

Cortesía de



Update en migraña

enero 2010 – Número 1

Artículos

[Revisión bibliográfica de las revistas publicadas en el mes noviembre de 2009]

Headache

- [A Twin Study of Depression and Migraine: Evidence for a Shared Genetic Vulnerability](#)
Ellen A. Schur, Carolyn Noonan, Dedra Buchwald, Jack Goldberg, Niloofar Afari
Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1493-1502)
- [Prevalence and Incidence of Headache in Adolescent Finnish Twins](#)
Ruut Virtanen, Minna Aromaa, Markku Koskenvuo, Matti Sillanpää, Richard J. Rose, Liisa Metsähonkala, Hans Helenius, Pirjo Anttila, Jaakko Kaprio
Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1493-1502)
- [Frequency of Chronic Headaches in Japanese Patients With Multiple Sclerosis: With Special Reference to Opticospinal and Common Forms of Multiple Sclerosis](#)
Hikaru Doi, Takuya Matsushita, Noriko Isobe, Takaaki Ishizu, Yasumasa Ohyagi, Jun-ichi Kira
Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1513-1520)
- [Expert Opinion: What Causes Migraine: Which Physician Explanation Do Patients Prefer and Understand?](#)
Randolph W. Evans, Rochelle E. Evans
Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1536-1540)
- [Middle Meningeal Artery Dilatation in Migraine](#)
Elliot Shevel
Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1541-1543)
Headache: The Journal of Head and Face Pain Volume 49 Issue 9, (October 2009) Pages 1345-1352

Cortesía de



Update en migraña

enero 2010 – Número 1

Cephalalgia

- [Short-term frovatriptan for the prevention of difficult-to-treat menstrual migraine attacks](#)
JL Brandes, AC Poole, M Kallela, CP Schreiber, EA MacGregor, SD Silberstein, J Tobin, R Shaw
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1133 – 114
- [Prevalence of new daily persistent headache in the general population. The Akershus study of chronic headache](#)
RB Grande, K Aaseth, C Lundqvist, MB Russell
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1149-1155
- [Changes in functional vasomotor reactivity in migraine with aura](#)
ME Wolf, T Jäger, H Bänzner, M Hennerici
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1156-1164
- [Weight change and clinical markers of cardiovascular disease risk during preventive treatment of migraine](#)
ME Bigal, RB Lipton, DM Biondi, J Xiang, J Hulihan
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1188-1196
- [The prevalence of premonitory symptoms in paediatric migraine: a questionnaire study in 103 children and adolescents](#)
J-C Cuvellier, A Mars, L Vallée
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1197-1201
- [Peri-ictal normalization of visual cortex excitability in migraine: an MEG study](#)
W-T Chen, S-J Wang, J-L Fuh, C-P Lin, Y-C Ko, Y-Y Lin
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1202-1211
- [Genetic association study of Endothelin-1 and its receptors EDNRA and EDNRB in migraine with aura](#)
P Tikka-Kleemola, MA Kaunisto, E Hämäläinen, U Todt, H Göbel, J Kaprio, C Kubisch, M Färkkilä, A Palotie, M Wessman, M Kallela
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1224-1231

Neurology

- No hay artículos sobre cefalea-migraña publicados este mes

Neurología

- No hay artículos sobre cefalea-migraña publicados este mes

British Medical Journal (BMJ)

- No hay artículos sobre cefalea-migraña publicados este mes

JAMA

- No hay artículos sobre cefalea-migraña publicados este mes

Cortesía de



Update en migraña

enero 2010 – Número 1

New England Journal of Medicine

- No hay artículos sobre cefalea-migraña publicados este mes

Lancet

- No hay artículos sobre cefalea-migraña publicados este mes

[\[Ficha técnica Menatriptan\]](#) [\[Ver N° Anteriores\]](#) [\[http://www.analgesiatotal.com\]](http://www.analgesiatotal.com)

© Laboratorios Menarini S.A. 2007 All rights reserved.

telematica@menarini-ca.com

Creación y Producción [Master Disseny](#)



Gestión de contenidos [OmniGaea, S.L.](#)



Cortesía de



Update en migraña

enero 2010 – Número 1



A Twin Study of Depression and Migraine: Evidence for a Shared Genetic Vulnerability

Ellen A. Schur, Carolyn Noonan, Dedra Buchwald, Jack Goldberg, Niloofar Afari
Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1493-1502)

ABSTRACT

Objective.—To determine if shared genetic or environmental vulnerabilities could underlie depression and migraine.

