European Headache and Migraine Trust International Congress focus

The role of community pharmacists

Meet our star fundraiser
Welcome to the first edition of Migraine News in 2017 – and to mine as your new Chief Executive. I have been very honoured to take over this role when your previous Chief Executive, Wendy Thomas, retired in September last year. Wendy did a tremendous job here at The Migraine Trust for ten years. She worked tirelessly to raise the profile of migraine and the issues that each of you face on a daily basis. I have some very big boots to fill!

One really great success of the Trust is the international scientific and clinical meetings held every two years. For the past eight years, we have run the European Headache and Migraine Trust International Congress (EHMTIC) jointly with the European Headache Federation. Last year EHMTIC was held in Glasgow and I was delighted to be able to attend. The congress is written up in more detail on pages 6-12 in this copy of Migraine News. Around one thousand scientists and clinicians, experts in the field of headache and migraine research, gathered from around the world to share and discuss the findings from their recent research projects. I was overwhelmed by the passion and enthusiasm displayed over the time I was there. There seems to be a lot of hope for future, new, migraine targeted treatments. It really did demonstrate to me the real need for more research in this area. I want to thank you all for donating to the Trust to help us carry on vital work in this field.

I also recently had the pleasure to attend the British Association for the Study of Headache (BASH) meeting in Hull. It was a two day conference, attended by around two hundred UK neurologists, GPs and nurses with a specialist interest in headache and migraine. It provided an excellent opportunity for all these individuals to interact, to ask questions about key issues faced by the people they see on a daily basis, and to share best practice to help improve the lives of people suffering from headache disorders. It was also the 25th anniversary of BASH – congratulations! At the meeting we were told that twenty five years ago there were ten members and now we had two hundred people attending the meeting. We were also told that over the last four years the number of headache nurses in the UK has increased in number from thirteen to thirty. This is great news and shows that interest in the world of headache and migraine is increasing.

However, it isn't enough. We need many more clinicians, GPs and nurses to move into the field of headache to provide adequate services desperately needed for the millions of
people that suffer from headache and migraine in the UK. One of the ways the Trust can influence this is by raising the profile of key issues within the parliaments, the Departments of Health and the NHS of the devolved nations. I've been really impressed with the work that the Trust does in this area. We report more on this on pages 4-5 in this copy of Migraine News. In England, since the publication of the All-Party Parliamentary Group on Primary Headache Disorders’ report on Headache Services in England, we have been meeting with NHS England, Public Health England and Health Education England to encourage them to prioritise headache in their work streams. In Scotland, the recent parliamentary meeting on headache services demonstrates a growing interest in the field. I’d also like to thank the many thousands of you who contributed recently to our surveys – your views on the impact of chronic migraine on your lives, and your views on living with migraine and work have been invaluable to us in helping to shape our responses to recent consultations in Scotland and England. I hope to report more on this to you in future Migraine News publications.

At the meetings in Glasgow and Hull, the Trust had the opportunity to hold events for the public – these provided an excellent opportunity for members of the public to hear from clinicians, GPs and nurses about the new advances in the field of headache research and about current headache services available in their areas. The feedback we received was excellent. I’m delighted to let you know that we will be holding two more of these in 2017, in Birmingham and in the South West. If you live in the area, please do come along.

“We need many more clinicians, GPs and nurses to move into the field of headache to provide adequate services desperately needed for the millions of people that suffer from headache and migraine in the UK.”

“The Trust does some fantastic work. It campaigns tirelessly on your behalf, it promotes research into migraine, and it provides vital information and support to you.”

To find out the exact dates and venues – please follow us on Twitter (@MigraineTrust), Facebook (/themigrainetrust) or sign up to receive our ebulletin (www.migrainetrust.org – see footer section).

One of the things that these meetings have told me is that information and support for people with migraine is vital. Here at the Trust we can help. If you have questions about migraine, other headaches, and their management you’ll find our website contains a wealth of information. Our Information Service responds to enquiries about migraine and other disabling headache disorders, utilising the best available research evidence as well as the clinical experience of leading neurologists. Our Advocacy Service provides a free and independent service that aims to empower people to assert their rights and claim their entitlements in the areas of healthcare, education and employment. This support service is only available to people in the UK. I have been really impressed with the service we provide here; 91 percent of people find the information ‘useful’, 95 percent better understand their rights and options, and 98 percent would recommend the service to others. Please contact us – we are here to help.

Finally, after my first four months here, I believe the Trust does some fantastic work. It campaigns tirelessly on your behalf, it promotes research into migraine, and it provides vital information and support to you. We do so much and with your continued support we can do more. Thank you to all of you who have supported us so far – I hope the stories outlined on pages 16-17 will persuade many of you to do a little more. Contact us – we’d love to hear from you.

Best wishes
Arlene
New Migraine Trust research underway

As the only charity actively funding migraine research in leading UK academic institutions, we are very pleased to report that two new Migraine Trust-funded projects started in 2016 and both involve supporting students to undertake their PhDs.

