

Cluster Headaches Market Analysis 2032: Epidemiological Insights, Pipeline, Recent Drug Approvals by DelveInsight

DelveInsight's Cluster Headaches Market report offers an in-depth understanding of the epidemiology and market trends in the 7MM.

NEVADA, LAS VEGAS, UNITED STATES, June 18, 2024 /EINPresswire.com/ -- DelveInsight's "Cluster Headaches Market Insights, Epidemiology, and Market Forecast-2032" report offers an in-depth understanding of the Cluster Headaches, historical and forecasted epidemiology as well as the Cluster Headaches market trends in the United States, EU4 (Germany, Spain, Italy, France) the United Kingdom and Japan.



To Know in detail about the Cluster Headaches market outlook, drug uptake, treatment scenario and epidemiology trends, Click here; [Cluster Headaches Market Forecast](#)

Some of the key facts of the Cluster Headaches Market Report:

The Cluster Headaches market size is anticipated to grow with a significant CAGR during the study period (2019-2032).

According to a study conducted by Schor et al. in 2021, among the 1,604 participants, pediatric onset of cluster headache was identified in 27.5% (341 out of 1,583), with only 15.2% (52 out of 341) of those experiencing pediatric onset receiving a diagnosis before turning 18. Men are more prone to episodic cluster headaches occurring between the ages of 10 and 50.

The literature review conducted by Schor et al. in 2021 in the United States found that the majority of respondents exhibited at least one autonomic feature (99.0%, 1,588 out of 1,604) and experienced restlessness (96.6%, 1,550 out of 1,604). Additionally, many participants also displayed typical migraine features such as photophobia or phonophobia (50.1%, 804 out of 1,604), pain worsened by physical activity (31.4%, 503 out of 1,604), or nausea and vomiting (27.5%, 441 out of 1,604).

In a population-based study conducted by Fischera et al. in 2008 in Germany, after reviewing all

epidemiological studies on cluster headache published up to August 2007, it was found that the lifetime prevalence was 124 per 100,000, and the 1-year prevalence was 53 per 100,000. The overall male-to-female sex ratio was 4.3, with a higher ratio observed in chronic cluster headache (15.0) compared to episodic cluster headache (3.8).

According to a literature review by Imai et al. in 2011, chronic cluster headache was observed in 3.5% of patients out of 86 subjects. Additionally, more than two-thirds of patients (68.9%) reported feelings of restlessness during headache episodes, with 42.9% exhibiting restless behavior in Japan.

Key Cluster Headaches Companies: Novartis AG, Zosano Pharma, Eli Lilly and Company, AstraZeneca Plc., Autonomic Technologies, Inc, ElectroCore Medical LLC, GlaxoSmithKline Plc, Winston Pharmaceuticals Inc, Lundbeck Seattle BioPharmaceutical, and others

Key Cluster Headaches Therapies: VYEPTI (Eptinezumab), Civamide (Zucapsaicin), Zolmitriptan transdermal, and others

The Cluster Headache Market is expected to experience steady growth during the forecast period (2023–2032). This growth can be attributed to the increasing prevalence of Cluster Headaches in all populations, including the pediatric pool, and increasing research and development efforts for new therapies targeting curative paradigms.

DelveInsight's analysts estimated that there has been an increase in Cluster Headache occurrences in recent years, which may be attributed to factors such as improved awareness of diagnosis advancements and a lifestyle change which includes diet overall, there is an increase in stress levels of the population, which is further increasing the cases of cluster headaches.

To drive the Market in future years, Cluster Headache companies like Lundbeck, Clexio Biosciences, and others are developing their assets. With the expected approval of all these therapies currently under development, the overall therapeutic market of Cluster Headaches is likely to rise at a significant CAGR during the forecast period (2023–2032).

The Cluster Headaches market is expected to surge due to the disease's increasing prevalence and awareness during the forecast period. Furthermore, launching various multiple-stage Cluster Headaches pipeline products will significantly revolutionize the Cluster Headaches market dynamics.

Cluster Headaches Overview

Cluster headaches, categorized as trigeminal autonomic cephalgias (TACs), are among the most prevalent primary headache disorders. The exact cause of cluster headaches remains unclear, though research indicates heightened activity in the hypothalamus during attacks. This brain region regulates body temperature, hunger, and thirst, releasing chemicals that widen blood vessels, increasing blood flow to the brain. Additionally, genetic factors may play a role in its onset.

Cluster headaches, like other TACs, are characterized by short-lasting unilateral pain accompanied by at least one ipsilateral autonomic symptom such as lacrimation, nasal congestion, conjunctival injection, or aural fullness. Nasal congestion may lead to misdiagnosis as sinus headaches, often treated ineffectively with decongestants. Attacks can occur up to eight times a day, typically at the same time each day, commonly at night. Most patients experience

episodic patterns, with daily attacks lasting weeks to months, followed by periods of remission lasting months to years.

Risk factors for cluster headaches include male gender, age over 30, alcohol consumption, prior brain trauma or surgery, and family history. Symptoms include red and watery eyes, drooping and swelling of one eyelid, a smaller pupil in one eye, a sweaty face, and a blocked or runny nostril.

Cluster headaches are classified as either episodic, lasting from one week to three months, or chronic, persisting for longer periods with less frequent remission.

Cluster Headaches Epidemiology

The epidemiology section provides insights into the historical, current, and forecasted epidemiology trends in the seven major countries (7MM) from 2019 to 2032. It helps to recognize the causes of current and forecasted trends by exploring numerous studies and views of key opinion leaders. The epidemiology section also provides a detailed analysis of the diagnosed patient pool and future trends.