Background.—Depression and migraine headaches frequently coexist and their comorbidity may be due to shared etiologies.

Methods.—Female twins in the University of Washington Twin Registry responded to a mailed survey regarding their health history. Depression and migraine were determined by self-report of a physician's diagnosis. We used bivariate structural equation modeling to test for shared genetic, common environmental, and unique environmental components, and to estimate the magnitude of any shared component.

Results.—Among 758 monozygotic and 306 dizygotic female pairs, 23% reported depression and 20% reported migraine headaches. Heritability was estimated to be 58% (95% confidence interval: 48-67%) for depression and 44% (95% confidence interval: 32-56%) for migraine. Bivariate structural equation modeling estimated that 20% of the variability in depression and migraine headaches was due to shared genes and 4% was due to shared unique environmental factors.

Conclusions.—The comorbidity of depression and migraine headache may be due in part to shared genetic risk factors. Research should focus attention on shared pathways, thereby making progress on 2 disease fronts simultaneously and perhaps providing clinicians with unified treatment strategies.

[volver ▲](#)

Cortesía de



Update en migraña

enero 2010 – Número 1



Prevalence and Incidence of Headache in Adolescent Finnish Twins

Ruut Virtanen, Minna Aromaa, Markku Koskenvuo, Matti Sillanpää, Richard J. Rose, Liisa Metsähonkala, Hans Helenius, Pirjo Anttila, Jaakko Kaprio
Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1493-1502)

ABSTRACT

Objectives.—The study aim was to determinate changes in prevalence and incidence rates of headache among adolescent Finnish twins.

Methods.—Questionnaire data were collected during 1994-1998 from a nationwide sample of Finnish families of 11-year-old twins who were born between 1983 and 1987 (n = 6262) and again at ages of 14 and 17.

Results.—During follow-up, the prevalence of regular headache (ie, at least once a month = RHA) increased from 59% at age 11 to 65% at age 14 and decreased to 63% at age 17. Among boys the prevalence of RHA increased significantly from 59% at age 11 to 62% at age 14 decreasing to 52% at age 17. Among girls the prevalence rates increased significantly between ages of 11 and 14 from 60% to 68% up to 74% at age 17. The prevalence of weekly headache increased in girls between ages of 11 and 14 from 16% to 25%. Incidence of RHA (at least once a month) decreased from 47% at age 14 to 44% at age 17 in girls and from 44% at age 14 to 30% at age 17 in boys.

Conclusions.—RHA is more common in girls than boys during puberty, while the incidence of RHA declined especially in boys during same age period.

volver ▲

Cortésia de



Update en migraña

enero 2010 – Número 1



Frequency of Chronic Headaches in Japanese Patients With Multiple Sclerosis: With Special Reference to Opticospinal and Common Forms of Multiple Sclerosis

Hikaru Doi, Takuya Matsushita, Noriko Isobe, Takaaki Ishizu, Yasumasa Ohyagi, Jun-ichi Kira
Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1513-1520)

ABSTRACT

Background.—Headache is common in Western patients with multiple sclerosis (MS), but its frequency has not been reported in Asian patients. In Asians, the opticospinal form of MS, showing similar characteristics to relapsing neuromyelitis optica in Westerners, is regarded as a different subtype from conventional MS.

Objectives.—The aim of this study was to clarify the frequency of primary and chronic secondary headaches in Japanese patients with MS and the factors associated with the emergence of such headaches.

Methods.—We investigated 127 consecutive patients with clinically definite MS. Frequencies of primary and chronic secondary headaches were compared according to clinical subtype, administration of interferon beta, and anti-aquaporin-4 antibody status.

Results.—The frequency of patients with primary and chronic secondary headaches at the time of interview was 64/127 (50.4%); the frequency of migraine was 26/127 (20.4%) and that of tension-type headache was 38/127 (29.9%). The frequencies of patients with primary and chronic secondary headaches and migraine without aura after the onset of MS were higher in patients undergoing interferon beta therapy than in those not on the therapy (42.4% vs 23.4%, $P < .05$ and 15.1% vs 4.3%, $P = .05$, respectively). There were no significant differences in the frequency of primary and chronic secondary headaches based on clinical subtype of MS. However, among patients not receiving interferon beta, the occurrence of migraine with aura after the onset of MS was significantly higher in patients with anti-aquaporin-4 antibody than in patients without the antibody (13.3% vs 0.0%, $P < .05$).

