Deep brain stimulation (DBS) has been used to treat severe refractory CCH (srCCH), but assessment of its efficacy has been limited to open studies. 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 and micturition syncopes. 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 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.;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.

The Journal of Headache and Pain

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- **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.**
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- **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 Yiu-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 Alferi & Christian Strauss.**
- **Familial occipital neuralgia with sporadic NIN: a reply by Yu Wang et al.**
- **Successful treatment of nummular headache with Neurotropin by Yu 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.**

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**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 not later than 25 June 2012.

A special issue of The Journal of Headache and Pain with selected papers from the ENRICO GREPPI AWARD 2012 will be published ex officio in The Journal of Headache and Pain. The winning article will be submitted in accordance with the editorial instructions of The Journal of Headache and Pain.

**Ottar Sjaastad (Trondheim)**


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**Ottar Sjaastad (Trondheim)**
What’s on..

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

20-23 September 2012
London, UK
EHMTIC 2012
European Headache and Migraine Congress

Info: www.ehmtic2012.com

Master in Headache Medicine 2011-2012
Info: w3.uniroma.it/headache

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

Excuse me, do you have something for the headache?

Marco Fusi

EHF News

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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.

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