Migraine and Mental Health
Research Updates
Welfare Benefits

migraine news
Issue 112 | March 2016
Happy New Year and welcome to the March 2016 issue of Migraine News. 2015 was an exciting time for us, celebrating our 50 year anniversary in September during Migraine Awareness Week as well as continuing to call for more support for people with migraine and their families. We were lucky enough to have Jeremy Vine as our Master of Ceremonies at the event in September and you can read more about it on page 6.

Our new website is now up and running and I hope that you have had a chance to look at it and see some of the new features, including those that will enable you and us to be more proactive in our campaigning work. We are grateful to the pharmaceutical and device companies who have helped us financially with this enterprise.

We have our ‘Managing your Migraine’ meetings planned for this year in Liverpool in March and Keele in June (see page 18 for further details). In September it is our 5th European Headache and Migraine Trust International Congress (EHMTIC) which will be held in Glasgow at the Scottish Exhibition Congress Centre. We are rather excited about this as it will be the first time that we have had a congress in the UK which is outside of London. We have strong support from people with migraine in Scotland and there are excellent headache services in Glasgow, Edinburgh and Aberdeen. There will be a meeting as usual for the public in the afternoon of Sunday 18th September to hear about the latest research from some of the top national and international people working so hard in the migraine field. We expect a good crowd.

Thank you to all of you who have supported The Migraine Trust in the last year and we are particularly grateful to those who think about us in their will. Legacy income is an extremely important part of helping us to fund our research programme and your continued support in this area will benefit future generations.

With best wishes for 2016

Wendy Thomas
Chief Executive
Research update

Dr Anna Andreou

It is with great pleasure that I report my future activities in this issue of the Migraine News. The Migraine Trust has kindly extended my fellowship and through this new Senior Fellowship programme I plan to extend my research to a number of new areas. First, my team and I moved to the Wolfson Research Institute, which is part of King’s College London, where we joined the research activities of a world leading, pain research department. Until today, despite its excellent research activities in all other aspects of pain, the Wolfson Institute lacked Headache Research. I am very excited about this move, as the pain field and the headache field have a lot in common, yet there is so much each can learn from the other.

Over the next three years, my team and I are planning to investigate further the pathophysiology of migraine both in a laboratory environment as well as in a clinical setting working directly with patients. We plan to better understand the mechanism of action of current migraine treatments with the aim to improve them, and identify patient characteristics that may suggest their response towards a treatment. Finally, we are looking at novel drugs that could be potential new treatments for migraine patients. Through the support of The Migraine Trust, we will now be in a position to fund a PhD student to spend 3 years doing solid migraine research. This is an exciting time for us and The Migraine Trust, as we can develop and sustain a proper migraine research programme involving a new generation of migraine researchers.

“This is an exciting time for us and The Migraine Trust, as we can develop and sustain a proper migraine research programme involving a new generation of migraine researchers.”
Pyramidal neurons forming a network in the brain
We are undertaking imaging research in migraine with the Headache Group at King’s College London, under the supervision of Professor Peter Goadsby. Our work is supported by the Migraine Trust.

Migraine sufferers often report experiencing a range of symptoms prior to the onset of pain (premonitory symptoms), and after pain has resolved (postdrome symptoms), which can be disabling and prevent normal function. These can include yawning, tiredness, concentration impairment and neck stiffness. Such symptoms are widely reported yet poorly understood. We are interested in understanding the basis for these using functional brain imaging. Novel brain imaging methods allow us to look at brain blood flow in regions of interest as a marker of brain activity. MRI scanning does not use radiation, and can be repeated multiple times on the same subject to look at brain activity over a period of time, such as over the course of a migraine attack.

Capturing spontaneous migraine attacks, and in particular premonitory symptoms which can start hours to days before pain, is logistically difficult. For this reason we are required to trigger migraine attacks for this study using a well-established drug called nitroglycerin. Nitroglycerin is effective and safe and produces symptomatology in people with migraine similar to their spontaneous attacks, as well as premonitory symptoms. In our experience the timeline of the entire attack is shortened to a few hours rather than days, and is reproducible when an individual is re-exposed to the drug on another occasion.

