



Management of patients with more than one headache diagnosis

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Disclosures

- Personal fee for lecture/advisory board: AbbVie, Eli Lilly, Lundbeck, Novartis, Pfizer and Teva.
- President of Danish Headache Society.
- Board member of European Headache Society.
- Associate editor: Cephalalgia, Frontiers In Neurology, Frontiers In Pain Research, Acta Neurologica Scandinavica.

Case 1

28 years old woman

Right-sided pulsating headache, pain intensity 4 (0-10). Aggravation by physical activity. Photo- and phonophobic. No nausea. Headache lasts for 24 hours. She has had this kind of headache once a month since she was 20.

Normal neurological examination, incl. brain MRI.

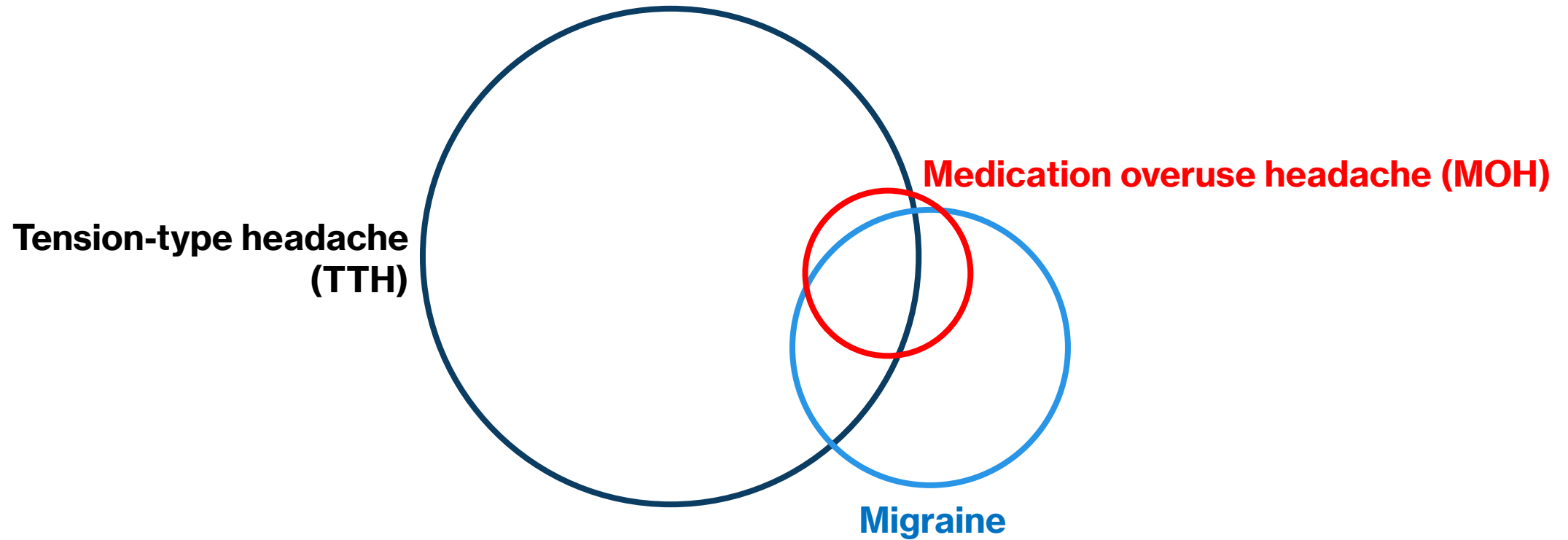
Case 2

21 years old woman

Bilateral pressure headache, pain intensity 7 (0-10). Aggravation by physical activity. A little bit nausea. No phonophobia or photophobia. Headache lasts for 4 hours. She had experienced this kind of headache many times in the past 4 years.

Normal neurological examination, incl. brain MRI.

Common co-diagnoses in headache



Migraine & TTH

- Amitriptyline?
- Botulinum toxin A?
- Monoclonal antibodies against CGRP signaling?

Case 3

34-years old patient. Two types of headache.

Type 1: Bilateral mild pressure headache 9 days per month. Headache is not aggravated by routine physical activity. No nausea, photophobia or phonophobia.

Type 2: Unilateral throbbing moderate headache 9 days per month. Aggravation by physical activity. There is nausea and photophobia. No phonophobia.