Over the next four years Dr Philip Holland and PhD student Lauren Strother are investigating how circadian rhythms (daily body cycles such as sleep-wake) impact on migraine triggering and susceptibility in their project “Circadian biology of migraine”, at King’s College London. The study is an entirely new area of research developed from the existing scientific knowledge of migraine. It is hoped that this work will result in the development of new treatment options and lifestyle changes that could help lighten the burden on migraine sufferers.

In our other project, “Neuromodulation in migraine and other headaches” also at King’s College, Dr Anna Andreou and PhD student Joseph Lloyd aim to investigate the actions and mechanism of action of three different neuromodulation techniques. These being; transcranial magnetic stimulation, spinal cord stimulation and occipital nerve stimulation.

The Migraine Trust is able to fund research projects such as these due to the donations and legacies generously gifted by our supporters. Thanks to your support, we are making a valuable contribution to the field of headache and migraine research.

The Migraine Trust in Holyrood

In November 2016, a meeting was held in the Scottish Parliament, chaired by Jackson Carlaw MSP, to consider issues relating to the management of headache and migraine within the Scottish health service. Our Policy Manager, Hannah Verghese, addressed the meeting alongside people with migraine and headache disorders and Scottish headache specialists. The meeting, which was the first of its kind in Holyrood for headache and migraine, was well attended by MSPs and the public.

Botox® for Chronic Migraine approved in Scotland

In February the Scottish Medicines Consortium (SMC) approved the use of botulinum toxin type A (Botox®) for the treatment of chronic migraine for routine use by NHS Scotland. Chronic migraineurs in Scotland who meet the eligibility criteria will now be able to access the treatment on the NHS. If you think you may be eligible contact your GP or health professional to discuss your circumstances. The Migraine Trust welcomed the SMC’s decision, which increases the number of treatment options for people...
with this highly debilitating and disabling condition. However we are calling on the Scottish Parliament and NHS Scotland to commit to do more to ensure that the hundreds of thousands of people suffering from headache and migraine in Scotland receive the best possible care throughout the health system.

Our work in Westminster

The Migraine Trust continued to support the work of the All-Party Parliamentary Group on Primary Headache Disorders in Westminster last year. The cross party group of MPs and Peers met in December to hear from experts on “Primary Headache Disorders and Work”.

Our Policy Manager, Hannah Verghese, gave evidence to the Group on migraine and employment. The speaker panel included a person with lived experience of working whilst suffering from hemicrania continua and migraine and representatives from the Department of Work and Pensions and The Work Foundation.

If you have been in contact with your MP about your migraine and/or would like to become involved with the work of the APPG please contact appg@migrainetrust.org

Improving Lives: Health, Work and Disability in England

The Department of Work and Pensions and the Department of Health in Westminster launched a joint Green Paper to consult on health, work and disability. The consultation, which closed in February 2017, asked the public what it will take to transform the employment prospects of disabled people and people with long-term health conditions. We canvassed opinion from our supporters to form the basis of our submission to the Green Paper. We will continue to communicate updates on this topic as the Government’s work continues.

Migraine in schools in England and Wales

We continue to campaign for better support for young people with migraine and other health conditions in schools. As part of an alliance of leading charities and patient organisations, and supported by parents, we called on the Government to take action to ensure that schools in England are aware of, and are implementing, their statutory duty to support children with medical needs. Thank you to all our supporters who signed the petition to the Minister of State for Children and Families. The alliance is now working with the Department for Education to develop a plan for raising awareness of the duty in schools.

We also submitted evidence to the Welsh Government’s consultation on “Supporting Learners with Healthcare Needs”. Alongside several other leading charities, we are calling for reform of the current framework for care in schools for pupils with medical needs. Unlike England, there is no statutory responsibility for schools in Wales to provide support for children with medical needs. Parents and teachers deserve to feel safe in the knowledge that children and young people are being given the best possible chance to succeed.

For more news, visit our website: www.migrainetrust.org/news/
The 5th European Headache and Migraine Trust International Congress (EHMTIC) took place from the 15 to 18 of September 2016, in Glasgow at the Scottish Exhibition and Conference Centre. Dr Pyari Bose (Honorary Clinical Research Fellow, King’s College London and Consultant Neurologist, Queen’s Hospital, Romford) attended EHMTIC. Here he writes about the talks and research presentations he attended.

Inaugural day

The event was attended by around a thousand delegates. The morning session started with headache teaching courses. In one hall there were discussions on secondary headaches (headaches caused by an underlying health condition) and in another hall there was a teaching course on cluster headache (attacks of extremely painful one-sided headaches with watering from one eye and nostril occurring in bouts or ‘clusters’ usually in the Spring and Autumn). The courses focused on interesting and rare presentation of various headache syndromes and served to educate GPs, neurology trainees and neurologists about the importance of a careful history taking and how to pick out some of the subtle signs that are crucial in the diagnosis. The courses were chaired by Dr Alok Tyagi from the UK and Dr Alan Purdy from Canada. The speakers included Dr Alex Sinclair, Dr Callum Duncan, Dr Brendan Davies, Dr Stuart Wetherby all from the UK, and Professor Andrew Charles and Dr David Dodick from the USA. The cases discussed included cardiac cephalalgia (a rare headache disorder that may be the initial presentation of heart disease), reversible cerebral vasospasm possibly secondary to caffeine withdrawal (a headache disorder where the arteries can go into a severe spasm and narrowing causing a severe headache that resolves when the narrowing is reversed), complications of acute sinusitis including meningitis (inflammation of the protective linings of the brain), and cerebral venous sinus thrombosis (clot formation in the veins within the brain). Knowledge of these headache
disorders is vital in clinical practice so that they are not missed when patients present to the GP or emergency department with headache.

