VOLUME 12 // FALL 2021

Migraineur

For those who strive to live well despite migraine

SO WHAT ELSE IS NEW?

A parade of new migraine therapies!

MIGRAINE TIP OF THE MONTH

Migraine doesn't always require a medicine

Urgent, Specialized Headache Care for Kids: TRUST THE EXPERTS

Although headaches are common in children, recurrent or frequent headaches that interfere with daily life are a concern to both parents and children.

At Children's National Health System, we care for more than 2,000 patients annually using a comprehensive and holistic approach to management, including lifestyle modification, behavioral strategies and advanced medications to alleviate your child's pain.

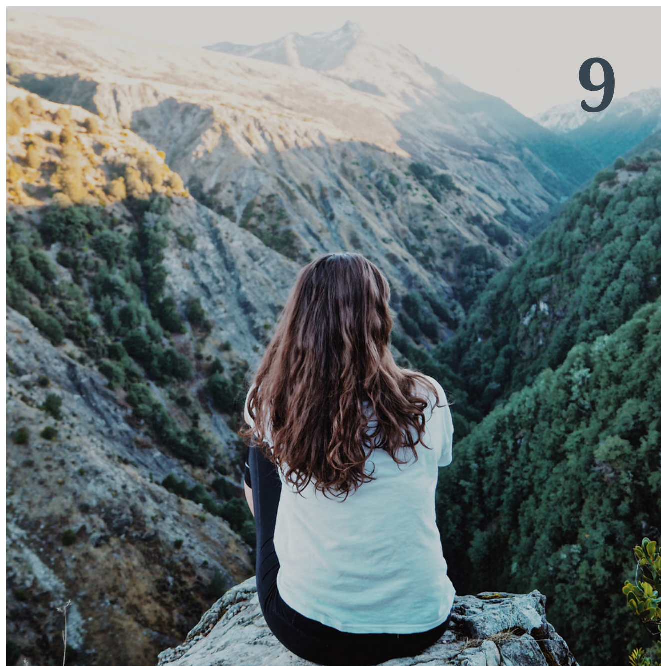
For urgent appointments, call 202-476-HEAD (4323) from 8:30 a.m. to 4:00 p.m. Monday through Friday to speak with a trusted headache expert.

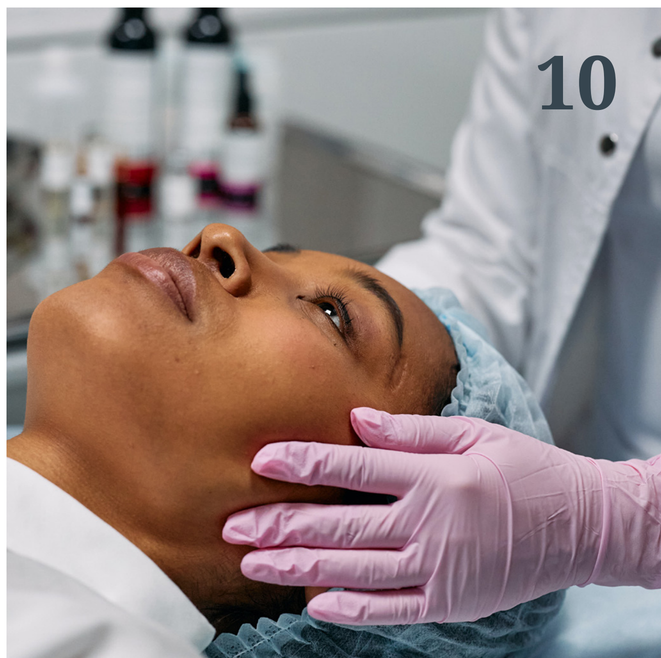
The Headache Team offers the following services to their patients and families:

- Urgent headache appointments – scheduled within five business days
- Interdisciplinary headache evaluations – patients with chronic debilitating headaches have the option of seeing an interdisciplinary team of experts
- Headache infusions

111 Michigan Ave NW
Washington, DC 20010

childrensnational.org





Migraineur

VOLUME 12/FALL 2021

Special Feature

9 So what else is new?
A parade of new migraine therapies!

In Every Issue

10 Migraine Treatment of the Month:
BotoxA

15 Migraine Myth of the Month

16 Migraine Tip of the Month: Migraine
doesn't always require a medicine

18 Doctor on Call

Editor-in-Chief
John F. Rothrock, MD

Managing Editor
Diane Andress-Rothrock

Web Editor & Designer
Clover Collective

Printing
Minuteman Press Bethesda
RLT@mmpbethesda.com

Publisher
Celerity Press, LLC
Bethesda, Maryland

©Celerity Press, 2021. All rights reserved. No part of this publication may be reproduced, stored in or introduced into a retrieval system or transmitted by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the copyright owner or his formal designate. The views and opinions expressed in Migraineur reflect the experience and perceptions of the editors and contributors. While those views and opinions may be well-informed, this magazine is not intended to substitute for a face-to-face evaluation by a provider skilled in headache diagnosis and management. Readers are encouraged to use Migraineur as a tool that enhances their understanding of migraine and complements whatever management plan they and their providers have developed.

