

**Supplementary Table.** Criteria for the use of invasive neurostimulation in primary headache  
 [adapted from Martelletti et al <sup>(15)</sup> and Jurgens et al <sup>(21)</sup>]

Criteria for all invasive neurostimulation techniques
<p>Patient must meet the International Headache Society criteria for chronic migraine or trigeminal autonomic cephalgia</p> <p>For CCH, patients should have had daily or near daily attacks for at least two years prior to stimulation</p> <p>Patients should have been under the care of a headache specialist team for at least one year</p> <p>All reasonable drugs must have been tried at the correct doses and for sufficient durations unless contraindicated</p> <p>All patients should have a psychological assessment prior to surgery</p> <p>All co-existent conditions should be identified and treated where possible prior to surgery (e.g. depression, medication overuse)</p> <p>Patients (and doctors) must have a realistic expectation of the surgical outcome</p> <p>Patients should be followed up by the headache specialist team for at least one year</p> <p>Prospective headache diaries recording headache attack frequency, severity and duration as well as analgesia intake must be kept</p> <p>Appropriate quality of life measures, disability scores and self-assessments must be kept by the patient prior and post-operatively</p> <p>Where possible the neurostimulator should only be switched off for efficacy assessment, ideally in a double-blind fashion.</p> <p>A clear record of adverse events is kept</p>
Extra criteria for sphenopalatine ganglion stimulation
<p>Attacks must occur all on one side or occurred more than 90% on one side for at least a year prior to implant</p> <p>All candidates must undergo dental review prior to implant</p>