In this study, consenting volunteers are exposed to nitroglycerin to see if it triggers a migraine in them. If the drug does trigger an attack volunteers are invited back to two or three scanning visits. The premonitory sub-study conducted by Dr Karsan consists of three scanning visits and the postdrome sub-study conducted by Dr Bose consists of two scanning visits. The premonitory study uses intravenous aspirin for headache treatment, and the postdrome arm uses subcutaneous sumatriptan. The imaging visits are held at least two weeks apart and consist of four scans per visit: one baseline scan; one premonitory scan; one headache scan; and one scan during headache freedom. On one visit a dummy drug will be given instead of trigger. In the premonitory study, on one visit, a dummy drug will be given instead of aspirin for treatment, but aspirin will be given after the final scan.

So far we have exposed twenty individuals to nitroglycerin. Eighteen have successfully triggered, and nine are in the scanning phase. Four subjects have completed the study. We are looking for volunteers aged 18-50 years who are fit and well and have a history of migraine which is not daily or continuous. There should be no allergies or contraindications to any of the study drugs and no metallic implants or pacemakers to preclude MRI scanning. If you are able to commute to and from King’s College Hospital in London and are interested in contributing to this exciting research please contact us on headache-research@kcl.ac.uk and title your email ‘Migraine Imaging Study’. You will be reimbursed for your participation and travel.
During Migraine Awareness Week last September we celebrated our golden anniversary with a reception in The Great Hall at Goodenough College in Bloomsbury, around the corner from our office. We wanted to thank everyone who has helped us over the years – from our trustees, who give their time so willingly, to our staff both past and present, and to all our donors and supporters. Despite it being a Wednesday evening some travelled a long way to be with us and many supporters, who could not make it, sent goodwill messages.

We were fortunate enough to have Jeremy Vine as our Master of Ceremonies. He came with his dancing shoes as ‘Strictly’ was about to start and he introduced the speakers and talked movingly about his family’s experience of coping with migraine. Ian Watmore, Chairman of the Board, talked about holding down demanding jobs whilst coping with severe migraine and how seeing the right clinician, having the right medication and lifestyle changes meant he is now managing his migraine well. Sir Timothy Sainsbury, Chairman of the
Headley Trust, spoke of how important it is to support The Migraine Trust’s work, for both core services and research. Sir Timothy developed migraine in later life and spoke of his experiences of coping with the condition. Professor Peter Goadsby, one of our medical trustees, spoke, emphasising the importance of improving life for the patient. He also praised the international scientific meetings that The Migraine Trust has organised since the late sixties until 2006 when we joined forces with the European Headache Federation for the first EHMTIC in 2008. Our research fellows showed presentations of their respective research and we searched the archives for interesting old photos and copies of the early editions of ‘Migraine News’ which were pored over by our guests.

We would like to thank everyone who attended and helped us to celebrate, with a special thank you going to our sponsors, MCI and TXG, without whom the evening would not have been possible.

Here’s to the next 50 years…
People with chronic migraine (headache on fifteen days of the month or more, of which at least are eight are migraine) are more likely to suffer from depression.
n October 2015 the All-Party Parliamentary Group on Primary Headache Disorders held a meeting in the House of Commons to explore the relationship between headache disorders and mental health. The group of cross-party parliamentarians, chaired by Jim Fitzpatrick MP for Poplar and Limehouse, invited the panel of expert speakers to discuss the evidence and consider the benefits of an integrated clinical approach to patient care.

Speakers described the consistent co-morbidity between migraine and anxiety and depression. Professor Leone Ridsdale (Professor of Neurology and General Practice, King’s College London) explained that 30 percent of people with migraine experience anxiety and depression. Dr Anish Bahra (Consultant Neurologist, National Hospital for Neurology & Neurosurgery) went on to say that patients with migraine are three times more likely to have depression and that patients who had depression were three times more likely to have migraine (Breslau BJP 94). Despite this there is no routine screening for anxiety and depression amongst migraine sufferers in general practice, although this does exist for other conditions. Speakers were concerned that patients with migraine and other headache disorders who were experiencing poor mental health are therefore not always being identified and offered the right support when they seek help. The group heard that people with chronic migraine (headache on fifteen days of the month or more, of which at least are eight are migraine) are more likely to suffer from depression. Speakers expressed concern that chronic migraine patients do not have the mental health support that they need despite the fact that their condition is disabling.

