



# EHF News

*Newsletter of the European Headache Federation*

E bulletin

Number 74, November 2011



**Cost-effectiveness of early vs. non-early intervention in acute migraine management**  
Page 2



**The ten, putatively most important, clinical headache works**  
Page 2



**The Enrico Greppi Award 2012**  
Page 3



**The Journal of Headache and Pain**  
Page 3



**What's on**  
*Calendar on forthcoming events on headache*  
Page 4

## Cluster Headache Award (8th edition)



### “Deep brain stimulation and severe refractory chronic cluster headache”

Deep brain stimulation (DBS) has been used to treat severe refractory CCH (srCCH), but assessment of its efficacy has been limited to open studie. We performed a prospective crossover, double-blind, multicenter study assessing the efficacy and safety of unilateral hypothalamic DBS in 11 patients with srCCH. The randomised phase compared active and sham stimulation during 1-month periods, and was followed by a 1-year open phase. Evaluation included the weekly attacks frequency (primary outcome), pain

intensity, sumatriptan injections, emotional impact and quality of life. Tolerance was assessed by active surveillance of behaviour, homeostatic and hormonal functions. No significant change was observed between active and sham stimulation during the randomized phase. At the end of the open phase, 6/11 responded to the chronic stimulation (weekly frequency of attacks decrease >50%) including 3 pain-free patients. There were 3 serious adverse events including subcutaneous infection, transient loss of consciousness an micturition synopes. No significant change in hypothalamic functions



was observed. Randomized phase findings of this study do not support the efficacy of DBS in srCCH but open phase findings confirm previous data obtained in non-controlled conditions, without high morbidity. Discrepancy between these findings justifies additional controlled studies. The Prize has been delivered during the XXV National Congress of SISC (Riccione 8th October 2011) to Michel Lanteri-Minet (*Département d'Evaluation et Traitement de la Douleur Pôle Neurosciences Cliniques du CHU de Nice – France*).

**The Editorial Office**



## Cost-effectiveness of early vs. non-early intervention in acute migraine management

Different relevant studies published in the recent years have provided evidence about the benefits of treating migraine early with triptans, but some concerns about the cost-effectiveness of this practice were raised by certain specialists. The results from a new pharmacoeconomic analysis based in the almotriptan early vs. non early intervention data presented by Slof J. et al. in the frame of the ISPOR pharmacoeconomy congress held on early November in Madrid, based on randomized placebo controlled data and official costs can reassure us, as clearly support the early management of migraine with triptans. An economic evaluation was conducted from the Spanish societal and public health system perspective based on patient-level data collected in the Goadsby et al. 2008 (*Cephalalgia*, 2008, **28**, 383–391) n>400 study. Incremental cost-effectiveness ratios (ICER) were determined in terms of attack duration, loss of productive time and quality-adjusted life days (QALDs). Monte Carlo simulation was used to derive cost-effectiveness acceptability curves. Early treatment led on average to shorter attack duration, less productive time lost, better quality of life, and was overall cost-saving from a societal point of view with a probability of 97%. From the public health system perspective the (bootstrap) mean ICER of early treatment amounted to a cost of €0.12 per migraine hour avoided, €0.42 per hour of productive time lost avoided, and €6.62 per QALD gained. Considering willingness to pay values of €1 to reduce attack duration by one hour, €5 to avoid the loss of one productive hour, or €55 to gain one QALD (equivalent to €20,000 per QALY), the probability that early treatment was cost-effective from the public health system perspective was, respectively, 96%, 96%, and 98%. These results remained robust in sensitivity analyses that accounted for the uncertainty surrounding the major elements of the economic evaluation. As pricing and reimbursement conditions are similar or better than the Spanish conditions across different EU countries compared to non-early treatment, it can be concluded that early treatment of acute migraine attacks with this triptan when pain is still mild shows to be with very high probability cost-saving from the societal perspective and cost-effective from the public health system point of view, which is specially important in the nowadays shrinking resources situation.