Conclusions.—In Japanese patients with MS, the frequency of primary and chronic secondary headaches, especially migraine, was higher than in the general Japanese population. Administration of interferon beta was related to a higher frequency of primary and chronic secondary headaches, especially migraine without aura, irrespective of clinical subtype of MS.

[volver ▲](#)

Cortesía de



Update en migraña

enero 2010 – Número 1



Expert Opinion: What Causes Migraine: Which Physician Explanation Do Patients Prefer and Understand?

Randolph W. Evans, Rochelle E. Evans

Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1536-1540)

ABSTRACT

Background.—Although "What causes migraine," is one of the most common questions migraineurs ask their physicians, little is known about what response physicians provide, whether migraineurs believe it is important that they be provided information, or which explanation is most informative.

Methods.—Seven migraine specialists were personally contacted and a convenience sample of 23 neurologists were surveyed at a meeting to obtain a range of explanations. Four explanations were selected and edited. One hundred consecutive patients seen in a general neurology practice participated in the study.

Results.—The mean response on a 5-point Likert scale to the statement, "It is important to provide patients an explanation of what causes migraine," of 15 neurologists surveyed at a meeting was 4.3 (5 = strongly agree). One hundred consecutive patients participated in the study with a mean age of 39.1 years and 87 females. The mean response to the question, "How important is it for a physician to provide you with an explanation of what causes migraine?" was 4.7 on a 5-point Likert scale (5 = very important). The explanation preferred by most (56) of the subjects was the longest (245 words) with the fewest (4) choosing the briefest (25 words).

Conclusions.—This study suggests that neurologists and migraineurs believe that it is very important for a physician to provide them with an explanation of what causes migraine. An explanation that may be most informative may contain information in lay terms about the pathophysiology and the many triggers. The physician can provide explanations verbally, through handouts, or by referral to internet sites. Better patient understanding of what causes migraine may improve treatment adherence and patient satisfaction.

[volver ▲](#)

Cortesía de

Menatriptan[®]
frovatriptán 2.5 mg



Update en migraña

enero 2010 – Número 1



Middle Meningeal Artery Dilatation in Migraine

Elliot Shevel

Headache: The Journal of Head and Face Pain Volume 49 Issue 10 (November/December 2009) (p 1541-1543)

ABSTRACT

Objective.—To show that migraine pain is not related to dilatation of the dural meningeal arteries.

Background.—The origin of the pain in migraine has not yet been adequately explained and remains the subject of vigorous debate. Current theories implicate changes in the trigeminovascular system, which is defined as comprising the large intracranial vessels, and in particular, the dural meningeal vessels, the dura mater, and their neural connections.

Methods.—The anatomical relationships of the dural meningeal arteries to the dura mater and the inner surface of the calvarium are described.

Results.—The dural meningeal arteries lie in grooves in the inner table of the calvarium, are encased in the unyielding fibrous dura mater, and are consequently unable to dilate.

Conclusion.—The pain of migraine is not related to dilatation of the dural meningeal arteries.

[volver ▲](#)

Cortesía de



Update en migraña

enero 2010 – Número 1



Short-term frovatriptan for the prevention of difficult-to-treat menstrual migraine attacks

JL Brandes, AC Poole, M Kallela, CP Schreiber, EA MacGregor, SD Silberstein, J Tobin, R Shaw
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1133 – 1148

ABSTRACT

The efficacy of a 6-day regimen of frovatriptan for menstrual migraine (MM; attacks starting on day -2 to +3 of menses) prevention in women with difficult-to-treat MM was assessed. Women with a documented inadequate response to triptans for acute MM treatment were included in this placebo-controlled, parallel-group trial. Women were randomized to double-blind treatment for three perimenstrual periods (PMPs) with either frovatriptan 2.5 mg (q.d. or b.i.d.) or placebo initiated 2 days before anticipated MM. The efficacy analysis included 410 women with 85% completing three double-blind PMPs. The mean number of headache-free PMPs was 0.92 with frovatriptan b.i.d., 0.69 with frovatriptan q.d. and 0.42 with placebo [$P < 0.001$ (b.i.d.) and $P < 0.02$ (q.d.) vs. placebo]. When migraine occurred, severity was reduced with frovatriptan q.d. ($P < 0.001$) and b.i.d. ($P < 0.001$) vs. placebo. Both frovatriptan regimens were well tolerated. In women with difficult-to-treat MM, a 6-day regimen of frovatriptan significantly reduced MM incidence and severity.