Speakers agreed that neurologists are not the right professionals to give mental health support and neither are GPs. This support should be given by mental health experts from psychiatry and health psychology. The speakers stressed the need for multidisciplinary teams to support patients with headache disorders. Surprisingly, it was noted that multidisciplinary teams were more common for pain services, however since headache and pain services are separate the provision of such teams is less common in headache services.

Dr David Bateman (National Clinical Director for Adult Neurology, NHS England) outlined the importance of commissioning good headache services and training health professionals in the management of headache to improve this situation. Dr Bateman also noted that the direct cost to the NHS of £1billion a year (Ridsdale et al. BJGP 2007) was likely a gross underestimate. He said that given the complexities of patients with co-morbidities, such as anxiety and depression, the financial burden on the NHS will be considerably more. Co-morbid mental health problems raise total health care costs by at least 45 percent for each person with a long-term condition and co-morbid mental health problem. Between 12 percent and 18 percent of all expenditure on long-term conditions is linked to poor mental health and wellbeing, that’s at least £1 in every £8 spent on long-term conditions (Naylor et. al. The Kings Fund and Centre for Mental Health, 2012).

Dr Geraldine Strathdee (National Clinical Director for Mental Health, NHS England) highlighted that efforts to address poor mental health for people with migraine and headache disorders should focus on prevention. She explained that there need to be multidisciplinary health teams working in the community that are trained to identify, diagnose and treat patients with such co-morbidities. Dr Strathdee recommended that health professionals should train together and treat together to overcome the separation of physical and mental healthcare. Dr Strathdee explained that until the interface between mental and physical health is addressed patients will not receive the care that they need and NHS money will not be used effectively. She said that there should be integrated assessments, national clinical audits and NICE guidance. She stressed the importance of improving access to psychological therapies (IAPT) services, for not only headache disorder patients but all long-term conditions, and that the impact of these co-morbidities on the patients, the NHS and the economy cannot be neglected.

Encouragingly Dr Bateman described a number of very good examples of commissioning that have been recently introduced for headache. He explained that simple changes in organisation can make a big difference in addressing the issues outlined by speakers in the meeting, and those that the APPG have previously addressed. Likewise Dr Strathdee noted that there has been a significant shift in the way that mental health is understood and addressed by the NHS and that this is breaking down old stigmas. However, the speakers agreed that there is a long way to go before the funding allocation, education and coordination of services are sufficient to meet the need.

The meeting was well attended by parliamentarians, health professionals, academics, charities and the public. The meeting also marked the APPG’s AGM with the chair and officers all standing for a further year.

For more information about the APPG on Primary Headache Disorders please contact appg@migrainetrust.org
Migraineurs’ right to access welfare benefits

The Migraine Trust Advocacy Service and Disability Rights UK have worked in collaboration to produce general information on welfare benefit rights for migraine sufferers. The Migraine Trust does not have a welfare benefits advisor and therefore cannot help individuals to make a claim but our information sheet responds to the common type of enquiries we receive from individual migraine sufferers. Here are some of the main issues discussed in the document which we hope you will find useful.

I suffer from migraine headaches: am I entitled to claim welfare benefits?

This will depend on your individual circumstance and how your migraine affects you, which may vary at different times. Our information sheet looks at what benefits you may be entitled to in different circumstances.

I have been dismissed by my employer due to my migraine, can I apply for benefit?

If you have been dismissed by your employer due to your migraine condition, you may be able to apply for benefit. If the reason for the dismissal is because your ability to work is limited, you may be able to apply for Employment and Support Allowance. If you are dismissed by your employer due to your migraine, but you have the capacity to return to work, you may be able to claim Jobseeker’s Allowance instead.

My migraine has stopped me from being able to work: what benefit can I claim?