Amitriptyline - Migraine

RESEARCH

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European Headache Federation (EHF) critical re-appraisal and meta-analysis of oral drugs in migraine prevention—part 1: amitriptyline



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Conclusions Our meta-analysis showed that amitriptyline may have a prophylactic role in migraine patients, however these results are far from robust. This warrants further large-scale research to evaluate the role of amitriptyline in migraine prevention.

Amitriptyline - cTTH

Table 2 Treatment effects, secondary variables

	<i>Run in</i>	<i>Amitriptyline</i>	<i>Citalopram</i>	<i>Placebo</i>
Headache duration (hours/four weeks)	220 (25)	151 (24)**	182 (26)	184 (27)
Headache intensity	4.1 (0.2)	3.8 (0.3)	3.6 (0.3)	3.9 (0.3)
Headache frequency (days/four weeks)	24.7 (0.7)	18.6 (1.6)**	21.5 (1.4)	21.7 (1.3)
Intake of analgesics (doses/four weeks)	41.3 (5.1)	25.3 (4.2)*	34.8 (5.7)	33.8 (5.2)

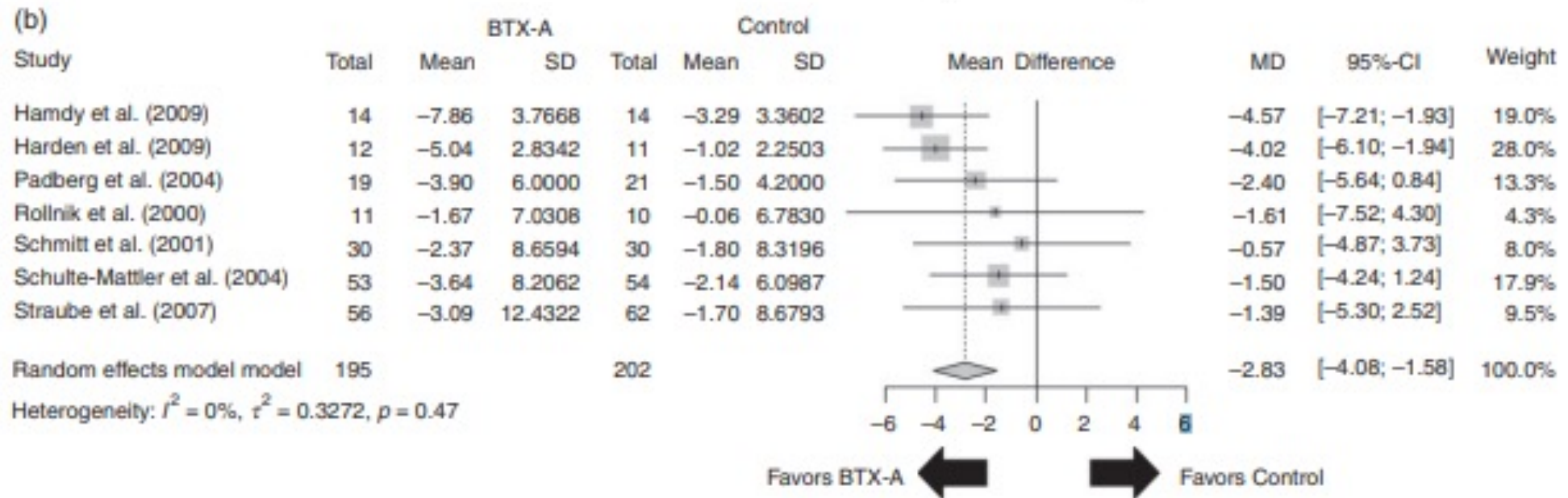
Values are means (SEM). *P = 0.02; **P = 0.01; amitriptyline v placebo (n = 34).