[volver ▲](#)

Cortesía de



Update en migraña

enero 2010 – Número 1



Prevalence of new daily persistent headache in the general population. The Akershus study of chronic headache

RB Grande, K Aaseth, C Lundqvist, MB Russell
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1149-1155

ABSTRACT

The aim of the present study was to investigate the prevalence of new daily persistent headache (NDPH) in the general population, and compare the clinical characteristics of NDPH and chronic tension-type headache (CTTH). This is a population-based cross-sectional study. A random sample of 30 000 persons aged 30–44 years was drawn from the population of Akershus County, Norway. A postal questionnaire was screened for chronic headache. Those (n = 633) with self-reported chronic headache within the last month and/or year were invited to an interview and examination by a neurological resident. A follow-up interview was conducted after 1.5–3 years. The headaches were diagnosed according to the International Classification of Headache Disorders, 2nd edn and relevant revisions. The response rate of the questionnaire was 71% and the participation rate of the interview was 74%. Four persons, three men and one woman, had NDPH. The overall 1-year prevalence of NDPH was 0.03%. The clinical characteristics of NDPH and CTTH were similar, except for the sudden onset in NDPH. Three of the four persons with NDPH had medication overuse. Follow-up disclosed that the symptomatology of NDPH is not unchangeable, since two persons had improvement of their NDPH. NDPH is rare and occurs in one of 3500 persons from the general population of 30–44-year-olds. It is often associated with medication overuse.

[volver ▲](#)

Cortesía de



Update en migraña

enero 2010 – Número 1



Changes in functional vasomotor reactivity in migraine with aura

ME Wolf, T Jäger, H Bänzner, M Hennerici
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1156-1164

ABSTRACT

Migraine with aura (MA) is associated with cerebral hyper- and hypoperfusion during and after the attacks. Several attempts to estimate individual perfusion changes and asymmetries in patients with MA using transcranial Doppler (TCD) have not been consistent. In 70 patients with MA and 40 controls with migraine without aura (MoA) or without any history of migraine, interictally recorded TCD sequences were prospectively analysed. Formal curve analysis of the visually evoked flow response (VEFR) was performed semiautomatically. As a main parameter for functional vasomotor reactivity (fVMR), the visually evoked flow rate (VEFR%) was calculated. The VEFR% showed a significantly higher mean difference of $14.7 \pm 12\%$ in MA patients vs. $5.8 \pm 4.4\%$ ($P < 0.001$) in controls. The significant asymmetry of fVMR in MA patients is suggested to reflect interattack persisting vasomotor changes which are of pathophysiological interest and may be used as a monitoring tool under prophylactic medication.

[volver ▲](#)

Cortesía de



Update en migraña

enero 2010 – Número 1



Weight change and clinical markers of cardiovascular disease risk during preventive treatment of migraine

ME Bigal, RB Lipton, DM Biondi, J Xiang, J Hulihan
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1188-1196

ABSTRACT

Migraine, particularly migraine with aura, and increased body weight are independent risk factors for cardiovascular disease (CVD). The association of weight change and clinical markers of CVD risk was evaluated in subjects participating in a randomized double-blind, parallel-group study of migraine-preventive treatment comparing 100 mg/day of topiramate and amitriptyline. Individuals from both treatment groups were pooled and stratified into three groups. The 'major weight gain' group gained $\geq 5\%$ of their baseline body weight at the conclusion of the study; the 'major weight loss' group lost $\geq 5\%$ of their baseline body weight. The third group had $< 5\%$ of weight change. The influence of weight change in headache outcomes, as well as in markers of CVD (blood pressure, cholesterol, C-reactive protein), was assessed using analysis of covariance. Of 331 subjects, 52 (16%) experienced major weight gain and 56 (17%) experienced major weight loss. Weight change was not associated with differential efficacy for the treatment of headache. However, contrasted with those with major weight loss, those who gained weight experienced elevations in mean diastolic blood pressure (+2.5 vs. -1.2 mmHg), heart rate (+7.6 vs. -1.3 beats per minute), glycosylated haemoglobin (+0.09% vs. -0.04%), total cholesterol (+6.4 vs. -6.3 mg/dl), low-density lipoprotein cholesterol (+7.0 vs. -4.4 mg/dl) and triglycerides (+15.3 vs. -10.4 mg/dl) and an increase in high-sensitivity C-reactive protein (+1.8 vs. -1.9 mg/l). Both groups experienced decreases in systolic blood pressure (-4.0 vs. -1.3 mmHg) and high-density lipoprotein cholesterol (-3.7 vs. -0.8 mg/dl). Increased weight during migraine treatment is not associated with poor headache treatment outcomes, but is associated with deterioration of CVD risk markers.

