

**Behavioral Issues
Special Interest Section
Meeting Minutes
June 11, 2004**

Present: Gay L. Lipchik, PhD (chair), Frank Andrasik, PhD, Steven M. Baskin, PhD, Kenneth A. Holroyd, PhD, Tim Houle, PhD, Ronald S. Kaiser, PhD, Alvin E. Lake, III, PhD, Morris Maizels, MD, Douglas C. McCrory, MD, Justin Nash, PhD, Robert A. Nicholson, PhD, Donald B. Penzien, PhD, Jeanetta Rains, PhD, Robert M. Roeshman, DO, Frederick R. Taylor, MD, David A. Wittrock, PhD

Staff: Francesca Regan

I. Workgroup Updates

A. Headache Supplement: Screening for Psychiatric Comorbidity (Dr. Morris Maizels, workgroup chair)

1. Purpose of supplement: practical tools for screening comorbidity
2. Optimistic regarding retaining funding through Blackwell Publishing; Dr. Rothrock is committed to project
3. Once funding is confirmed, Dr. Lake, supplement editor appointed by Dr. Rothrock, will circulate ideas for supplement content to the workgroup, expand as needed.
4. Timeline: dependent upon when funding and articles are received; conceivable to be in print within the year

B. Clinical Trials (Dr. Donald Penzien, workgroup chair)

1. Initial outline of draft of guidelines for clinical trials circulated to workgroup June, 2003
2. Productive meeting held in early 2004 2n Durham, NC (supported by AHS) and meetings also being held during this Annual Meeting. At the meetings, assignments will be in place for further guideline development
3. Need feedback from section ASAP
 - a) Guidelines can be downloaded from website
 - b) Suggestion made to post comments on website
4. Timeline for draft of guideline: present to AHS board in November at Scottsdale meeting
5. Goal is to have supplement with a focus on methodology ready for distribution in 2005; discussion about supplement has been favorably received at the Headache editorial meeting
6. Supplement would not compete with supplement on psychiatric comorbidity
7. Discussion on how to present the guidelines to the AHS membership: present trial guidelines during AHS scientific program, a pre-course, or a morning sessions
8. Dr. Penzien thanked workgroup for all of their hard work.
9. Dr. Lake thanked Dr. Penzien for his dedication to the project.

II. Pre-course for 2005 AHS Scientific Meeting – discussion:

1. Plenary on clinical trial
2. Psychiatric co-morbidity assessment and treatment may better serve AHS membership
3. Consider coordinating with Primary Care Section
4. Include topics on the behavioral aspects of pediatrics, broader definition of Comorbidity, the pharmacology of treatment (presented by a psychiatrist/psychologist), and the challenges of treating depression
5. Workgroup to provide names of people/key articles – looking for a broad spectrum with multiple speakers
6. Workgroup: Dr. Baskin, Dr. Lipchik, Dr. Lake, Dr. Kaiser

III. ACHE/AHS Website

A. Reviews of website

1. Difficulty accessing articles from ACHE site

2. Homepage – no heading for “psychological factors”
3. Needs to be more user friendly
- B. Suggested improvements
 1. Include section on self-management
 2. Make more user-friendly
 3. Focus on content and navigation
 4. Need link to NNAB site
 5. Consider linking to medical groups
- C. Dr. Nicholson will coordinate information for websites. Drs. Roeshman and Rains will work with Dr. Nicholson
- IV. NAP Update – program will be phasing out this year, but may be coming back in future
- V. AHS grant to Behavioral Section: Integration of Behavioral Headache Therapies into Primary Care Settings (Dr. Donald Penzien, Principal Investigator) Program is in development.
- VI. Core Curriculum for Behavioral Principles of Pain Management for General Behavioral Clinicians (Dr. Maizels)
 - A. Problem: lack of behavioral specialists
 - B. Suggested solution: train physicians, medical staff, and generalist psychologists in delivering behavioral interventions for headache.
 1. Decide what core curriculum would be needed to educate PCP’s/generalist psychologists.
 2. What format should be used, consider as satellite to AHS meeting.
 3. Have AHS sponsor program at other organizations to stimulate relationships between specialists and PCP’s.
 4. Dr. Lake suggested putting together a core curriculum based on what is already available – consider as section on website.
 6. Go to where psychologists are meeting – consider holding at APA as a satellite
 7. Develop a psychologist’s version of the NAP8. Revise the audience addressed in current guidelines – new consortium guidelines coming out - useful and expands on what currently exists
 8. Action deferred – need to complete current workgroup projects, and then move forward with developing core curriculum for generalist psychologists
- VII. Meeting adjourned.

Respectfully submitted by: Francesca Regan