



Winter Newsletter 2015

Happy Belated New Year to Everyone,

I hope everyone is doing well and as headache free as possible. In this newsletter, I would like to review several treatments I discussed in the last newsletter and to tell you about some exciting new treatments for 2015.

Cefaly Headband Treatment Option Now Available

The Cefaly Headband, as mentioned in the last Newsletter, is the first FDA-approved device to treat migraine. In the United States, it is FDA-approved only for prevention of migraine and the directions are to wear for 20 minutes once a day. However, in European countries, it is used to treat migraine, cluster, and tension headaches both acutely and preventively and at a lower setting for relaxation. Even though there is only one control on the device purchased in the US, I have had many patients adjust the intensity of the electrical stimulation and use for all 3 indications with good results. The Cefaly Headband is a “TENS” (Transcutaneous Electrical Nerve Stimulator) unit. At this time, insurance companies are not covering the cost. It is approximately \$350 to purchase on-line at www.Cefaly.com; a prescription is needed. There is a 60-day money back guarantee. We have 3 rental units at our office and charge \$50/month. The fee is necessary to cover our costs of the adhesive pads with electrodes that are needed. I estimate that at least 50% of our patients who have begun using the Cefaly device are satisfied and continue to use it. It can take up to 3 months to get full benefit. Importantly, it does not need to replace current treatment; rather, it can be used as adjunctive treatment to further help migraine.

Eye-Brain Study Opportunity

The Eye-Brain Study was mentioned in my last newsletter. Of those who enrolled in the study and received the Neuro-Lenses with prisms to help their eyes focus images better and “in sync”, some received significant reduction in their headaches. For those interested who were not able to be part of the initial study, you can take a short survey on-line to see if you are an appropriate candidate. Criteria include chronic daily headache (headache > 15 days per month for > 3 months), dry eyes, and sensitivity to light. The survey is available at www.eyebbrainmedical.com. You will be contacted within 24 hours after your survey is submitted. A no-charge comprehensive evaluation can then be scheduled

in the city of Orange at newly opened location for the Eye-Brain Center. For questions, contact Dr. Ashley Owyang at Ashley@eyebbrainmedical.com or 408-504-8411.

What are some new treatments emerging in 2015 for Migraine and Cluster Headache?

Two new devices will soon be available. One is a light-weight hand-held device called a vagal nerve stimulator. It is held for 90 seconds over the carotid artery in the neck and is being looked at for both treating and preventing migraine and cluster headache. Studies look promising. To learn more go to: www.electrocoremedical.com

The second device is called an sTMS device (brand name Spring). It is designed to deliver a single transcranial magnetic stimulation pulse. This device is held over the back of the head and a button is pressed delivering the pulse. Some of you may be familiar with the increasing use of TMS for severe depression. TMS for severe depression requires multiple visits whereas this sTMS is used as needed for a migraine attack. It may be particularly useful for migraine with aura. To learn more, go to: www.eneura.com

Neither device is yet available. The cost is unknown but expected to be much more than the Cefaly headband; as a result, they may be available as rental units. I am hopeful I can get at least one of each device for use in the office. Stay tuned!

Perhaps the most exciting new treatment on the horizon will be Monoclonal Antibodies to CGRP. CGRP stands for Calcitonin Gene Related Peptide and is one of the main neurotransmitters that gets released during migraine attacks. These new antibodies will act to help prevent the release of CGRP and thus, help to prevent migraine. Four pharmaceutical companies are competing to be the first to get their product out on the market. Route of administration will be by subcutaneous injection in the office or by Intravenous (IV) treatment. It is expected that these treatments will be expensive and reserved for individuals with chronic migraine who have failed traditional preventive treatment including Botox. Exciting news for Botox non-responders and all those who have given up hope thinking their migraines will never get better! To learn more, go to: www.medscape.com/viewarticle/827838

Topamax Without the Drowsiness

A few words about Topamax as I wrap up this newsletter. Topamax is FDA approved for prevention of migraine and is perhaps the most widely used of all the preventives. However, it is sometimes referred to as “Dopamax” since some individuals feel they can’t think as clearly, in particular, they may complain of word retrieval issues or feel cognitively not as sharp. There is now a brand name extended release form of Topamax called Trokendi XR that does not have this same side effect. Additionally, it is time released to last a full 24 hours unlike the current generic forms of Topamax. As a result, it may also be more effective in preventing migraine over a full 24-hour time frame. I have switched at least

20 patients to Trokendi from Topamax and have received great feedback with how much more clear-headed they are. If you think you are a candidate to switch to Trokendi, please schedule an office visit to discuss. We need documentation in order to have Trokendi covered by your insurance.

Two New Delivery Forms of Sumatriptan Coming Soon for Acute Treatment of Migraine

For acute treatment of migraine, two new delivery methods of Sumatriptan will be available: a patch delivery with the patch being worn over four hours and a new breath-powered nasal spray potentially more effective and better tolerated than current triptan nasal sprays. For more information, go to: www.zecuity.com (patch) and www.optinose.com (spray)

One Word of Advice – Protein!

Lastly, I have one last bit of advice for all of you. It is one word: PROTEIN. Recent studies being done at John Hopkins Medical Center are showing the importance of not just protein in the a.m. but also at night before bed. Ingesting a protein snack before bedtime can prevent the drop in blood sugar that many of us get around 4 a.m. The low blood sugar around 4 a.m. may be linked to waking up with a headache. So, if you are frequently waking up with a morning headache, try a protein snack before bed. My favorite is low-fat vanilla yogurt.

And water, water, water....for daily drinking water needs, The National Institute of Health recommends about 9 cups for women and 13 for men. Water can help prevent headache, can increase energy, and improve our overall health. At my office, we are committed to continuing to cut up those cucumbers and lemons for our water dispenser in our front office. So, come and drink up while waiting for your visit in our comfortable waiting room. You may get hooked on cucumber water!

In Closing

In closing, I look forward to seeing each one of you to review your headache management. For those of you seeing me for mood disorders and/or hormonal issues and/or ADHD, I look forward to seeing you also and reviewing new and emerging treatments for those conditions.

Sincerely,

Susan Hutchinson, MD Director-Orange County Migraine & Headache Center