

Migraineur

For those who strive to live well despite migraine

**DANCING WITH
THE DEVIL:**

A Physician's Perspective

**MONO-THERAPY VS
POLYTHERAPY:**

When is Two Better Than One?

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Migraineur

VOLUME 15/SUMMER 2022

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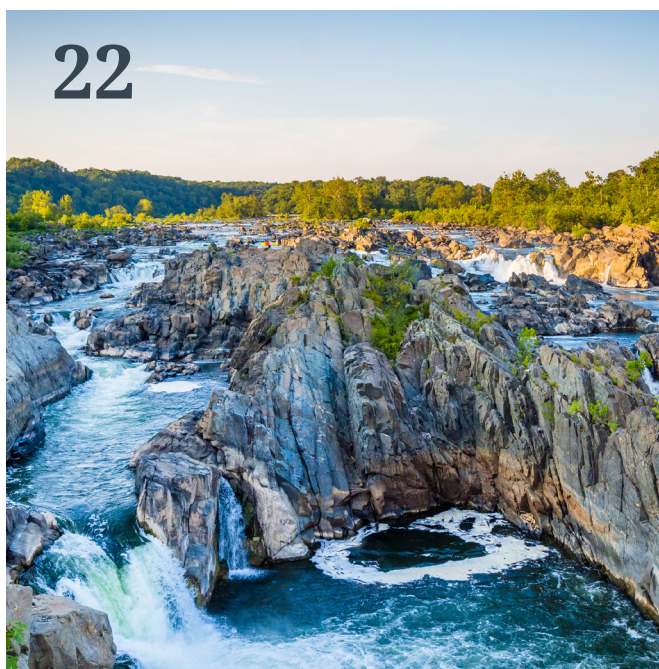
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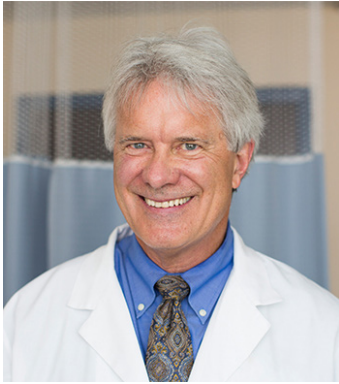
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Editor's Note

Dr. Rothrock is director of neurology advanced practice provider training and professor of neurology at Inova Health and the University of Virginia School of Medicine.



After a gorgeous spring, western Maryland gave way to an equally gorgeous summer. The steam bath characteristic of summer in the metropolitan DC area has been spotty, and we've been blessed with cool mornings and warm, sunny days which extend well past dinnertime until blending into darkness and the cool of evening. The dogwood and red bud have long ceased their colorful springtime displays, and the vividly colored wildflowers that dotted the towpath of the C&O Canal have yielded to the shade cast by the dense green canopy of the hackberry, river birch, sycamore and elm trees that thrive along the Potomac. Back at home my garden grows. The

melon vines extend everywhere, and the berry bushes seem to double in size with each rainfall.

Migraineur is participating in this season of growth. We have published 15 issues of the magazine since its debut in December 2016 BC (Before Covid). Our readership continues to expand and is now international in scope, and we are preparing to publish Spanish and Portuguese language versions of the magazine. Much has been accomplished by a small cadre of talented, dedicated individuals, and now – in the spirit of the season – we are growing our editorial staff a bit.

It is my great pleasure to announce to our readership that Drs. Robert Cowan and Richard Lipton have accepted my invitations to become senior editorial advisers. Both are recognized internationally for their expertise in the field of headache medicine, but I've also been lucky to know them as humorous, articulate, eclectic friends possessed of admirable degrees of unquestionably high personal and professional integrity. I am very pleased and proud to welcome them into the **Migraineur** family.

As a source of information for migraineurs, this magazine has become widely regarded as "best in class" for its eye-catching visual presentation and the high quality of its content. The first derives from the magic of our production editor, Mindy Yuan. The latter, the magazine's content, is of course the product of our writers, and with the addition of these two superb clinical neuroscientists and authors that content is certain only to improve.

John F. Rothrock

John F. Rothrock, MD, Editor in Chief
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Stay in the Know

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.**

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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.

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Messages to the Editor



Addressing the article entitled [“Migraine’s Supply/Demand Problem”](#) in our Spring 2022 issue Ms. Pam Nice writes...

One aspect not covered in the article was the difficulty of getting affordable recent medications for migraine. The designer drugs sound great, and some have worked perfectly well for me. I know this because my doctor has given me samples to try. However, they are unaffordable with my insurance coverage. Eight pills of Nurtec, for instance, which cost me almost \$800, even after coverage was granted through a physician request. I actually spend more time with my neurologist because we are trying to find some older medications that might work. No luck so far. Big Pharma is also a player in this supply/demand crisis.

Ms. Nice,
With apologies for mixing my metaphors, you are “preaching to the choir” to “stop dancing with the Devil”.

It is a travesty that in America we continue to provide our citizens with vastly different levels of healthcare while recording public health outcomes inferior to those of many nations that have made an effort to adopt and implement “socialized” medicine wherein ability to pay does not influence quality of care received. Shameful. Even in a nation which seeks simultaneously to embrace the often contradictory goals of a social democracy and capitalistic economy every citizen deserves an equal shot at healthcare.

I have no particular interest in participating as a member of a society where “from each according to his capabilities and to each according to his needs” is the prevailing ethos. I am no fan of our prevailing culture’s reflexive worship of “equity”, a culture which appears to celebrate and reward victimhood. “Deserve” is a word best used sparingly and with caution, and to implicate that every citizen “deserves” a home, “deserves” a salary independent of individual effort and productivity or “deserves” admission to a prestigious university is simply wrongheaded. But healthcare is different.