Opening ceremony

The opening ceremony was chaired by Professor Peter Goadsby from the UK and Dr Dimos Mitsikostas from Greece, both of whom made opening remarks and welcomed the delegates. The delegates were also warmly welcomed by a Bailie (a civic officer within the local government in Scotland) who is often requested to provide support to the Lord Provost (the ceremonial and civic head of the council) in their various engagements.

The Macdonald Critchley Award Lecture

Macdonald Critchley CBE (2 February 1900 – 15 October 1997) was a British neurologist, former president of The World Federation of Neurology and Founder President of The Migraine Trust. He is the author of over two hundred published articles on neurology and twenty books.

The session was chaired by Dr Mark Weatherall from the UK and Professor Andrew Charles from the USA. This year, the award went to Professor Michel Ferrari from the Netherlands who talked about his contributions in headache research and especially in the field of migraine genetics.

The European Headache Federation Special Award

This session was chaired by Dr Mitsikostas and Professor Zaza Katsarava from Germany. Professor Messoud Ashina from Denmark introduced Professor Hans-Christoph Diener from Germany as the winner of the European Headache Federation Special Award. Professor Katsarava, who had carried out research under Professor Diener in the past, briefly talked about his own experience of working with Professor Diener, highlighting his human side, who understood and supported the mental wellbeing of his trainees as well as offering academic support as a supervisor. He gave an example of a time when he was distraught as he was unable to contact his family who got caught up in a calamity but Professor Diener, without even being told, realised the situation and supported his trainee in every possible way that he could, which was truly a touching story. Professor Diener then took to the stage and talked about his 32 years of headache research and gave some glimpses into what could be expected in the future of headache treatment.

Hot topics

A session to discuss the influence of sex hormones on brain blood vessels and the trigeminal ganglion was held and whether this was relevant for menstrual migraine (the trigeminal nerve is one of the main nerves of the face and a ganglion is a nerve cell cluster). There was also a discussion on neuropathic pain of the face (neuropathic pain is a pain that comes from problems with signals from the nerves).

In addition to these sessions, there were parallel poster discussion sessions where delegates could present their work and receive feedback from eminent researchers.

It also gave delegates the opportunity to learn what research was being done in headache centres around the world. For example, myself and colleagues from King's College London, carried out an audit involving one hundred migraine sufferers to evaluate the impact of the postdrome phase of migraine (the phase that begins once the throbbing headache during a migraine attack settles and lasts until the patient feels completely back to normal). Various studies have reported that over 80 percent of migraine sufferers have symptoms such as tiredness, generalised weakness and concentration trouble, once the migraine headache stops and it may take up to 24 hours or more for them to feel completely back to normal. The audit demonstrated the postdrome phase had a significant impact on migraine sufferers and newer treatments may have to factor this phase when assessing whether they work or not. It is important to understand what goes on in the brain during this phase so we can develop treatments to shorten its duration so that migraine sufferers can feel back to normal sooner rather than later.

Public day

On the final day of the congress The Migraine Trust organised a session for the public to hear about the latest migraine research and to give them the opportunity to meet local migraine experts and ask their questions. The session was co-chaired by Wendy Thomas, outgoing Chief Executive of The Migraine Trust, and Elena Ruiz de la Torre, President of the European Headache Alliance. Presentations discussed topics such as migraine and genetics, developments in cluster headache, and a round up of the highlights from the congress. Delegates also had the opportunity to hear from Arlene Wilkie, the incoming Chief Executive of The Migraine Trust, who spoke about how the Trust can support patients. The event was very successful with over one hundred attendees arriving from all over Scotland.
Lauren, originally from Calgary, Canada, completed her Bachelor of Science with Distinction at the University of Victoria, British Columbia, Canada, where she specialised in biology and psychology. She then completed a Master of Neuroscience with Distinction at King’s College London. For her Masters thesis she was interested in visualising neural circuits involved in the mouse sleep and circadian (body clock) system. This experience allowed for an easy transition into her current position looking at preclinical models of headache and ultimately set the foundation for her to pursue a PhD with particular interest in the relationship between circadian regulation and migraine pathophysiology. The research she is undertaking will continue to build upon this exciting interaction between sleep and migraine, and further investigate how they influence each other. This work will increase our understanding of how circadian disruption may be involved in the triggering and worsening of migraine attacks. With an improved knowledge, Lauren hopes that her work will result in the possibility of new treatment options and lifestyle changes that could help lighten the burden on migraine sufferers.