If you are an employee and you are off sick from work because of your migraine, you may be able to claim Statutory Sick Pay (SSP). You qualify for SSP if you are unable to work due to your migraine and have been absent from work for four or more days. You can get SSP whether you are working full-time or part-time, an agency worker or on a fixed-term contract. However, you must be earning at least £112 a week. You cannot get SSP if you are self-employed. After being off sick for a week, you need to provide your employer with a doctor’s certificate (or ‘fit note’).

What happens if my application for benefit or payment is unsuccessful?

If your claim for any benefit administered by the Department for Work and Pensions (DWP) is unsuccessful, and you disagree with the decision, you can ask them to look at it again. You have one calendar month from the date of the decision in which to do this. This is called mandatory reconsideration.

To read the full information sheet please visit www.migrainetrust.org/living-with-migraine/asking-for-support
The Migraine Trust Volunteering

Volunteer Forum

The Migraine Trust is looking for individuals to join our Volunteer Forum. If you suffer from migraine or look after someone who suffers from migraine you qualify to apply. We would particularly like to hear from men, people from diverse ethnic backgrounds and people who live in Wales as these groups are currently under represented in the Forum. Members will be encouraged to register for the online tool Slack to enable them engage in online communication in-between meetings to carry out consultations or review documents.

Membership is on a three year rolling basis. We hold a number of meetings each year at our London office. At present a staff member of The Migraine Trust co-ordinates the meeting and updates the Forum on the Trust’s activities.

Our Forum members have contributed in various respects to support The Migraine Trust in the following areas: policy consultation, campaigning, providing input on local issues, assisting with events and evaluation of The Migraine Trust’s website design. Members have also participated in media interviews and case studies.

If you would like to apply to join please visit our website to download an application form or if you have any questions please contact our Advocacy Officer, Helen Dada, at hdada@migrainetrust.org.

Maria S

“Volunteering for The Migraine Trust has been a fun and enriching experience for me. As members of the User Group we help The Migraine Trust reach decisions on new campaigns, how to best reach out to people and find out where their support is most needed. With only a handful of meetings per year the time effort is absolutely manageable. Plus, everyone is always friendly and welcoming at these meetings, which made me feel right at home when I first joined.”

Ian P

“The user group gave me a chance to make a contribution simply by sharing my experience and perspective, as a migraine sufferer, of treatment, employment problems and so on. The group provides feedback and input from the perspective of migraineurs to The Migraine Trust.”

The role and duties of the Forum include: inputting to the charity’s work; providing your opinion of the needs of migraine sufferers and their families in the UK; reviewing documents, publications and literature; consulting on policy positions and the charity’s proposed activity; providing advice and guidance on any other relevant issues. We are the leading migraine charity in the UK and this Forum will represent the very people it aims to help.

Maria S

“Volunteering for The Migraine Trust has been a fun and enriching experience for me. As members of the User Group we help The Migraine Trust reach decisions on new campaigns, how to best reach out to people and find out where their support is most needed. With only a handful of meetings per year the time effort is absolutely manageable. Plus, everyone is always friendly and welcoming at these meetings, which made me feel right at home when I first joined.”
Interview

Meet

Hannah Verghese

Advocacy, Policy and Campaigns Manager
at The Migraine Trust

What does your job involve?

I am responsible for The Migraine Trust’s policy and campaigning work. This focuses on five broad areas – research, diagnosis and treatment, education of health professionals, migraine in employment, and migraine in schools. The scope of work is broad and includes developing policy-positions, lobbying, influencing government, NHS or other public bodies, briefing parliamentarians, and running campaigns. I also oversee the Advocacy Service, which is run by our Advocacy Officer, Helen. Together we develop more opportunities to support people with migraine who are experiencing inequalities at work, at school, or in accessing treatment or services.

What first motivated you to get involved with The Migraine Trust?

I joined The Migraine Trust in 2011 to set up the Advocacy Service and develop the policy and influencing work. Prior to this I had worked for mental health charities, and on projects addressing health issues in the workplace. Working for The Migraine Trust appealed to me because I recognised the challenges of addressing stigma and misconceptions about a ‘hidden’ health condition, particularly in employment.

