



### 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











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Publisher

Celerity Press, LLC Bethesda, Maryland

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## **Editor's Note**

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

For the healthcare provider who maintains a subspecialty interest in headache, a week can resemble one cycle of the ocean's tide. On Monday the tide is high: clinics for the week are filled with patients who often have been waiting weeks or months to be evaluated for their headache disorders; the computer screen is filled with messages from established patients whose migraine has destabilized and who want an immediate response; also on the screen and interspersed with those messages are others from patients who wish to be treated immediately in the "headache rescue room" (see "A Third Way" in this issue"), from healthcare providers desiring work-in appointments for the headache patients they are referring and from healthcare insurers requiring completion of a prior authorization process or an appeals letter before the patient involved will be allowed to receive the therapy one has prescribed.

The week progresses, and by Friday evening the tide has receded: the last clinic patient has been seen; the "rescue room" now is closed for the weekend and, finally, the computer screen is empty of electronic tasks.

All too soon Monday arrives again, and the cycle is repeated.

These days it seems to me that all of us have been caught up in a cycle that similarly is mimicking the ebb and flow of the ocean's tide. About 18 months ago, when this virus mysteriously emerged and spread so rapidly throughout the world, our lives changed dramatically. We wore our masks, kept our distance and washed our hands incessantly. The tide was high, and we endured a year that was tragic for some and strange for all.

And then, 8 months ago, it seemed an end was in sight. We lined up for our vaccinations, scrambled to fulfill long-delayed travel plans and in large part put aside our masks. The tide was receding.

Or maybe not. Words and phrases like "variant", "long-haul" and "break-through infection" suddenly have assumed an ominous significance. Medications either forgotten (fluvoxamine) or unknown to me previously (ivermectin) are now part of my everyday conversations with patients and friends. The masks are back. Once again, hugs are at a minimum. And here as in Australia and Great Britain, many are asking, "Is it worth it?" Put another way, does the net gain in lives saved justify the societal cost of "shutting down"? Not a question easily answered.

In this section of last winter's issue I noted that "intolerance and extremism thrive during times of great change". In regards to the pandemic and the challenges it posed, I suggested that "History will judge us in large part according to how patient we prove to be in our dealings with one another." If true, and if we seek a judgment that is positive, we have some work to do. This is indeed a tide in the affairs of men, and the path to good fortune will require more than excoriating the unvaccinated and confining our children to the basement. We need science leavened with equal measures of common sense and compassion. May it be so.



John F. Rothvock

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#### **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  $BOTOX^{\otimes}$  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 thingers.

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  $BOTOX^{\otimes}$  on the following page.

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