The Editorial Office



## The ten, putatively most important, clinical headache works

By Ottar Sjaastad, St.Olavs Hospital,  
Dept. Neurology, Trondheim

This is truly a challenge. Directly excluded, due to the definition of the task are: Disorders, like Homocarnosinosis; The disorder with total degeneration of constrictor pupillae muscle etc.etc.;The Stormorken syndrome. They will not be mentioned any further. Herein, the focus will be only on clinical headache pictures and not on headache mechanisms, such as those examined by studies of: histamine catabolism; pupillometry; evaporimetry; with one exception: no.(X). CPH, Hemicrania continua, SUNCT, and Cervicogenic headache (CEH) were all described by our group and are, by now, internationally accepted. N & PH is an abbreviation for:(persistent) Neck complaints and Posterior Headache.

The original name, in (IX), is rather exact, but is far too long for daily use. "N & PH" could be the name for the future. N & PH is probably the most prevalent among the headaches we have described. It is similar to, but rather different from T-TH. It clearly needs further elaboration. CEH prevalence was 4.1% (in VI). Headache in that study was partly mixed-up with other headaches, such as migraine.

The presence of such headaches complicates the diagnostics of CEH, probably in a non-allowable way. "Core" cases of CEH, i.e. without interfering headaches, like migraine, which is probably what one should go for, at least at this stage, were found to be present in 2.2% of the cases. This is probably the figure that should be used for CEH prevalence in the general population.

♦ Sjaastad O, Dale I. A new(?) clinical headache entity, "Chronic paroxysmal hemicrania".2. *Acta Neurol Scand* 1976.

♦ Sjaastad O, et all "Cervicogenic headache. An hypothesis". *Cephalalgia* 1983.

continue on page 3



## EUROPEAN HEADACHE FEDERATION

♦Sjaastad O, Spierings ELH. "Hemicrania continua". Another headache with absolute indomethacin response. *Cephalalgia* 1984.

♦Fredriksen TA, Hovdal H, Sjaastad O. "Cervicogenic headache": Clinical manifestations. *Cephalalgia* 1987.

♦Sjaastad O, et all. Shortlasting, unilateral, neuralgiform headache attacks with conjunctival injection, tearing, sweating, and rhinorrhea. *Cephalalgia* 1989.

♦Hørven I, Russell D, Sjaastad O. "Ocular blood flow changes in cluster headache and chronic paroxysmal hemicrania. *Headache* 1989.

♦Sjaastad O, Bakketeig. "Cluster headache prevalence". Vågå study of headache epidemiology. *Cephalalgia* 2003.

♦Jansen J, Sjaastad O. "Hemicrania with massive autonomic manifestations and circumscribed eyelid erythema". *Acta Neurol Scand* 2006.

♦Sjaastad O, Wang H, Bakketeig LS. "Neck pain and associated head pain: persistent neck complaints with subsequent, transient posterior headache". *Acta Neurol Scand* 2006.

♦Sjaastad O, Fredriksen TA. "Prevalence of cervicogenic headache". Vågå study of headache epidemiology. *Acta Neurol Scand* 2008.

Ottar Sjaastad (Trondheim)

## The Journal of Headache and Pain



Vol. 12, n. 6 (2011)

### In the current issue:

- **Chronic migraine classification: current knowledge and future perspectives** by Gian Camillo Manzoni et al.
- **Chronic migraine plus medication overuse headache: two entities or not?** by Andrea Negro & Paolo Martelletti.
- **Variants in the human potassium channel gene (KCNN3) are associated with migraine in a high risk genetic isolate** by Hannah C. Cox et al.
- **Efficacy of frovatriptan in the acute treatment of menstrually related migraine: analysis of a double-blind, randomized, cross-over, multicenter, Italian, comparative study versus rizatriptan** by Lidia Savi et al.
- **Service use and costs for people with headache: a UK primary care study** by Paul McCrone et al.
- **Why do GPs with a special interest in headache investigate headache presentations with neuroradiology and what do they find?** by Steven Elliot & David Kernick.
- **Clinical features of headache patients with fibromyalgia comorbidity** by Marina de Tommaso et al.
- **De-novo headache with transient vertebro-basilar symptoms: role of embryonic hypoglossal artery** by Angelo Maurizio Clerici et al.
- **Juvenile myoclonic epilepsy presenting as a new daily persistent-like headache** by Todd D. Rozen.
- **Thunderclap headache triggered by micturition: responsive to nimodipine** by Yuan-Yuan Han et al.
- **A painful tic convulsif due to double neurovascular impingement** by G. Giglia et al.
- **Familial occipital neuralgia with sporadic nervus intermedius neuralgia (NIN)** by Alex Alfieri & Christian Strauss.
- **Familial occipital neuralgia with sporadic NIN: a reply** by Yu Wang et al.
- **Successful treatment of nummular headache with Neurotropin** by Yuu Yamazaki & Keitaro Kobatake.
- **Suggested randomized, controlled trial for frovatriptan: a reply** by Stefano Omboni et al.
- **Suggested randomized, controlled trial with frovatriptan** by Peer Tfelt-Hansen & Timothy J. Steiner.
- **Jean Schoenen, David W. Dodick, Peter S. Sàndor: Comorbidity in Migraine** by Antonio Carolei.