You work alongside other organisations and charities. How does this work help people with migraine?

The Migraine Trust is a member of a small number of charity alliances and coalitions. I work with colleagues from across the sector on shared policy issues and campaigning activities. This helps to raise the profile of migraine and the issues affecting migraine sufferers. For example, I work with the charities, organisations and unions that make up the Health Conditions in Schools Alliance to ensure that children with healthcare needs get the support they need. We successfully campaigned together to ensure that schools have a statutory responsibility to care for children with health conditions, and inform the Department for Education on what this should look like. A lot can be achieved by working in coalition with other organisations.

Since 2011 I have been involved with The Neurological Alliance, a collection of over 80 charities and patient groups working together to improve life for people with neurological conditions. Last year I became Vice-Chair of the Neurological Alliance policy group which means we can play a more active part in campaigning for better neurology services, treatment and research.

Tell us about the work that you do in parliament

I work with the MPs and peers involved in the All-Party Parliamentary Group on Primary Headache Disorders to ensure that the group can consider and review issues.

“Less than 50% of migraine patients are satisfied with their current treatment. The majority self-medicate using non-prescription (over-the-counter) medication and do not seek medical help.”

(Headache Disorders – not respected, not resourced. All-Party Parliamentary Group on Primary Headache Disorders. 2010)
What are the main priorities for the next 5 years?

Since joining The Migraine Trust 5 years ago I have seen some progress for people with migraine in the UK. Migraine and headache are becoming better recognised as highly prevalent and disabling conditions by the NHS. There are good examples of clinics and patient pathways for people with headache and migraine, and I’m encouraged by the work of the Strategic Clinical Networks to improve this. The first national neurology intelligence network was produced in 2014 which now collects data on emergency admissions for headache. Children and parents now have statutory guidance to ensure they are given the proper support in school. There has also been a new research facility at King’s College London, directed by our trustee and headache expert Professor Goadsby.

Whilst this is positive it is sadly still not enough to address the huge burden of migraine. We must continue to prioritise more research into the condition, treatment and ultimately finding a cure. We must continue to ensure that migraine patients have better access to knowledgeable health professionals and the treatments that they need, no matter where they live in the country. NHS data must be better collected and used to develop and evaluate better services and outcomes for people with migraine. The issue of migraine in the workplace needs to be understood and addressed by employers and the government. With cuts to the NHS, public services and increased pressures in employment and retaining work, I see the advocacy service as more important than ever.

Crucially, we must continue to strengthen our ability to campaign for what really matters to people with migraine. That means working with people with migraine, our supporters, volunteers and external colleagues to challenge the status quo, end stigma and reduce the burden of migraine.

I feel proud that we are successful in raising the profile of this condition and demanding that it gets the respect and attention it deserves.

“57% of sufferers say that migraine is the most problematic issue they have.”

(The Migraine Trust Patient Experience Survey 2015)
Q&A

Answers provided by Dr Brendan Davies, Medical Trustee of The Migraine Trust and Clinical & Research Lead at the Midlands Regional Headache Clinic, Royal Stoke University Hospital

Q: I’ve had frequent migraine attacks since I was 13 and am now 62. I had a pulmonary embolism a year ago and have taken warfarin ever since, and I have not had a migraine attack during this period. I’ve been looking at internet forums and it seems to be a widespread experience, i.e. no migraine attacks whilst taking anticoagulants. Is there any research that could help explain this?

A: The simple answer to this question is that there is insufficient research in this area and so far the only studies that have been done are small and methodologically flawed.

There are several reports of patients with migraine entering remission after receiving treatment with anticoagulants such as heparin or warfarin. The earliest report I am aware of is from 1973. It is, however, strongly debated whether these are simply anecdotal coincidences or an effect of warfarin on a particular mechanism involved in migraine attack generation. It is thus unclear whether any, or only a select group of migraine sufferers who also have a tendency to clot more easily, benefit. The published data in this area is lacking in scientific rigour, but I have summarised some of the literature below.