Lauren attended EHMTIC 2016 and has written about her experience.
Lauren: As a leading international congress in migraine research, EHMTIC attendance is extremely beneficial for any headache professional, but for me, as a new PhD student, it was invaluable. EHMTIC, with nearly one thousand headache specialists from almost seventy countries showcasing the latest available research, therapies and developments from internationally recognised leaders, provided the platform for me to acquire essential professional skills, gain inspiration and motivation, and establish myself as an early career researcher within the migraine field.

As a student, attending your first few international conferences is extremely enlightening. You can read all the literature available, but only when you are immersed in a room with many of the authors can you fully comprehend the nuances of the field in its entirety: who the key players are, how the different research groups interact, and most importantly, how are you going to fit in and personally contribute to this established field. The opportunity to introduce yourself to these key players, to discuss their research as well as your own, and then to start to find your own niche is fundamental to establishing yourself as a scientist.

I was fortunate enough to attend my first congress last year as a research assistant. At the International Headache Congress 2015 in Valencia, I was able to familiarise myself with the field and acquaint myself with many important contributors. The opportunity for me to attend EHMTIC 2016, now as a PhD student, has enabled me to strengthen those relationships and demonstrate my commitment to migraine research. Furthermore at EHMTIC, I was able to present my work which allowed me, for the first time, to personally contribute to the international field; helping to solidify my position as an early career researcher in migraine. This crucial point in my career was acknowledged specifically through my award of an International Headache Society Travel Grant to attend the congress where I was one of 36 junior researchers from 26 countries worldwide.

Apart from establishing myself as a new researcher in the field, the opportunity to present my own work provided me with great professional skill development. This included summarising my work and subsequently preparing and presenting my results. The ability to communicate effectively through an abstract that will catch the attention of the scientific committee, then to prepare an effective poster and present these results at the congress, are key skills essential to the success of any scientist, to have this experience early on in my PhD studies was paramount.

In addition to my personal and professional development, EHMTIC was also an exciting and motivating time for me. It was extremely inspiring to sit in on plenary lectures given by highly respected headache specialists, all of whom have made ground breaking contributions to the field. Additionally, it was equally inspiring to browse and discuss my contemporaries’ work during the poster exhibitions, many of which provided novel and innovative ideas and methods that could complement and enhance my own work.

Furthermore, it was also encouraging to learn of and be a part of the latest breakthroughs presented at EHMTIC. Specifically, I have been personally involved in a preclinical study of a possible new medicine, lasmiditan, a new 5HT1F receptor agonist. At EHMTIC it was announced that this new drug has proven to be effective for acute migraine therapy in a phase III double-blinded randomised clinical trial (known as the SAMURAI trial, funded by CoLucid). To personally be involved in a study at a preclinical level and then see these results translate positively to patients was tremendously rewarding and an important reminder of what can be achieved from bench to bedside.

But perhaps most motivating of all was my colleague Dr Marta Vila-Pueyo’s successful participation in the Headache Trainee’s Excellence Tournament. Here she presented her work on the role of the locus coeruleus in trigeminal modulation (where I am a named author). In the end she excelled and won the tournament! This provided a great source of pride for our group and personal motivation for me to strive to be chosen to participate in the tournament in years to come. I already have my sights set on the International Headache Congress in Vancouver 2017.

In conclusion, participation in EHMTIC 2016 has greatly benefited my ongoing educational training, allowed me to continue to build a professional network, and has solidified my integration into the migraine field as a contributing researcher. I left EHMTIC feeling motivated and inspired about my future contributions to the field and as a result am extremely grateful to have had this opportunity at such an early stage of my PhD training.

“I left EHMTIC feeling motivated and inspired about my future contributions to the field.”
Focus pieces from the EHMTIC 2016 Congress

Dr Nazia Karsan (Association of British Neurologists/Guarantors of Brain Clinical Research Fellow, King’s College London) has chosen three stand out presentations from EHMTIC 2016 and has summarised them for us here.
This exciting lecture was chaired by Professor Messoud Ashina from Denmark and Dr Christian Lampl from Austria. The lecture was given by Professor Lars Edvinsson from Sweden. Professor Edvinsson has been a pioneer in the headache field for several decades, both from an experimental and a clinical perspective. His work with Professor Peter Goadsby first identifying the role of calcitonin gene-related peptide (CGRP), an amino acid peptide produced by neurons, in migraine pathophysiology dates to the 1980s, when they showed raised levels of CGRP in the cerebral circulation (movement of blood through the brain) during a migraine attack, which resolve with successful headache treatment.

His informative lecture entitled “The CGRP story: from discovery to migraine therapy” detailed the timeline of some of his integral work identifying the neuropeptide in both the human and animal models of migraine. Professor Edvinsson’s team has also been able to map the localisation of CGRP in the central nervous system in key parts of the brain and spinal ganglia (group of nerve cell bodies) involved in migraine biology including the trigeminal ganglion. Such developments have led to specific antagonists to the CGRP molecule and antibodies to its receptor being developed for both the acute and preventive treatment of migraine (antagonists inhibit physiological action and antibodies are produced by the body to fight disease). The antibodies have also been developed for cluster headache, as the migraine work led to similar demonstrations of the role of CGRP in cluster headache, and that blocking the receptor and hence action of CGRP may have a beneficial role in headache treatment. These findings have helped support the modern theory that migraine is more than a vessel condition and that constriction of blood vessels (like the triptans do) is not necessary for acute migraine treatment to work.

