



Inpatient Headache & Emergency Care Meeting Minutes
Friday, June 28, 2013
7:00 – 8:15 AM

Attendees: Michael Marmura, Benjamin Friedman, Mia Minen, Christina Szperka, Roderick Spears, Larry Charleston IV, Marielle Kabbouche.

Many thanks to all members who got up early and came to our meeting.

1. I reviewed the results of a recent AHS member survey to establish consensus for an approach to emergency and inpatient management of migraine which was presented as a late-breaking abstract at the meeting and will be submitted to Headache this month.

2. The AHS is interested in creating guidelines and position papers for distribution. These projects require AHS board approval. We spent most of the meeting discussing options for future projects. We decided on 3 potential projects:

- A position paper to answer the question: What are the best practices for managing migraine (or chronic daily headache) in the inpatient setting?

The specific questions to answer would be: (1) What are the criteria for admission for migraine/CDH, (2) What medications should be used and (3) What non-pharmacologic treatments should be considered?

We would ask AHS if they would prefer us to address migraine or headache (CDH) in general.

Given the complete lack of clinical trials for inpatient care, we felt a position paper would be more appropriate than guidelines.

- Guidelines for the medication management of migraine in the infusion or ED setting based on the level of evidence.
- Guidelines for infusion (non-ED) management of migraine. (Note: Ben Freidman pointed out there are recent evidence-based guidelines for ED management published by Schellenberg et al. but this does not include infusion settings)

The group felt the first project would have the greatest impact in terms of changing practice. If anyone would like to (1) take the lead on this as first author or (2) participate in reviewing articles or writing the manuscript, please email me.

3. A pre-course application was submitted for 2013 Scottsdale – we are waiting to hear back to see if we are accepted or not. If we are not we plan to reapply for AHS 2014, if we are accepted we will hopefully see you are there!

4. Ben Freidman, who has done a large number of the best ED studies for migraine and pain, discussed a project that would potentially become a multi-center clinical trial. This would

look at patients receiving opioids for migraine in the ED and comparing them to those not receiving opioids. The idea would be to follow patients for short-term and long-term outcomes to highlight potential risks of giving opioids in the ED. For example, recurrence or disability short term and repeat ED visits, opioid or other medication use, conversion to chronic migraine long-term. If you have ideas or would like to participate in this study please contact me or Dr. Friedman - benjaminbwf@yahoo.com

If you have any other concerns or ideas for the group, please feel free to email me at Michael.marmura@jefferson.edu