Editor's Note

Migraineur's editor, Dr. John Rothrock, is professor and vice chair of neurology at the George Washington University School of Medicine.

In 1992 the clinical emergence of injectable sumatriptan, the first "designer drug" developed specifically for migraine, inaugurated a revolution in public awareness of migraine, scientific investigation leading to a better understanding of migraine's biologic origins and, best of all, new therapeutic alternatives for the migraine population. Although for a time investigators in the field of migraine appeared to be largely preoccupied with producing one oral triptan after another via studies funded by the pharmaceutical industry, at no point did a large proportion of migraine scientists cease exploring other therapeutic avenues for helping migraineurs reduce their headache burdens.

The results from the efforts made by those scientists now are entering the limelight, and within the past 36 months new migraine therapies have debuted like eggs dropping from a particularly prolific hen. We have witnessed the emergence of no less than nine new therapies for migraine prevention, acute migraine treatment or both. As with the triptans, all of these new therapies were designed specifically for treating migraine, but all of them possess mechanisms of action that differ from those of the tripans.

This is a critical point. When it comes to treating migraine, there exists no one-size-fits-all therapy that is universally effective and well tolerated. This only makes sense. If there are dozens of genetic permutations which may produce the common endpoint of the symptom complex we name "migraine", then there must exist multiple variations on the biologic circuitry that produces migraine. As we have discussed in a previous issue, finding the right treatment for a given for a given patient with migraine is a process of educated trial and error. The embarrassment of riches which these new therapeutic options offer us can only assist in that process.

We could have chosen any of these new therapies to feature as our "migraine treatment of the month", and any one of them justifiably could lay claim to that place of prominence. Instead, in part to help avoid any appearance of playing favorites and in part to provide some balance between the old and new, we are featuring onabotulinumtoxinA (BotoxA)... still an important weapon in our arsenal of migraine therapies.

In a separate article in this issue we will briefly summarize these new and exciting medications available to the migraine population, and in future issues we will address each one in detail.

Having migraine myself, I realize all too well that this disorder is not one that a sane person typically would wish for. Having been in the business of migraine research and having treated migraine patients for almost 4 decades now, however, as migraineur and clinical neuroscientist I can confirm that, therapeutically speaking, there has never been a better time to have migraine.

John F. Rothrock

John F. Rothrock, MD, Editor in Chief
edoffice@migraineurmagazine.com

As always, we welcome all interested parties to Migraineur magazine and invite you to become an electronic subscriber. It will cost you nothing, and by subscribing you will receive an email notification as soon as a new issue is out and posted on our open-access website as well as access to blogs and special announcements. To subscribe, simply go to our website (migraineurmagazine.com), find "Subscribe", type in your name, email address and zipcode and then hit "Submit".

IMPORTANT SAFETY INFORMATION (continued)

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX® has been used at the recommended dose to treat chronic migraine.

BOTOX® may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of taking BOTOX®. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.**

Do not receive BOTOX® if you: are allergic to any of the ingredients in BOTOX® (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); have a skin infection at the planned injection site.

The dose of BOTOX® is not the same as, or comparable to, another botulinum toxin product.

Serious and/or immediate allergic reactions have been reported including itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Get medical help right away if you experience symptoms; further injection of BOTOX® should be discontinued.

Tell your doctor about all your muscle or nerve conditions such as ALS or Lou Gehrig's disease, myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including difficulty swallowing and difficulty breathing from typical doses of BOTOX®.

Tell your doctor about all your medical conditions, including if you: have or have had bleeding problems; have plans to have surgery; had surgery on your face; weakness of forehead muscles; trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; are pregnant or plan to become pregnant (it is not known if BOTOX® can harm your unborn baby); are breastfeeding or plan to (it is not known if BOTOX® passes into breast milk).

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Using BOTOX® with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.**

Tell your doctor if you received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as Myobloc®, Dysport®, or Xeomin® in the past (tell your doctor exactly which product you received); have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take aspirin-like products or blood thinners.

Other side effects of BOTOX® include: dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, dry eyes; and drooping eyebrows.

For more information refer to the Medication Guide or talk with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please refer to the Summary of Information about BOTOX® on the following page.

BOTOX® and its design are registered trademarks of Allergan®, Inc., an AbbVie company.

© 2021 AbbVie. All rights reserved. BCM145319 04/21