These developments are likely to be the next big advance in migraine and cluster headache therapeutics. Many of these drugs have been in clinical trials and the antibodies are in late stage clinical trials for migraine prevention. These agents are likely to make it into clinical practice in the next few years.

“These developments are likely to be the next big advance in migraine and cluster headache therapeutics.”

Poster presentations from around the world

It was decided that for the EHMTIC congress this year there would be a breadth of posters to highlight what the international headache research community is working on, allowing increased participation from researchers from various backgrounds and research areas around Europe and the world.

Poster sessions were chaired by recognised headache experts and comprised of a brief oral presentation by each researcher to the judges and any delegates wishing to follow the poster tour. There was subsequent discussion with questions for each poster. This allowed valuable experience for the researchers in presenting their work, interactive discussion with the judges and other delegates joining the poster tours, and an opportunity to learn and share knowledge amongst the international headache community. The poster sessions were divided into four judging sessions covering the main themes of research, including headache therapeutics, clinical science, experimental and basic science and paediatrics.

Within our team alone there was a variety of pre-clinical and clinical poster work displayed. Members of the pre-clinical team (Marta Vila-Pueyo, Christopher Holten, Margarida Martins-Oliviera and Lauren Strother), led by Dr Philip Holland, showed their work in demonstrating the role of the locus coeruleus (an important brain area involved in pain) in pain signaling in migraine (this work presented by Dr Vila-Pueyo was also awarded the Headache Trainee’s Excellence Tournament prize), the demonstration of the role of a possible new medicine, lasmiditan (a novel anti-migraine agent currently being studied in...
clinical trials) in migraine pathways, studying premonitory food cravings in preclinical models and the role of acid sensing ion channel 3, a new migraine target, in migraine models.

Members of the clinical team (myself, Pyari Bose, Diana Wei and Francesca Puledda) led by Professor Peter Goadsby presented our work on nitroglycerin triggering of premonitory and headache symptoms in migraineurs, the triggering of cranial allodynia (skin sensitivity during migraine) and vertigo with nitroglycerin, premonitory symptoms in children and adolescents, the phenotype of postdrome symptoms reported by our clinic patients, the response of visual snow, a newly recognised visual phenomenon which can be associated with migraine and is due to be added to the new headache classification, to various treatments and the wider clinical phenotype in visual snow, as well as the role of a multidisciplinary team in an orofacial pain service.

The Migraine Trust Lecture: “The generator of migraine attacks – the brainstem” by Professor Arne May, Germany

The Migraine Trust lecture was co-chaired by Dr Fayyaz Ahmed from the UK and Dr David Dodick from the USA.

This was a key event in the field of headache functional imaging. Professor May has spent several years dedicated to understanding headache mechanisms, with an interest in the use of functional brain scanning as a human measure to understand changes in brain activity during headache syndromes. Functional imaging involves techniques that can be used to track changes in the brain during the different stages of a migraine attack that conventional scanners cannot do.

Professor May talked about the evolving evidence that deep brain structures, such as areas like the thalamus and brainstem, and their connections are integral to the migraine process. This theory has been supported lately by electrophysiological evidence from EEG studies showing impaired brainstem activity in people with migraine in between attacks compared to people without migraine.

Professor May talked about his newest publications in 2016 which used MRI scanning to image the brain using an experimental model of pain, and to image the spontaneous migraine brain, to try and understand the changes that occur during pain and around it.

These papers have highlighted the importance of brainstem structures in a model of migraine pain and in migraine pain itself. One of the papers also showed that the brainstem and its connections are implicated before, during and after headache, and the early changes occurring before the onset of pain are of particular interest within the headache field, as understanding these is likely to contribute to novel therapeutics research. Such advances in neuroimaging techniques have helped us understand that the migraine brain behaves differently in between attacks, in the lead up to a headache attack, and indeed once the headache has resolved. More work is required in this field to truly understand how and why these changes are mediated and how they correlate with clinical symptomatology, as this understanding could help future drug design.

“The brainstem and its connections are implicated before, during and after headache.”
**Q&A**

**Answers provided by Dr Manuela Fontebasso, Headache Specialist**

**Q** I’m thinking of taking magnesium for migraine prevention. There appear to be various options including magnesium citrate, magnesium oxide, and magnesium chloride and I don’t know which to choose, which is the best sort?

**A**

A review of all the available evidence on the use of magnesium in migraine prevention was published in the Headache journal early 2016 aiming to address issues about the safety and effectiveness of its use.

It also reviewed the guidelines of the American Headache Society, the Canadian Headache Society and the European Federation of Neurological Societies to offer clinicians guidance on safe, evidence based decision making to support their patients in choosing what best meets their needs.

In terms of side effects, they vary from gastric irritation, to soft stools or diarrhoea. This ranged from 4 percent for gastric irritation to 18.7 percent for diarrhoea.

The conclusion of this review was that magnesium citrate was the preparation of choice. If you’d like to try it, it should be used at a dose of 600mg daily. There was less agreement as to how effective it would be.