Cluster Headaches Epidemiology Segmentation:

The Cluster Headaches market report proffers epidemiological analysis for the study period 2019–2032 in the 7MM segmented into:

Total Prevalence of Cluster Headaches

Prevalent Cases of Cluster Headaches by severity

Gender-specific Prevalence of Cluster Headaches

Diagnosed Cases of Episodic and Chronic Cluster Headaches

Download the report to understand which factors are driving Cluster Headaches epidemiology trends @ [Cluster Headaches Epidemiology Forecast](#)

Cluster Headaches Drugs Uptake and Pipeline Development Activities

The drugs uptake section focuses on the rate of uptake of the potential drugs recently launched in the Cluster Headaches market or expected to get launched during the study period. The analysis covers Cluster Headaches market uptake by drugs, patient uptake by therapies, and sales of each drug.

Moreover, the therapeutics assessment section helps understand the drugs with the most rapid uptake and the reasons behind the maximal use of the drugs. Additionally, it compares the drugs based on market share.

The report also covers the Cluster Headaches Pipeline Development Activities. It provides valuable insights about different therapeutic candidates in various stages and the key companies involved in developing targeted therapeutics. It also analyzes recent developments such as collaborations, acquisitions, mergers, licensing patent details, and other information for emerging therapies.

Cluster Headaches Therapies

VYEPTI (Eptinezumab), Civamide (Zucapsaicin), Zolmitriptan transdermal

Cluster Headache Key Companies

Novartis AG, Zosano Pharma, Eli Lilly and Company, AstraZeneca Plc., Autonomic Technologies, Inc, ElectroCore Medical LLC, GlaxoSmithKline Plc, Winston Pharmaceuticals Inc, Lundback Seattle BioPharmaceutical, and others

Cluster Headache Treatment Market

Cluster headache treatment involves three distinct phases: immediate abortive treatment, preventive medications, and transitional therapy to bridge the gap between initiating preventive medication and its efficacy. The primary objective of cluster headache treatment is to prevent all attacks, though achieving complete attack freedom, especially in chronic cluster headache (CCH) patients, may not always be feasible. Therefore, it is crucial to provide effective treatment options for attacks while prioritizing the optimal balance between efficacy and side effects in collaboration with the patient.

Given the brief duration and intensity of cluster headache attacks, rapid-acting abortive treatments are essential. However, currently available drugs for treating cluster attacks are limited. Prophylactic therapy options outlined in current guidelines vary based on the level of evidence. Verapamil, lithium, and topiramate are the preferred first-line prophylactic medications. Transitional treatments play a crucial role in cluster headache management as preventive medications may take time to take effect and require titration to achieve therapeutic doses. These transitional treatments typically provide relief for several weeks to months.

Subcutaneous sumatriptan is the preferred acute treatment for cluster headache attacks. It is a selective agonist of 5-hydroxytryptamine receptors and demonstrates high effectiveness in aborting attacks, with pain relief observed in 75% of patients within 15 minutes and one-third experiencing pain freedom.

Triptans are generally well-tolerated. Verapamil is the preferred first-line preventive medication for cluster headache, although its exact mechanism of action is not fully understood. High-flow oxygen therapy is another effective first-line treatment for reducing cluster attack pain when administered promptly after the onset of an attack. Its mechanism of action is likely through inhibiting neuronal activation in the trigeminocervical complex and dural inflammation, with the advantage of minimal adverse effects compared to other acute treatments.

Despite advancements in cluster headache management, many patients remain undertreated or untreated, and some resort to prescription and over-the-counter pain medications, including opioids. Progress in understanding the pathophysiology of cluster headache, increased awareness among medical professionals and the general population, and the identification of shared features with migraine have contributed to these advancements.

Scope of the Cluster Headaches Market Report
Study Period: 2019–2032

Coverage: 7MM [The United States, EU5 (Germany, France, Italy, Spain, and the United Kingdom), and Japan]

Key Cluster Headaches Companies: Dana-Farber Cancer Institute, Huabo Biopharm Co., Ltd., Beijing Scitech-Mq Pharmaceuticals, Oxford BioMedica, Hutchison Medipharma Limited, Takeda, Amgen, Novartis, AVEO Pharmaceuticals, Inc., Merck Sharp & Dohme LLC, Pfizer, Calithera Biosciences, Inc, AbbVie, Bristol-Myers Squibb, Abbott, SCRI Development Innovations, LLC, Astellas Pharma Inc, and others

Key Cluster Headaches Therapies: VYEPTI (Eptinezumab), Civamide (Zucapsaicin), Zolmitriptan transdermal, and others

Cluster Headaches Therapeutic Assessment: Cluster Headaches current marketed and Cluster Headaches emerging therapies

Cluster Headaches Market Dynamics: Cluster Headaches market drivers and Cluster Headaches market barriers

Competitive Intelligence Analysis: SWOT analysis, PESTLE analysis, Porter's five forces, BCG Matrix, Market entry strategies

Cluster Headaches Unmet Needs, KOL's views, Analyst's views, Cluster Headaches Market Access and Reimbursement

To know more about Cluster Headaches companies working in the treatment market, visit @ [Cluster Headaches Clinical Trials and Therapeutic Assessment](#)

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About DelveInsight

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It also offers Healthcare Consulting Services, which benefits in market analysis to accelerate the business growth and overcome challenges with a practical approach.

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