

# HEADACHE

Friday, March 27, 2020

<b>07:30-08:30</b>	<b>E-Poster Presentations (Exhibition Area)</b>
<b>08:30-10:10</b>	<b>SLEEP, HORMONES AND MEDICATION OVERUSE HEADACHE</b>
Chairs:	<b>Gabriela Mihăilescu</b> , Romania
<b>08:30-09:20</b>	<p><b>Estrogen containing contraceptives are safe in women with migraine with aura.</b>  <i>Capsule: Migraine with aura has been associated with increased risk of ischemic stroke in women. Prior studies have shown a further increase in risk in women using combined hormonal contraceptives (CHCs). This has led to guidelines recommending against use of CHCs in this population. Is this justified?</i></p> <p>08:30-08:40 Host: <b>Pooja Dassan</b>, UK            08:40-08:55 Yes: <b>Anne MacGregor</b>, UK            08:55-09:10 No: <b>Christopher Gottschalk</b>, USA            09:10-09:20 Discussion and rebuttals</p>
<b>09:20-10:10</b>	<p><b>Correcting the derangement in sleep architecture is sufficient to treat cluster and migraine headache without medication.</b>  <i>Capsule: Migraines and cluster headache patients who do not sleep well develop more frequent and severe headaches. Would optimal sleep therapies ever be good enough to take the place of medication for the treatment of these headaches, or is sleep impairment just an epiphenomenon?</i></p> <p>09:20-09:30 Host: <b>Jack Schim</b>, USA            09:30-09:45 Yes: <b>Bojana Zvan</b>, Slovenia            09:45-10:00 No: <b>Oved Daniel</b>, Israel            10:00-10:10 Discussion and rebuttals</p>
<b>10:10-10:25</b>	<b>Coffee Break</b>
<b>10:25-12:05</b>	<b>CGRP mAb's AND MIGRAINE PREVENTION</b>
Chairs:	<b>Nadir Bharucha</b> , India
<b>10:25-11:10</b>	<p><b>Peripheral trigeminal structures are the primary interaction site for CGRP antagonism in migraine prevention.</b>  <i>Capsule: CGRP is known to be widely distributed in the central and peripheral nervous system. The exact site of action of the mAbs to CGRP or its receptor and small molecule CGRP receptor blockers is unknown, although several studies have been done.</i></p> <p>10:25-10:35 Host: <b>Fayyaz Ahmed</b>, UK            10:35-10:50 Yes: <b>Lars Edvinsson</b>, Sweden            10:50-11:05 No: <b>Dimos Mitsikostas</b>, Greece            11:05-11:10 Discussion and rebuttals</p>
<b>11:10-12:05</b>	<p><b>The safety and efficacy of CGRP mAbs are known well enough for physicians to recommend them for long-term use.</b>  <i>Capsule: CGRP is a potent vasodilator and there was early concern about blocking it in patients that may have an impending stroke or myocardial infarction. CGRP is also involved in many other processes such as bone and wound healing as well as cardiovascular homeostasis and gastrointestinal function.</i></p> <p>11:10-11:20 Host: <b>Giorgio Lambru</b>, UK            11:20-11:35 Yes: <b>Lars Edvinsson</b>, Sweden            11:35-11:50 No: <b>Fayyaz Ahmed</b>, UK            11:50-11:55 Discussion and rebuttals</p>
<b>11:55-12:15</b>	<p><b>How are the CGRP monoclonal antibodies being used today?</b>  <b>Christopher Gottschalk</b>, USA</p>
<b>12:15-13:15</b>	<b>Industry Supported Symposium</b>
<b>13:15-14:15</b>	<b>Lunch Break</b>
<b>13:15-14:15</b>	<b>Meet the Expert  </b>

<b>14:15-15:45</b>	<b>ATYPICAL MIGRAINE</b>
Chairs:	<b>Magda Wysocka</b> , Poland   <b>Teena Shetty</b> , USA
<b>14:15-15:00</b>	<p><b>Head injury can precipitate the onset of migraine.</b>  <i>Capsule: Post-trauma headache may occur in several phenotypes. Can a patient develop real migraine with or without aura, due to head trauma? This question raises clinical and legal issues.</i></p>
14:15-14:25	Host: <b>Manjit Matharu</b> , UK
14:25-14:40	Yes: <b>Bert Vargas</b> , USA
14:40-14:55	No:
14:55-15:00	Discussion and rebuttals
<b>15:00-15:45</b>	<p><b>Vestibular migraine – does it exist?</b>  <i>Capsule: Vestibular migraine is a term used to describe episodic vertigo occurring in migraine patients; but should it be a distinct diagnosis, or simply a sensory manifestation, or even an aura, of migraine?</i></p>
15:00-15:10	Host: <b>Min Kyung Chu</b> , South Korea
15:10-15:25	Yes: <b>Christian Lampl</b> , Austria
15:25-15:40	No: <b>Jack Schim</b> , USA
15:40-15:45	Discussion and rebuttals
<b>15:45-16:00</b>	<b>Coffee Break</b>
<b>16:00-19:00</b>	<b>NON-PHARMACOLOGICAL TREATMENTS IN HEADACHE</b>
Chairs:	<b>Mark Weatherall</b> , UK
<b>16:00-16:50</b>	<p><b>Acupuncture is as effective as migraine preventive medications, with fewer unwanted adverse effects.</b>  <i>Capsule: In recent years the evidence base for acupuncture as a preventive treatment for migraine has grown considerably due to the publication of several large trials of high quality; however the results are still questioned and not easy to interpret.</i></p>
16:00-16:10	Host: <b>Jose Miguel Lainez</b> , Spain
16:10-16:25	Yes: <b>Min Kyung Chu</b> , South Korea
16:25-16:40	No: <b>Surat Tanprawate</b> , Thailand
16:40-16:50	Discussion and rebuttals
<b>16:50-17:40</b>	<p><b>Headache devices will replace medications for the acute and preventive treatment of migraine and cluster headache.</b>  <i>Capsule: Headache devices are proliferating rapidly in the headache medicine field; there is hope that they will provide an alternative therapeutic option for patients with migraine and cluster headache. What is the evidence?</i></p>
16:50-17:00	Host: <b>Anna Andreu</b> , UK
17:00-17:15	Yes: <b>Jose Miguel Lainez</b> , Spain
17:15-17:30	No: <b>Giorgio Lambru</b> , UK
17:30-17:40	Discussion and rebuttals
<b>17:40-18:30</b>	<p><b>Mushrooms extracts are a good treatment for chronic cluster headache.</b>  <i>Capsule: Psilocybin, lysergic acid diethylamide (LSD), and related psychedelic amines are reportedly effective for both preventive and acute treatment of cluster headache; but is there adequate scientific evidence to recommend it for our patients?</i></p>
17:40-17:50	Host: <b>Dimos Mitsikostas</b> , Greece
17:50-18:05	Yes: <b>Brian E. McGeeney</b> , USA
18:05-18:20	No: <b>Randall Weeks</b> , USA
18:20-18:30	Discussion and rebuttals
<b>18:30-19:00</b>	<p><b>The changing face of medication-overuse headache</b>  <b>Alan Rapoport</b>, USA</p>