms but might also cause another headache type for a few days!

Headaches and mood in IIH

Headaches in this condition can be due to IIH itself, migraines, lumbar puncture (usually a different and temporary headache to the one before) or medication overuse.

It is important not to overuse painkillers such as codeine, paracetamol, aspirin or ibuprofen for headaches. This means not taking them on more than 3 days in any given week. Otherwise the painkillers themselves can cause a daily constant headache.

Regular tablets can be used to help prevent headaches from starting. In IIH, the recommended ones are topiramate, candesartan and zonisamide (they do not increase weight unlike some other drugs for headaches).

For low mood, venlafaxine is recommended as it does not cause weight gain unlike many other drugs.

Regular exercise, healthy diet and regular sleep are also important.

Treatment in IIH

Regular reviews in the eye clinic are important to pick up any changes to vision. Eye clinics can do tests for retina abnormalities, peripheral vision, central vision (acuity) and double vision, which may all be affected.

There are potentially different treatment options in the condition. The most important reason to treat is that the vision may be permanently reduced or lost in IIH if untreated.

The most effective treatment is weight loss. Many people put on weight in the 1-2 years before IIH is diagnosed. Trials have shown that losing 15% of your weight may cure the disease. This is strongly recommended and there may be support available from our dieticians if you would like this.

A lumbar puncture helps temporarily only. Some people may have repeated lumbar punctures, but this is only advised in pregnancy when other medicines cannot be taken.

Medicines such as acetazolamide, topiramate and furosemide may be useful to reduce the pressure and/or help the headache.

Surgery may be used in people who continue to have vision loss despite other treatments.

Driving

You should stop driving and inform the DVLA if vision has changed in IIH or if a shunt operation has been performed.