EHF Mission

The European Headache Federation (EHF) was founded in 1992 as a non-profit organisation and registered as a charity in England and Wales (Registered Charity No. 1084181). Since its foundation in 1992, the European Headache Federation (EHF), a non-profit organisation, has sought to improve the life of those affected by headache in Europe. EHF dedicates its efforts to improving awareness amongst governments, health care providers and consumers across Europe of headache disorders and their personal and socioeconomic impact. Ultimately EHF seeks to create the optimal environment for headache sufferers and their carers across all Europe, so that they have access to appropriate treatment and therefore enjoy a better quality of life. With the changes in the political structure in Europe and, with it, health care systems and access to treatments, the EHF has reassessed its role and responsibilities by adopting an integrated strategy directed towards key players involved in primary and tertiary headache management. EHF is currently implementing the following activities in support of its strategy:

Educating Europe
- The biennial EHF congress, reviewing the most recent developments in headache research and management, which will next take place in Nice in October, 2010.
- The EHF Schools (including Video School format) on headache and related disorders, to train young doctors and others from all Europe with an interest in headache as a speciality.
- Teaching activities focused on General Practitioners to spread the knowledge about headache to a wide audience.
- Offering logistical support and templates for national EHF members to run regionaleducational events.
- Publishing EHF News, distributed bimonthly across Europe.

The EHF is willing to collaborate in the development of educational
USE OF ANTIMIGRAINE TREATMENTS BY GENERAL PRACTITIONERS AFFECTED BY MIGRAINE

Personal experience of migraine may influence prescribing practices of physicians treating patients with migraine and up to now, little data were available on perceptions of migraine by GPs. A just e-published study in *Headache* by Ducros et al. has assessed the headache treatment patterns in 2 special groups of general practitioners (GPs): A group of GPs who suffered from migraine themselves (GP-M) and GPs having a close family member with migraine (GP-CFM). Secondarily, it was assessed the impact of migraine on activities of daily living in these 2 groups. This was an observational, cross-sectional, pharmacoepidemiological survey conducted in primary care in France with unrestricted support from Almirall. Data were collected on headache treatments used (GP-M) or prescribed (GP-CFM), and also on self-reported (GP-M, mean 2.6 headaches/month, S.D. 2.3) or described (GP-CFM, mean 3.1 headaches/month, SD: 2.6) migraine features and impact of migraine on daily activities.

The most frequently reported acute headache treatments in both groups were triptans (1/2 of GPs), followed by NSAIDs (30%); >81% of GPs in both groups were satisfied with acute headache treatments.

Only 6.9% of the GP-M group used and 17.2% of the GP-CFM group prescribed a prophylactic treatment, which was considered satisfactory by 46.2% and 56.1%, respectively. In the preceding 3 months, 79.4% of the GP-M group reported handicap in daily activities due to migraine, 23.6% interruption of extraprofessional activities and 7.6% interruption of work. In the GP-CFM group, 32.6% described interruption of extraprofessional activities and 57.3% interference with daily activities or work.

Acute headache treatment prescribed by French GPs for their own migraines or those of their relatives shows a higher proportion of use of triptans compared to general migraine population published dates. Use of prophylactic medication is low and its effectiveness perceived as limited. The GPs with migraine own experience rely on triptans for acute management of pain, in alignment with guidelines that recommend use of triptans when in past attacks NSAIDs have not provided enough relief, but use in few cases prophylactic treatment, probably related to the low effectiveness rate of the available medications.

PATIENT’S SATISFACTION IN MIGRAINE, NOT ONLY LINKED TO 2h PAIN FREE RATES:

Díaz-Insa S. et al, (Curr Med Res Opin 2011; 27:559–67) show the interesting patients’ satisfaction secondary endpoint correlation data from a large general practice observational study involving 400 patients with migraine, where this pre-planned sub-analysis was scheduled to ascertain whether any patient characteristics/behaviors might predict/explain the satisfaction responses observed, which demonstrated by its main traditional pain free endpoints that almotriptan administered early when pain was mild significantly improved pain-related outcomes compared with non-early/non-mild treatment (Lanteri Minet et al., Int J Clin Pract, June 2010, 64, 7, 936–943) Patients had previously tried an average of 2.5 drugs for migraine management and were currently taking a mean of 1.4 drugs. On completion of the study, patient satisfaction was higher in the early/mild treatment group than the non-early/non-mild group (p = 0.049). Assessment of the relationship between treatment efficacy (including patients’ satisfaction, time lost due to migraine, 2hPF and relapse) and patient characteristics, migraine history and medication antecedents (acute and prophylactic) in the ITT and PP populations was performed in a multivariate analysis. As mentioned, the more correlated factor with patients’ satisfaction was early treatment, and other predictors of positive satisfaction were age over 35 years, a greater than 10-year history of migraine and an educational intervention (i.e., having received a leaflet about the advantages of treating early). Conversely, the main objective variable 2hPF had only one predictor: pain severity at time of intake. Many patients delayed taking the study medication, despite being instructed otherwise. Patients reported that this was primarily because they believed that they should only take the medication in the case of a severe migraine attack and/or to ensure that the symptoms were definitely due to migraine headache. The triptan treatment was associated with increased patient satisfaction and better 2h PF rates when taken early, but satisfaction was also linked to explanations to the patient (leaflets availability…) and long history of migraine, regardless of the 2hPF results. Further action seems to be required to increase patient compliance with early treatment regimens to improve both objective and subjective clinical outcomes.

The editorial office
programmes in all countries which need the EHF support. This is especially important in Eastern European countries, where attending meetings in far places is somewhat difficult. All our educational activities should be directed to integrating all professionals involved in headache management from primary to tertiary levels.

Creating awareness of issues in headache
- Establishing EHF as a key influencer in the headache field and becoming the single voice of headache in Europe, to which those who see dialogue will turn.
- Thereby, in time, influencing political decision-making in the headache field in Europe, able to lobby governments for appropriate resourcing of headache services and improved access to care, teaching hospitals and universities to ensure that headache is recognised as a serious condition.
- Encouraging the formation of and supporting national headache societies in Europe with appropriate objectives, structures and governance.
- Through its members, promoting the appropriate organisation of culturally sensitive headache services.

Forging partnerships
- EHF will achieve its objectives by working with effective partners involved in headache management in Europe. The Global Campaign launched in Copenhagen under the auspices of the World Health Organisation, World Headache Alliance, International Headache Society and EHF will allow us to work closely with governments and lay organisations and to put headache in the place that it should be.

The editorial office
What’s on..

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

10-13 September 2011
Budapest, Hungary
15th Congress of the European Federation of Neurological Societies (EFNS)
Info: efns2011@kenes.com

15-18 September 2011
Lefkada Island, Greece
11th Summer School of Hellenic Headache Society
Info: one2one@ath.forthnet.gr

20-23 September 2012
London, UK
EHMTIC 2012
European Headache and Migraine Congress
Info: www.ehmtic2012.com

Master in Headache Medicine 2010-2011
Info: w3.uniroma1.it/headache

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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