

European Headache Federation

EHF NEWS



Why an emergency headache center in Lariboisière hospital?

Ten million French people suffer from headaches. This statistic alone would justify the creation of an Emergency Headache Center, but in addition:

- headaches are a frequent reason for visiting the Emergency Room.
- the necessity of a symptomatic emergency treatment in order to relieve the headache patient's pain as quickly as possible.
- the imperative of providing every acute headache with an emergency diagnosis in order to rule out certain recurrent causes and initiate an appropriate treatment immediately (meningitis, subarachnoid hemorrhage, cerebral venous thrombosis, brain abscess, acute sinusitis, glaucoma, etc.).



Lariboisière Hospital was chosen to house this Center because it has a very busy emergency room, the multidisciplinary necessary for the management of headache patients (neuroradiology, neurosurgery, ENT, ophthalmology), an internationally-recognized expertise in the field of headaches, owing in particular to the work of neurology, biochemistry and genetics teams, and a Pain Center, which is one of the four accredited by the French Regional Hospitalization Agency. The Center provided 24-hour services for three years. Since September 1, 2003, it has been open from Monday to Saturday from 8AM to 6PM, for adults suffering from a

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The EHF web site:
www.chf-org.org

EHF News is open to host contributions and proposals from the readers. E-mail your suggestion to:
neuronet@libero.it

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Did you know that there is a European Patient Forum?

On 31 January 2003, 12 pan-European patient organizations, came together in Brussels to create a common platform, the **European Patients' Forum**.

The European Patients' Forum should be seen as a response to recent calls by the European Commission and other EU institutions to have one pan-European patient body to

address and be consulted on issues concerning the interests of patients in the European healthcare debate.

The main objectives of the Forum are:

- To facilitate an open and inclusive Patients Forum enabling ALL pan-European patients' groups to exchange information and points of view in the area of EU Health Policy

and all other EU initiatives of interest or concern to patients.

- To share health experiences and examples of good practice in order to strengthen the role and voice of European patients' organizations
- To offer the views of patients, as external stakeholder in the European healthcare

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Migraine and episodic ataxia type 2: A clinical, genetic, neurotologic, and magnetic resonance spectroscopy study



The book ...

“Complementary Headache Therapy: A Close Look at the Treatments and the Evidence”

Howard B. Pikoff, PhD
State University of New York at Buffalo

The neurotologic results for common types of migraine indicate subclinical vestibulocerebellar dysfunction for both migraine with aura and migraine without aura.

Oculomotor and other neurotologic dysfunction in migraine is evident, but results are not consistent. About 40% of familial hemiplegic migraine type 1 (FHM1) patients show permanent cerebellar signs, whereas familial hemiplegic migraine type 2 (FHM2) patients usually show normal neurotologic status interictally. Episodic ataxia type 2 (EA2) patients can develop permanent cerebellar signs and show pronounced nystagmus interictally before any other cerebellar signs are detectable. In this study, we examined quantitatively oculomotor function and other neurotologic findings in EA2

with a novel CACNA1A splice site mutation, in the common types of migraine, and in FHM2. The neurotologic results for common types of migraine (36 patients and 43 controls) indicate subclinical vestibulocerebellar dysfunction for both migraine with aura and migraine without aura. Nine FHM2 patients tested suggested subclinical neurotologic changes, but were not specifically localizing. With acetazolamide, baseline oculomotor and postural dysfunction

in three EA2 family members improved. We studied nine mostly nonataxic EA2 family members with no cerebellar atrophy by proton magnetic resonance spectroscopy to evaluate metabolite changes in the cerebellar hemispheres, the vermis, and the thalamus. Total creatine (tCr) was decreased in the cerebellar hemispheres and in the vermis, possibly reflecting early signs of CACNA1A dysfunction.

Hanna Harno
(Doctoral Thesis defended at University of Helsinki 2005)



Did you know that there is a European Patient Forum? (continue from page 1)

debate, by means of a broad, truly representative and independent patient group resource.

- To provide a forum for patients' organizations to develop common positions on European health policy issues and to lobby on behalf of those organizations, giving them a central position in the provision of healthcare in Europe.

- To become the natural first point of reference for the European Commission and other European institutions when seeking the opinions of patients and/or when seeking to consult patient groups.
- To co-operate in the formation and execution of joint projects aimed at improving health outcomes and the quality of life of European

patients.

If you are interested in supporting the formation of a European Organization for Headache Patients please contact Colette Andrée via email:
Colette.andree@migraine-action.ch or via phone +41 61 423 10 80 for more information.

C. Andrée, F. Antonaci



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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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What's on...



7-20 September 2005, Athens, Hellas

9th Congress of the European Federation of Neurological Societies
Information: www.efns.org/efns2005

29 September - 2 October 2005 Venice, Italy

XIX National Congress of the Italian Society for the Study of Headache
Information: info@nicocongressi.it

8-12 October 2005, Cernobbio, Como, Italy

XXXVI Congress of the Italian Neurological Society

Information: convent@tin.it

9-12 October 2005, Kyoto, Japan

12th Congress of the International Headache Society

Information: lhc200-5@convention.co.jp

Why an emergency headache center in lariboisière hospital? (continue from page 1)

headache requiring emergency management. These are mainly patients with headaches of abrupt and recent onset or patients who are in the middle of an attack (migraine, vascular facial pain, etc.) that cannot be relieved by the usual treatments.

This center does not provide "elective" outpatient consultations for patients

with chronic migraine or other types of chronic headaches, who should be treated by their general practitioner, a specialist physician in office practice, or in consultations for migraines in Pain Centers.

Dominique Valade (Paris)