Botulinum toxin A - Migraine

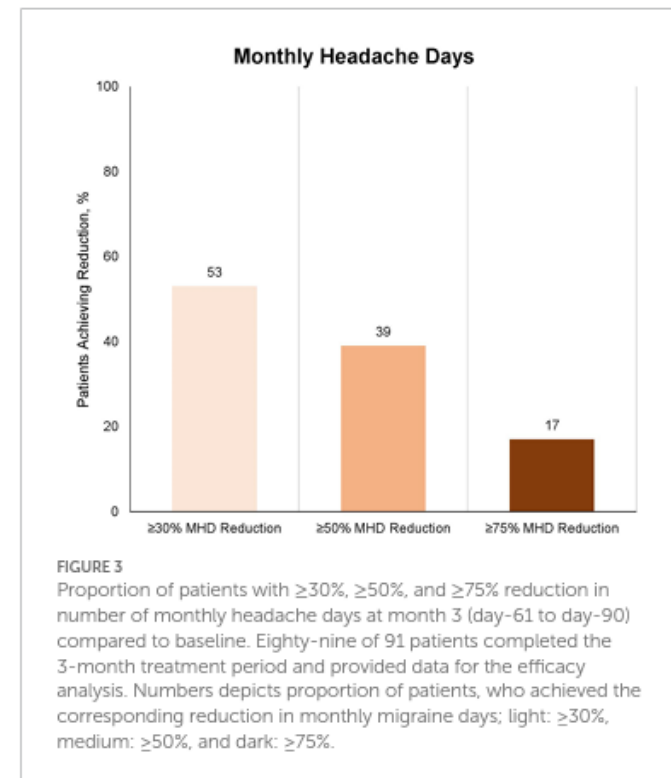
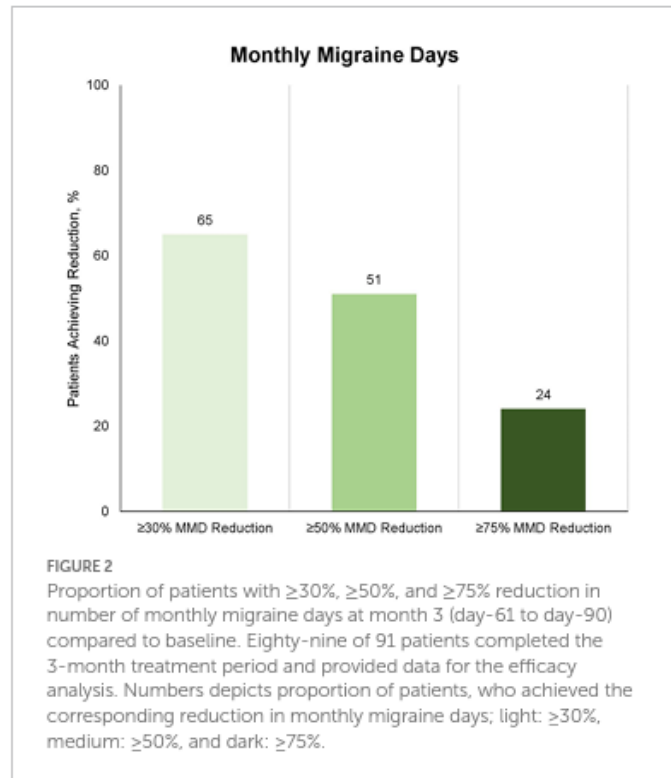
Table 2.—Efficacy of OnabotulinumtoxinA at Week 24

Variable	OnabotulinumtoxinA (n = 688)	Placebo (n = 696)	Mean intergroup difference†	P value†
Change from baseline in frequency of headache days‡§	−8.4	−6.6	−1.8 (−2.52, −1.13)	<.001
Change from baseline in frequency of migraine days§¶	−8.2	−6.2	−2.0 (−2.67, −1.27)	<.001
Change from baseline in frequency of moderate/severe headache days§	−7.7	−5.8	−1.9 (−2.62, −1.26)	<.001
Change from baseline in cumulative total headache hours on headache days§	−119.7	−80.5	−39.2 (−48.40, −21.04)	<.001
Percent of patients with severe (≥60) HIT-6 score§††	67.6%	78.2%	−10.6% (−15.2%, −5.9%)	<.001
Change from baseline in frequency of headache episodes§	−5.2	−4.9	−0.3 (−1.17, −0.17)	.009
Change from baseline in frequency of migraine episodes§¶	−4.9	−4.5	−0.4 (−1.20, −0.23)	.004
Change from baseline in frequency of acute headache pain medication intakes (all categories)	−10.1	−9.4	−0.7 (−2.68, 0.69)	.247
Change from baseline in frequency of triptan intake	−3.2	−2.1	−1.1 (−1.74, −0.61)	<.001
Change from baseline in total HIT-6 scores§††	−4.8	−2.4	−2.4 (−3.11, −1.72)	<.001
Change from baseline in MSQ score				
Role function-restrictive§	17.0	8.6	8.4 (10.76, 6.01)	<.001
Role function-preventative§	13.1	6.4	6.7 (9.01, 4.35)	<.001
Emotional function§	17.9	9.5	8.4 (11.37, 5.56)	<.001