[volver ▲](#)

Cortesía de



Update en migraña

enero 2010 – Número 1



The prevalence of premonitory symptoms in paediatric migraine: a questionnaire study in 103 children and adolescents

J-C Cuvellier, A Mars, L Vallée
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1197-1201

ABSTRACT

The prevalence and characterization of premonitory symptoms have not been rigorously studied in children and adolescents. Using a questionnaire, we retrospectively studied the prevalence of 15 predefined premonitory symptoms in a clinic-based population. In 103 children and adolescents fulfilling the International Classification of Headache Disorders, 2nd edn criteria for paediatric migraine, at least one premonitory symptom was reported by 69 (67%). The most frequently reported premonitory symptoms were face changes, fatigue and irritability. The mean number of premonitory symptoms reported per subject was 1.8 (median 2.2). Age, migraine subtype (with or without aura) and mean attack frequency per month had no effect on the mean number of premonitory symptoms reported per subject. In conclusion, premonitory symptoms are frequently reported by children and adolescents with migraine. Face changes seem to be a premonitory symptom peculiar to paediatric migraine.

[volver ▲](#)

Cortesía de



Update en migraña

enero 2010 – Número 1



Peri-ictal normalization of visual cortex excitability in migraine: an MEG study

W-T Chen, S-J Wang, J-L Fuh, C-P Lin, Y-C Ko, Y-Y Lin
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1202-1211

ABSTRACT

To delineate if the change in cortical excitability persists across migraine attacks, visual evoked magnetic fields (VEF) were measured in patients with migraine without aura during the interictal ($n = 26$) or peri-ictal ($n = 21$) periods, and were compared with 30 healthy controls. The visual stimuli were checkerboard reversals with four different check sizes (15', 30', 60' and 120'). For each check size, five sequential blocks of 50 VEF responses were recorded to calculate the percentage change of the P100m amplitude in the second to the fifth blocks in comparison with the first block. At check size 120', interictal patients showed a larger amplitude increment than controls [$28.1 \pm 38.3\%$ (s.d.) vs. $8.7 \pm 21.3\%$] in the second block and a larger increment than peri-ictal patients in the second ($28.1 \pm 38.3\%$ vs. $-3.2 \pm 19.2\%$), fourth ($22.7 \pm 31.2\%$ vs. $-5.7 \pm 22.3\%$) and fifth ($20.5 \pm 30.4\%$ vs. $-10.8 \pm 30.1\%$) blocks ($P < 0.05$). There was no significant difference at other check sizes or between peri-ictal patients and controls. In conclusion, there may be peri-ictal normalization of visual cortical excitability changes in migraine that is dependent on the spatial frequency of the stimuli and reflects a dynamic modulation of cortical activities.

volver ▲

Cortesía de



Update en migraña

enero 2010 – Número 1



Genetic association study of Endothelin-1 and its receptors EDNRA and EDNRB in migraine with aura

P Tikka-Kleemola, MA Kaunisto, E Hämäläinen, U Todt, H Göbel, J Kaprio, C Kubisch, M Färkkilä, A Palotie, M Wessman, M Kallela
Cephalalgia Volume 29 Issue 11, (November 2009) Pages 1224-1231

ABSTRACT

The effect of endothelin-1 and its receptors EDNRA and EDNRB in migraine with aura (MA) susceptibility is not established yet. We studied the association between the MA end-diagnosis and three migraine trait components and 32 single nucleotide polymorphisms (SNPs) capturing the variation of endothelin genes in 850 Finnish migraine patients and 890 non-migrainous individuals. The SNPs showing evidence of association were further studied in 648 German migraine patients and 651 non-migrainous individuals. No significant association was detected. However, the homozygous minor genotype (5% in cases) of the EDNRA SNP rs2048894 showed nominal association with MA both in the Finnish sample ($P = 0.015$) and in the pooled sample [odds ratio (OR) 1.61, 95% confidence interval (CI) 1.12–2.32, $P = 0.010$] when adjusted for gender and sample origin. The trait age of onset < 20 years was also associated with rs2048894 (OR 1.69, 95% CI 1.13–2.54, $P = 0.011$) in the pooled sample. To confirm this finding studies on even larger samples are required.

[volver ▲](#)