### THE ITALIAN SOCIETY FOR THE STUDY OF HEADACHES ANNOUNCES

#### THE ENRICO GREPPI AWARD 2012

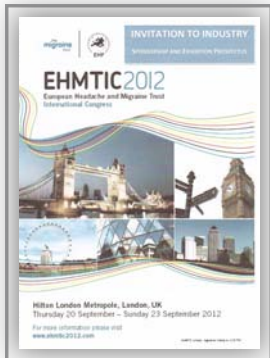
The Italian Society for the Study of Headaches (SISC) announces the competition of the biennial Enrico Greppi Award 2012. The award will be granted to the best unpublished original paper dealing with clinical, epidemiological, genetic, pathophysiological or therapeutic aspects of headache. The prize amounts to € 10,000 and is open to researchers of all nationalities. The papers must be submitted in accordance with the editorial instructions of The Journal of Headache and Pain. The winning article will be published ex officio in The Journal of Headache and Pain within three months of the Award presentation. The remaining papers are considered as submitted to The Journal of Headache and Pain and may be published after undergoing the peerreviewing process. The Award is endorsed by the European Headache Federation (EHF) and the winner is invited to present the paper at the 3rd European Headache and Migraine Trust International Congress 2012 (EHMTIC), to be held in London, UK on 20-23 September 2012. Manuscripts should be sent by e-mail to the President of SISC at [sisc@sisc.it](mailto:sisc@sisc.it) not later than 25 June 2012.

# What's on..

*Panorama of national and International congresses and courses where Headache is an issue*



*Migraine? Better to take it with humor, ....if you can*



**20-23 September 2012  
London, UK**

EHMTIC 2012  
European Headache and  
Migraine Congress

Info: [www.ehmtic2012.com](http://www.ehmtic2012.com)



**Master in Headache  
Medicine 2011-2012**

Info: [w3.uniroma.it/headache](http://w3.uniroma.it/headache)



Marco Fusi

## EHF News

Editor: F. Antonaci (Pavia, Monza)

Co-editor: M Vikelis (Athens)

Legal Director: R. Nappi (Pavia)

Registration n° 464/1996

Publisher: Tipografia Viscontea, Pavia, Italy

EHF Newsletter is published bimonthly by the European Headache Federation, whose business offices are located at the Department of Neurological Sciences "C. Mondino" Foundation, University of Pavia, Via Mondino 2, 27100, Pavia, Italy ([neuronet@me.com](mailto:neuronet@me.com))

Purpose: EHF Newsletter, a European Headache Federation publication, is dedicated to increasing physicians' awareness by educating and informing them as to what is going on in the field of headache in Europe.

This newsletter seeks to provide timely and accurate information from the most knowledgeable sources. The newsletter is mailed to EHF members, national drug companies and medical journalists in line with information given by board members. The views expressed in the articles in EHF News are those of the authors and do not necessarily reflect those of the EHF and the Publisher.



## European Headache Federation

**Dominique Valade (France) — President**  
**Rigmor Jensen (Denmark) — 1st Vice President**  
**Dimos Mitsikostas (Greece) — 2nd Vice President**  
**Zaza Katsarava (Georgia) General Secretary**  
**Ivan Milanov (Bulgaria) — Treasurer**  
**Fabio Antonaci (Italy) — Member at large**  
**Cristian Lamp — (Austria) Member at large**  
**Vera Osipova (Russia) — Member at large**  
**Paolo Martelletti (Italy) — Editor in Chief JHP**

**Fabio Antonaci (Italy) - Past President**

European Headache Federation is incorporated in England and Wales as a company limited by guarantee; registered charity no. 1084181

Questo periodico e' associato alla

Unione Stampa Periodica Italiana



Info EHF: [www.ehf-org.org](http://www.ehf-org.org)