**Q** I’ve heard that there is a type of migraine called migralepsy, is that true, and if so, is there any information about it?

**A**

Migraine is a common condition affecting 12 percent of the adult population, and epilepsy affects 1 percent of the adult population. Patients with epilepsy are twice as likely to develop migraine, with children with migraine three or four times more likely to develop epilepsy. The association is more likely to be with migraine with aura and the presence of both conditions is more likely to adversely affect the individual in terms of symptom control and symptom resolution.

Migraine and epilepsy are common; episodes occur now and again but can become more chronic. Episodes of both conditions have a premonitory or warning phase, the possibility of aura, and ictal (seizure or headache) phase and a post ictal or recovery phase and, although the mechanisms of these conditions are completely different, there is some shared pathophysiology.

The aura in epilepsy may differ from that in migraine by their shape, the presence of more colour and being much shorter in duration. The aura in epilepsy will reflect the location in the brain of where the seizure occurs, so with temporal lobe epilepsy they will affect taste and smell, with occipital lobe epilepsy they are visual.

The recovery phase for both migraine and epilepsy tends to be of fatigue, lethargy and exhaustion.

Migralepsy as a term was first coined by Dr William Lennox in 1960 and the concept was revived in 1993 by Dr David Marks and Dr Bruce Ehrenberg. It has been included in the International Headache Society (IHS) classification since ICHDII in 2004.

The definition, as set by the IHS for migralepsy, or as they call it migraine aura triggered seizure, is:

- **A** A seizure fulfilling diagnostic criteria for one type of epileptic attack and
- **B** Occurring in a patient with migraine with aura and during or within one hour after the attack of migraine with aura
- **C** Not better accounted for by another diagnosis.

“Patients with epilepsy are twice as likely to develop migraine, with children with migraine three or four times more likely to develop epilepsy.”
Meet Ade Williams, Community Pharmacist at Bedminster Pharmacy, Bristol

What is community pharmacy and what services do you offer?

Community pharmacy is the most accessible NHS care location in the country, with over 11,500 pharmacies in England. People can go to have their prescriptions dispensed, receive advice from experts in medicines, and support from the team to help them make healthier lifestyle choices. 96 percent of the population can reach a pharmacy within twenty minutes by walking or using public transport. 1.8 million people visit a pharmacy each day with fourteen visits a year being the average per person. Community pharmacy services help to prevent ill health and protect the public through provision services such as health checks, smoking cessation, seasonal influenza vaccination programmes and emergency hormonal contraception. Many community pharmacies offer extended opening hours and weekend services helping to provide a first port of call for people seeking health and self care advice. Pharmacists undertake five years of mandatory training before becoming regulated professionals working in partnership with their colleagues across the wider NHS and care system to care for patients. We are experts not only on the safe and effective use of medicines but in the differential diagnosis and management of a variety of conditions. We are also able to signpost people to the appropriate service that will cater for their particular needs.

As a community pharmacist, what support can you give people with chronic health conditions such as headache?

Community pharmacy is ideally placed to support people with chronic health conditions such as headache. Most headache, and migraine, can be correctly treated with appropriate over the counter remedies and or self care advice provided by the community pharmacist and their healthcare team. Most community pharmacies have a private consultation room which allows us privacy and space to discuss the symptoms, to understand the type of headache a customer has, and to recommend the best treatment. We are aware that research
shows that migraine is under-diagnosed and under-treated in at least half of patients, and that one-third of sufferers can experience significant disability as a result of their migraine at some stage of their lives. The recently published “Community Pharmacy Forward View” highlights that one of our three foci for the future is to become the facilitator of personalised care for people with long-term conditions. The document highlights good practice from what some individual pharmacists are already doing and also from our collective role in improving patient outcomes with conditions such as asthma and high blood pressure. For long-term conditions such as headache, we are advocating a responsibility for community pharmacists and their teams supporting patients and carers by providing a one-stop hub for advice, treatment and coordination of care related to medicines. This will include diagnosis, monitoring and adjusting treatment according to defined outcomes outlined and agreed with the patient and other professionals, such as the GP involved in their care. Community pharmacists already use their clinical knowledge daily to promote evidence-based and cost effective use of medicines to help relieve patients suffering from headaches. We empower patients to manage their own health with the right diagnosis, advice, treatment and where applicable support them through necessary lifestyle changes.

What are the most effective over the counter treatments for migraine and headache?

Painkillers such as paracetamol, NSAIDs (aspirin, ibuprofen and diclofenac) and combined analgesics containing paracetamol can be used as first-line treatment to relieve pain from all headaches. There are also treatments that can be combined with paracetamol, such as buclizine and prochlorperazine, to treat the nausea especially associated with migraine headaches. If the patient is nauseous a soluble painkiller may be recommended as these are absorbed quicker from the stomach.

Sumatriptan can also be recommended over the counter to migraine sufferers if ordinary painkillers are not helping to relieve the migraine. As well as relieving the pain associated with migraine, sumatriptan also relieves nausea and sensitivity to light.

