

Inpatient and Emergency Medicine Section Minutes

In attendance:

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Section minutes:

Hello and thank you to all of you who attended the inpatient and emergency meeting in Scottsdale. For those of you that could not make it, please let me know if you are interested in any of the following. Specifically we need speakers for our pre-course application for the Scottsdale 2013 meeting, collaborators for our survey/paper of emergency and inpatient practices, and confirmed interest in guideline development. You can email me at Michael.marmura@jefferson.edu

1. Pre-course

Because the schedule for the combined AHS/IHC meeting in Boston will not allow it, the next opportunity for sections to present a pre-course will be at the next Scottsdale meeting in 2013. It has been a while since our section presented a pre-course, so I think we have a good chance if we put something together that attracts interest. If anyone is interested in putting together the application, I can walk you through it. New people who have not spoken previously at meetings are encouraged to present.

The format of the pre-course would be 4-6 fast-paced case-based discussions with audience response. After reviewing the case, we would review the evidence behind our decisions.

We decided the cases for the pre-course would look something like this:

- Emergency room/infusion management of prolonged migraine i.e. status migrainosus. What medications would you use and which have evidence.
- Consultation for possible secondary headache. We thought a vascular case i.e. RCVS or dissection would be appropriate for this although a secondary case of headache related to infection would also be interesting if there was time to do 2 cases.
- Pediatric headache - emergency management, focusing on issues important for children with migraine and other headaches
- Inpatient management of headache, specifically with opioids or barbiturate overuse. This can also include a discussion of managing psychological and psychiatric disorders although Dr. Lake had offered previously to help with this and I think that would be worth a stand-alone case.

2. Practice survey of AHS members re emergency and inpatient treatment. The idea of this is to establish what AHS members favor and do not favor in these situations. Dr. Atluru suggested using a

recent study published in Epilepsy for the treatment of epilepsy as a guide (Karceski, Morrell, Carpenter). We reviewed the survey at the meeting.

If you want to participate, please review the attached survey and let me know what changes you would make. I will ask this to be sent out to AHS members. After we get the results I will ask you to review the data and help write up the results. Tom Ward and Jason Roberts have expressed enthusiasm for its publication in Headache.

3. The journal Headache is now producing online “virtual issues” with editors from the special interest sections. These virtual issues are the most popular feature of the website. The issue is a collection of articles from Headache (from recently until the dawn of time) with an editorial commentary. Possible topics for our section could include: emergency treatment of migraine, neuroimaging or diagnostic tests in headache, or inpatient management of headache. Let me know if you are interested.

4. ACHE content needed. The patient oriented website ACHE (achenet.org) is looking for content for its website. Every Tuesday there is a patient-centered topic posted. These are 300-400 word essays of topics of interest to the general public. I think topics relating to emergency and inpatient treatment are of special interest. Please contact me or Paul Winner directly if interested.

5. Guidelines development

The AHS is developing guidelines for acute headache treatment, and a logical next step would be to specifically look at emergency or infusion treatments for migraine. The development of guidelines is fairly time consuming and requires a lot of commitment of its members. Admittedly there are not a lot of placebo-controlled studies but, as evidenced by the recent reviews in Headache for acute treatments, there is a good amount of literature to review. Please let me know if you are interested in this project. The first step is to submit an application to the guidelines committee headed by Steve Silberstein. I'd like to start this before the June meeting if possible.

Other areas worth addressing down the road are inpatient treatments, and diagnostic testing such as neuroimaging or lumbar puncture in headache.

See you in Boston!