A questionnaire survey of 400 patients in Spain on anticoagulation treatment (i.e. warfarin or a similar agent) identified 66 migraine sufferers, and two thirds of this group reported a subjective improvement in the severity and frequency of their migraine after starting anticoagulants (Morales-Asín F et al. (2000) Headache).

A further retrospective study of a small number of individuals from Holland (N= 92, Rahimtoola et al. (2001) Headache) looked at the use of acute abortive medications for migraine in patients who had been prescribed either aspirin or warfarin for a variety of reasons. This small study reported an approximate 50 percent reduction in the need for acute migraine abortive medication in the warfarin treatment group in contrast to an approximate 20 percent reduction in an aspirin treated group. Sensibly the authors suggested the need for a more robust blinded randomised clinical trial to identify if this was a true effect.

Regrettably there are still no methodologically robust double-blind placebo controlled trials that test the hypothesis that warfarin treatment is reliably beneficial in migraine prevention. There is one randomised, unblinded, crossover study of 19 migraine patients where a warfarin like anticoagulant (acenocoumarol) was compared to propranolol treatment over two 12 week periods (Wammes-van der Heijden EA et al., (2005) Headache). The study found no beneficial effects of the anticoagulant on migraine frequency.

Thus at present we have no good evidence apart from anecdote to suggest that warfarin is a useful agent to try in migraine prophylaxis. It is equally worth noting that warfarin also comes with a bleeding risk.

The more difficult question to answer, however, is what mechanism would be implicated were warfarin to be beneficial for migraine? There remains debate around this topic.

There is also a condition called Antiphospholipid Syndrome known to be associated with hypercoagulability (i.e. increased stickiness of the blood) which presents with an increased tendency to thrombosis. Such individuals with this disorder are thought to have a higher incidence of migraine. There are however no good placebo-controlled trials in this condition that suggests warfarin anticoagulation is a reliably effective treatment to reduce the frequency of migraine.

“At present we have no good evidence apart from anecdote to suggest that warfarin is a useful agent to try in migraine prophylaxis.”
“The choice of 12 weeks between treatments with Botox® for chronic migraine is largely based on the pivotal research studies that were used to gain its treatment approval.”

References:


The choice of 12 weeks between treatments with Botox® for chronic migraine is largely based on the pivotal research studies that were used to gain its treatment approval. In day-to-day clinical headache practice it is not unusual to vary the duration between Botox® treatments in some patients. Experience has shown that some individuals not only gain benefit over the 12 weeks following their last Botox® injection, but also sometimes for further weeks afterwards. In such scenarios doctors who administer Botox® may suggest increasing the time intervals between injections. However, it is difficult to generalise about such decisions as they are often made on an individualised basis.

In general terms cranial Botox®, or Botox® for other conditions, is usually administered approximately every 12 weeks due to the treatment response being considered more reliable over this time period. It is unfortunate when patients experience a wearing off effect of any preventative treatment effect 10 to 12 weeks after the last injection, but the logistics of care delivery i.e. clinic capacity, staff availability or other factors are sometimes responsible for extending the time between injections.

There is no good evidence to suggest that cranial Botox® is less likely to work if delayed more than 12 weeks. In fact, in patients who may be considered equivocal or borderline Botox® treatment responders, some headache clinics choose to wait a further month or two beyond 12 weeks to assess whether any relapse to more frequent migraine occurs compared to the immediate few months post treatment. This sometimes allows an assessment about whether further Botox® is actually needed.
Fundraising round-up

Thank you to all our fundraisers who have raised money for us over the past year. We really appreciate all the hard work and effort you have put in. If you would like to fundraise for us in 2016 there are a multitude of ways to get involved from challenge events through to dress down days at work or school. If you are looking for inspiration or would like to get in touch with our Fundraising Team about your ideas please visit www.migrainetrust.org/support-us/fundraising

Great South Run

Last October Teresa took part in the Morrisons Great South Run on behalf of her friend Susanna who suffers from chronic migraine. When asked why she wanted to raise money for us she said ‘Suffering pain like this on a regular basis must feel both frightening and lonely. More research is needed to help find the cause and prevention of this type of migraine.’ We would like to say a huge thank you to Teresa who raised £1,035.