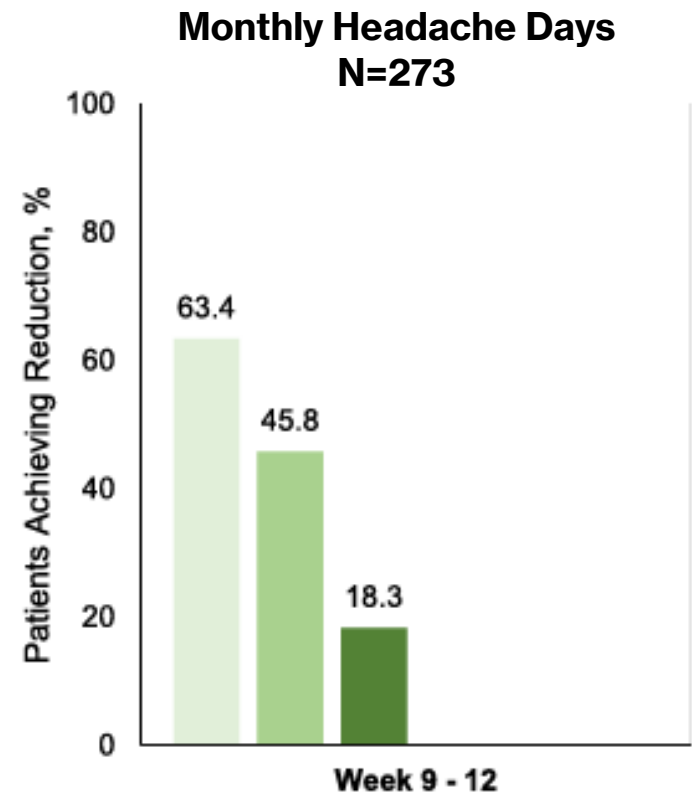
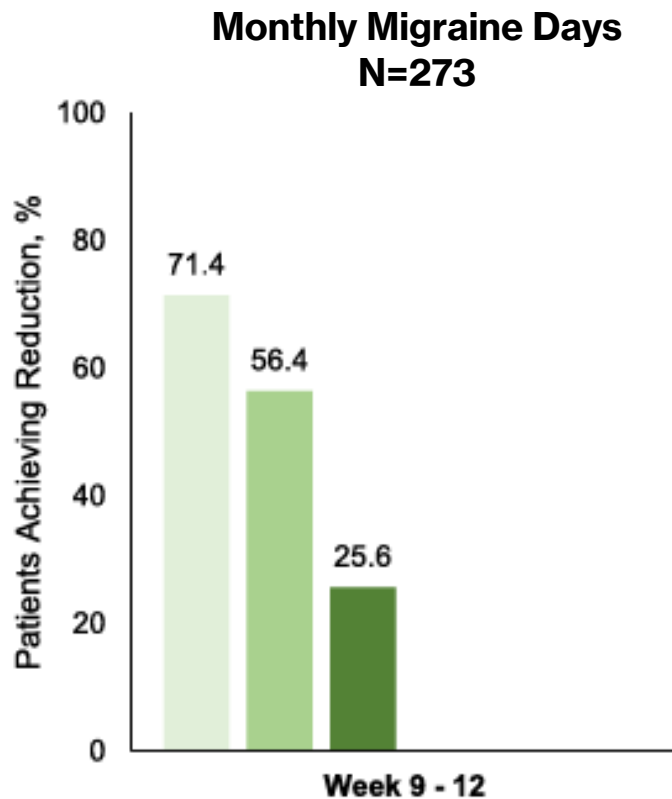
Botulinum toxin A - TTH



CGRP mAbs: Fremanezumab RWE



CGRP mAbs: Erenumab RWE





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