I chose a career in medicine in large part because the prospect of treating (literally treating) all my fellow citizens as “equal” and doing so with colleagues who were similarly dedicated to the common good was powerfully attractive. To work as a clinical neuroscientist, to help develop new therapies for stroke and headache that were proven by rigorous research to be safe, tolerable and effective and then to see those therapies benefit patients in general clinical practice has been tremendously rewarding. To watch as only a subpopulation of my own patients may have access to those therapies as a function of their insurance coverage or their ability to manage large co-pays has been profoundly dismaying.

I hear you, Ms. Nice, and my like-minded medical provider colleagues hear you. Unless our government, the insurers and the pharmaceutical industry can arrive

at some new paradigm that at least approximates the type of healthcare delivery system which should exist in a true social democracy, I can assure you we will NOT continue to accept the current status quo. For more on this please see “Dancing with the Devil” on page 8 of this issue.

— John Farr Rothrock, MD

Also... In regards to our Spring 2022 issue’s article entitled [“Non-Pharmacologic Treatment of Migraine”](#), another reader wrote to express her wish that we had focused some of the article’s content on postmenopausal women dealing with difficult to control migraine.

An appropriate request. As I age myself, I realize all too well that the old “youth is wasted on the young” cliché is paired with the inescapable fact that in a culture such as ours one becomes increasingly invisible with aging. Those whose chronologic ages range on the “far side of middle age” (my attempt to avoid the pejorative category of “elderly”) often are left on the outside looking in... especially in regards to a disorder such as migraine whose target demographic is females ages 15-45 but is hardly restricted to that gender or age range.

As we have emphasized many times in the pages of this magazine, nothing is ever “always” in migraine. For example, while it’s true that many females enjoy a welcome reduction in migraine burden following the onset of menopause, I have treated many patients whose migraine either worsened following menopause or, in some cases, first emerged at that time. While the article the reader refers to was composed to focus primarily on how to treat migraine with non-pharmacological interventions, and while there’s obviously not a great deal to be done about aging, she is quite correct in pointing out that there exists a large subpopulation of postmenopausal females who are suffering with migraine. In future issues we will devote content addressing the needs of that subpopulation.

— John Farr Rothrock, MD

Biographies

Robert P. Cowan, M.D., FAAN, FAHS

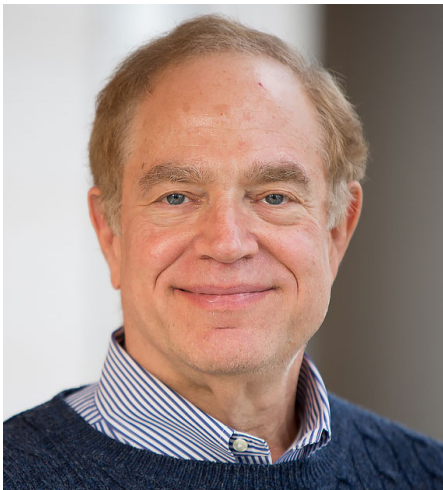


Dr. Cowan is a philosopher, neurologist and headache specialist by training, having founded the academic headache programs at Stanford, and prior to that, at University of Southern California. Currently, he holds the Higgins Chair in Neurology and Neurosciences at Stanford and is a fellow of both the American Academy of Neurology and the American Headache Society.

He is past-president of the Headache Cooperative of the Pacific and currently sits on the CME committee of the American Headache Society. He is widely published, with well over 100 peer-reviewed articles and abstracts and has served on the editorial boards of Headache, Neurology, Cephalgia and other journals. He was a founding board member of both the Headache Cooperative of the Pacific and the Alliance for Headache Disorders Advocacy. He speaks nationally and internationally on various topics in headache, but his particular areas of research focus on the chronification of migraine and machine learning tools for headache diagnosis and management.

When he is not doing any of the above, he is out in his woodshop building furniture, sitting in his office writing fiction, or smacking tennis balls.

Richard B. Lipton, M.D.



Dr. Lipton is the Edwin S. Lowe Professor and Vice Chair of Neurology, Professor of Epidemiology and Population Health and Professor of Psychiatry and Behavioral Sciences at the Albert Einstein College of Medicine.

His research focuses on cognitive aging, Alzheimer's disease and migraine. His cognitive research focuses on risk factors and biomarkers of cognitive decline and Alzheimer's disease. His recent studies examine cognitive aging across the lifespan with an emphasis on the effects of pain and stress on brain function.

His headache research focuses on the epidemiology of migraine and on clinical trials. His epidemiologic studies have evaluated trigger factors for headache attacks and risk factors for headache progression. Dr. Lipton has published more than 800 original articles, many with trainees. He is a 5-time winner of the H.G. Wolff Award for excellence in headache research from the American Headache Society and a two time winner of the Enrico Greppi award from the European Headache Federation. Dr. Lipton is Director of the Montefiore Headache Center, an interdisciplinary subspecialty center

focused on headache, patient care, research and education.

Dr. Lipton holds leadership positions in several professional societies. He is a Past-President of the American Headache Society (AHS). He serves on the editorial boards of several journals, including Neurology. He has written 11 books. Dr. Lipton enjoys mentoring medical students, residents, PhD students and fellows. He has received both the CRTP Mentor of the Year Award and the Einstein Faculty Mentoring Award.