Wedding Bells

On 1st May happy couple Samantha and Paul, both of whom suffer from migraine, tied the knot and very generously asked their friends and family to make a donation to The Migraine Trust in lieu of wedding presents. When presenting the donation they said ‘migraine is still very misunderstood and dismissed by those who have never had the misfortune of experiencing it. The Migraine Trust provides a valuable lifeline to sufferers and their families, offering much needed understanding, support, information and advice.’ We would like to thank not only Samantha and Paul for this very touching gesture but also everyone who contributed to the £710 raised.

In memory of Tony Hannon

We would like to say a huge thank you to the friends and relatives of Tony Hannon who have collected over £2,800 in his memory. Tony, who suffered from migraine, passed away on 18th February 2012 aged 51. The funds raised in his name have been put towards our Information Service.
Coast to Coast Cycling Challenge

In August 2015 Julie took on the epic challenge of cycling from Whitehaven to Tynemouth. It took her and her husband four days to complete this gruelling task but they got to dip their front wheels into the North Sea knowing they had raised £474 for us. When asked about her motivation Julie said ‘The C2C was a massive challenge for me and I wanted to take the opportunity to raise awareness of the fantastic work the Migraine Trust do. For ordinary people like me who fight a constant battle just to live a normal life due to the debilitating condition, it is extremely helpful to know The Migraine Trust is out there offering support. I was amazed at how generous my family and friends have been in supporting my fundraising efforts and have assured them the money raised will be used to fund much needed research that hopefully one day may result in a cure.’

Vitality British 10K London Run 2016

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. Last year our amazing team raised over £1,400.

If you would like to follow in their footsteps and take up one of six Migraine Trust guaranteed places in this iconic event, download an application form at www.migrainetrust.org/event/vitality-british-10k-london-run-2016/

A year of fundraising

Over the course of 2015 our star fundraiser Holly, who some of you may remember from last year’s appeal, has organised and taken part in several endeavours. Back in July she held a fundraising day at her school – pupils paid to wear their own clothes and a cake stall was set up. Holly and her friends also set up a team called the Turquoise Teddies as part of the Virgin Fiver Challenge selling homemade products from fruit kebabs to necklaces to bottles filled with sea glass and shells. As if this wasn’t enough in September she took on the Junior Great North Run and the Gung Ho inflatable challenge along with dad Kristian. All of her hard work and effort paid off and over the course of the year she raised over £1,300! Well done Holly, we really appreciate it.
Calendar of events

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

March

12 – Managing Your Migraine, Liverpool
Come and join us in Liverpool for a migraine information day in association with British Association for the Study of Headache. The event includes presentations by migraine experts with the chance to ask your questions.

14-20 – 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

24 – 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 are going to watch. To register your interest for the 2017 London Marathon please contact our Fundraising Team via our website.

June

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

July

12 – British 10K 2014
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

4-10 – Migraine Awareness Week
An annual campaign to draw attention to migraine, educate the public and reduce stigma.

15 – 18: EHMTIC
The fifth European Headache and Migraine Trust International Congress (EHMTIC) will take place in Glasgow offering a four day programme covering the latest available research, therapies and developments from internationally recognised leaders in the field.

18 – Managing Your Migraine, Glasgow – EHMTIC Public Day
As part of EHMTIC we are holding a public information day in Glasgow for migraine sufferers and their families. Come along to hear expert presentations on migraine and to have the opportunity to ask your questions.
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 not to send an acknowledgment, please tick the box.

Please return to
Freepost RSRB-ZYSK-GGCC, The Migraine Trust, 52-53 Russell Square, London, WC1B 4HP

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.

Currently The Migraine Trust:
• Provides 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
• Holds workshops and courses for GPs, nurses, health professionals and the general public
• Jointly holds the European Headache and Migraine Trust International Congress (EHMTIC) every two years for leading experts in migraine from all over the world to meet and exchange research results and ideas
• Funds research, fellowships and studentships in hospitals and universities.

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