All over the counter treatments have legal licence specifications which the pharmacy must adhere to. This may sometimes be different from that which applies when the same medication is written on a prescription. With sumatriptan, for example, pharmacies have to follow a sales protocol which excludes certain patients such as under 18 or over 65 years of age, patients with other medical conditions such as epilepsy, high blood pressure, kidney or liver disease amongst others. We would have to refer these patients to their doctor. Other examples where referral is applicable include: all pregnant patients with migraine symptoms; symptoms suggestive of cluster headaches as over the counter medications will not relieve that; or any other symptoms that are suggestive of severe head injury, stroke, meningitis, brain tumour or any signs of a more serious problem. We would, however, encourage you to speak with us so we can talk through your symptoms and advise accordingly.

What other advice would you give someone who was looking for treatment for their headaches?

Pharmacists always approach treatment with a holistic approach, looking at causative factors and what good lifestyle changes can help enhance any medicines used to treat. Lifestyle changes, such as getting regular sleep, eating regularly, reducing stress, staying well hydrated, reducing alcohol intake, regular exercise, excluding carbon monoxide poisoning, ensuring sufficient light when reading or working to prevent straining of the eyes, regular eye tests to ensure corrective lenses worn, would be considered when treating headaches. We would explore and refer accordingly if headaches in women are caused by hormones, especially if they notice a link with their periods. For migraine sufferers we also educate them on how to bring their condition under control by keeping a migraine diary to identify triggers.

How would you support someone who you noticed seemed to need more painkillers than usual?

All pharmacists have a professional responsibility to prevent medication overuse. As such, we are trained to intervene when we suspect that a patient has, or is at risk of developing, medication-induced headache. This results from taking painkillers too often. Our role is to stop the sale but also offer support and advice in a non-censiorious manner referring the patient to their GP. We proactively educate people buying painkillers that taking opioids, for example codeine and dihydrocodeine, for longer than three days can lead to dependence. We also counsel on how to take prescribed medications to prevent developing medication-induced headache.
How you’ve supported us

Star fundraiser

We would like to say a huge thank you to our star fundraiser, Poppy, aged 6, who has been raising money for us since summer 2016. Not only did Poppy and her sister Eva take part in the 1.5k Mini York Run for us in August, her school, Airmyn Park Primary School in East Yorkshire, allowed her to hold a non-uniform day and a bake sale. When speaking to Poppy’s family about why she wanted to support us they said: ‘Poppy suffers with migraines that have become part of her life and she has had to find ways to deal with them. At times for Poppy it is completely debilitating and she has to miss out on things. However with close monitoring and medication she is able to cope and recover relatively quickly. The Migraine Trust has been an invaluable point of information and support. They have given both ourselves and Poppy’s school information. With this in mind Poppy herself would like to say thank you by raising money to help support the Trust.’ In total Poppy has raised a fantastic £690 and we would like to say a massive thank you to her and her family for their support, enthusiasm and hard work. Well done Poppy!

London Marathon

Next month our amazing team of runners will take on the London Marathon for us. We would like to wish a massive good luck to Paul, Britt, Ben, Debbie and Zoe – we know you’re going to do fantastically well and we really appreciate the huge effort you’ve made to both run and fundraise for us.

Inspired to take on the London Marathon in 2018? Download an application form to be part of our team at www.migrainetrust.org/events

Virgin Sport British 10K 2017

We are once again looking for a team of dedicated supporters to take on the British 10K in London this July. The UK’s most prestigious and sought-after 10km road race gives runners the chance to pound the streets of the capital, passing many of the great London landmarks from Big Ben to St Paul’s Cathedral through to Westminster Abbey. This year our brilliant runner Amelia raised over £200 for us.

If you would like to follow in her footsteps and take up one of our Migraine Trust guaranteed places in this iconic event download an application form at www.migrainetrust.org/events
Thank you to all our fundraisers who have raised money for us over the past six months. We really appreciate all the hard work and effort you’ve put in. If you would like to fundraise for us there are a multitude of ways to get involved from challenge events through to dress down days. If you’re looking for inspiration or would like to get in touch with our Fundraising Team please go to www.migrainetrust.org/fundraising

New Forest Half Marathon

Back in September 2016 dedicated father Robert took on the New Forest Half Marathon on behalf of his daughter. When asked about why he chose to run for us Robert said ‘My beautiful daughter Amy has suffered from chronic migraine since January 2015. It is a completely debilitating condition and has meant that she has really had to put her life on hold until a way can be found to stop her continuous headaches. She has not been able to work over this period and has found it particularly difficult as most of her friends are starting out on careers and just getting on with their lives. Like any other Dad, I just want my daughter to be healthy and happy. I am frustrated by the fact that I am unable to provide any real practical support. The Migraine Trust has been a great support to Amy. It relies on charitable donations to undertake research which hopefully can help Amy and other people like her who are suffering so badly. The day before the marathon it rained heavily so the course was muddy and there were times when it became more like a swim! It was very warm on the day and the course just kept on going up and down with virtually no level surfaces. Even before halfway I was doubting whether I could get to the end. Thinking of Amy definitely kept me going and I was delighted when I finally finished in the sunshine in 4 hours and 23 minutes.’ Through this endeavour Robert has raised over £2,200. We would like to say thank you and congratulations for raising this incredible amount.

Great North Run

We had two wonderful supporters take part in the Great North Run for us last September. Firstly, Amanda took on the challenge for us for the first time. Having suffered with migraine since she was thirteen years old, she said ‘I understand how debilitating this illness is and I’m glad I now have more control over it than in the past. Controlling it is pretty exhausting but I’m lucky that I have family and friends who are supportive and understanding: others aren’t so lucky. I feel more awareness needs to be raised as it is one of those invisible illnesses that goes unnoticed. People can look perfectly fine on the outside, but are in chronic pain on the inside. One of the most tiring parts for many is keeping up the appearance that nothing is wrong.’ Amanda raised a fantastic £531 and we would like to thank her for all the hard work she put into fundraising and training.

Our other amazing runner was Terry, who, along with his blue wig, took part in the Great North Run for the fourth year in a row! Terry’s wife Sarah suffers from chronic migraine which is why he runs for us. Terry said ‘She is one of the lucky ones because, I don’t know how, but most times she is able to work through it. Others are not so lucky, others suffer days and days of constant pain and are not able to enjoy family time like most of us, we found information given by The Migraine Trust invaluable in the past. How many of you suffer from migraines or perhaps know someone, family or friends who suffer... bet most of you do? Together we can help make life more bearable for someone somewhere.’ This year Terry raised a brilliant £591 bringing his total over the past four years to over £1,850! Thank you for your continued support Terry.

Battersea Park 10K

Last October Abbie, Annabel, James and Rebecca joined together and ran the Battersea Park 10K on behalf of The Migraine Trust. Between them they raised £975 and we would like to say thank you for raising this incredible amount!
How you can get involved

For more information about any of the events below please visit www.migrainetrust.org/events

March

13-19: Brain Awareness Week
A global campaign to increase public awareness of the progress and benefits of brain research. Visit www.dana.org/BAW to find out more.

April

23: Virgin Money London Marathon
Our team takes to the streets to run a gruelling 26.2 miles to raise money for us. Look out for our runners in their blue Migraine Trust vests and give them a cheer if you’re going along to watch. To register your interest for the 2018 London Marathon please contact our events team.

June

3: Managing Your Migraine, Birmingham
Come and join us in Birmingham for an information day for people living with migraine in association with British Association for the Study of Headache. The event includes presentations by migraine experts with the chance to ask your questions.

July

09: British 10K 2017
Put on your running shoes and join our 10K team to raise money for migraine and awareness of this debilitating condition. Download an application form on our website.

September

03-09: Migraine Awareness Week
An annual campaign to draw attention to migraine, educate the public and reduce stigma.

October

TBC: Managing Your Migraine, Exeter
Come along to meet migraine experts, staff from The Migraine Trust and learn more about migraine, its management and latest research developments.

Graeme and Rachel celebrating after completing the 2015 British 10K
Yes, I want to help The Migraine Trust invest in crucial research and find a cure for migraine. Please find enclosed a donation of:

- £20.68, which could pay for an hour of specialist migraine research by our pioneering neuroscientists.
- £62.03, which is enough to pay for half a day of research into headache disorders.
- £144.74, which could pay for an entire day of dedicated migraine research.
- My own preferred gift amount of: £__________

- I enclose a cheque/CAF voucher payable to The Migraine Trust OR
- Please debit my credit/debit card

Card type: [ ] Maestro [ ] Visa [ ] Mastercard [ ] Delta [ ] CAF
Card holder's name: ____________________________
Card number: ____________ ____________ ____________ ____________ ____________ ____________
Valid from: _____ / _____ Expiry date: _____ / _____ 3 digit security number: ____________
Issue number (Maestro only): ____________ Signature: ____________________________ Date: ____________

Your details

Telephone: ____________________________
Email: ____________________________

I am happy for The Migraine Trust to contact me by email [ ]

For every donation we receive, we send a letter acknowledging receipt and thanking the giver. We are delighted to do this, but if you would prefer us to not send an acknowledgment, please tick the box. [ ]

Gift Aid declaration. Please treat as Gift Aid donations all qualifying gifts of money made. (Please tick all boxes you wish to apply)

[ ] In the past 4 years
[ ] Today and in the future

Signature: ____________________________
Date: ____________________________

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Funds raised will be used in accordance with the aims of the charity as set out in its governing document, namely to help improve the lives of people with migraine in the UK and work towards our vision of a world where people can live free of migraine.

The Migraine Trust will keep your name and contact details on our database and use this information to inform you about events, news (such as our journal Migraine News) or ways to support The Migraine Trust that might be of interest to you. We will never sell or pass on your details. If you do not wish to receive further communications from The Migraine Trust please tick this box. [ ]
The Migraine Trust was founded in 1965 primarily to promote medical research into migraine.

We

• Provide a comprehensive information service to the general public, health professionals, employers and the media. We have a comprehensive website and produce a journal called Migraine News.
• Hold the Migraine Trust International Symposium every two years for leading experts in migraine from all over the world to meet and exchange research results and ideas.
• Fund research, fellowships and studentships in hospitals and universities.

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