



Newsletter

NP/PA Special Interest Group of the American Headache Society
Edition Four / September 2009

Don't miss our first Special Interest Group's Pre Course at the Scottsdale Headache Symposium!

Titled: From Generalist to Specialist: Implications of the generalist PA curriculum and the DNP on specialist NP/PA practice - Thursday November 5th 2 PM to 5 PM.

Report from the 14th Congress of the International Headache Society/American Headache Society Philadelphia Sept 10-13

We had our third general special interest group meeting on the morning of Sept 10 at 7 AM. The attendance was not stellar, but it was what was expected being that time of morning on the first day. The meeting was productive and my thanks go out to those who came (including Andrea, who could have attended many other meetings instead).

It was a fantastic meeting this year. I suffered from a novel condition, which I will call "Poster-Knee." I spent almost four straight hours attempting to read all 400 posters, however, after I developed knee pain and mental fatigue, I had to quit and return the next day for the last 50. Mike Jones



It was nice to meet NP/PA members such as Victor Bruce, PA-C in person



Maureen Moriarty, MS, APRN standing with her poster: *What is the best practice for handling telephone medical complaints in an ambulatory neurology practice with a sub-specialty in headache*

IHS/AHS PHILLY 2009 Summary

By j. Michael Jones, MS, PA-C

My overwhelming feelings from the meeting could be summed up in a few bullet statements:

- 1.) Many bright scientists are closing in on, not only a much better understanding of headache, but revolutionary treatments . . . which should start to appear within the next few years. The first therapies are CGRP receptor antagonists, possible 5HT_F agonist, new deliver systems for triptans and DHE and more effective nerve stimulation approaches.
- 2.) Zonisamide appears to be an effective cluster headache preventive.
- 3.) More evidence (especially from our Asian counterparts) that acupuncture is effective for chronic headache syndromes.
- 4.) A bit of slightly disappointing news is that Telcagepant (Merck's new CGRP receptor antagonist) release will be delayed until at least next year due to mildly elevated liver enzymes when it was taken daily.
- 5.) A combination of a CGRP and a triptan appears to have no additive ARs. This has implications for the future.
- 7.) Dr. Kenneth Reed presented a study that he (and others) did in Dallas. They took a group of intractable chronic daily headache patients and found that a four-point (bi-occipital and bi-supraorbital nerve) implantable electrical stimulation, that the entire group had a positive response, most profoundly positive, whereas occipital stimulation alone is disappointing.

NP/PA Research Corner

. If you have published, please let us know!

What is the best practice for handling telephone medical complaints in an ambulatory neurology practice with a sub-specialty in headache

14th Congress of the IHS Philadelphia Date: Sept 10-13
Poster: Maureen Moriarty, MS, APRN

Benign Headache . . . A Possible Misnomer?

Headache: The Journal of Head and Face Pain
Volume 49, Issue 7, Date: July/August 2009,
Pages: 1120-1120
J. Michael Jones

Serotonin Toxicity Revisited

Headache: The Journal of Head and Face Pain
Volume 49, Issue 5, Date: May 2009, Pages: 784-785
Eric Schuman

Is an FDA alert harming patients?

Jl American Academy Phy Assts May 13 2009, Eric Schuman, MS, PA-C

Comprehensive Inpatient Treatment of Refractory Chronic Daily Headache

Headache: The Journal of Head and Face Pain
Volume 49, Issue 4, Date: April 2009, Pages: 555-562
Alvin E. Lake III, Joel R. Saper, Robert L. Hamel

Trendelenburg Position: A Tool to Screen for the Presence of a Low CSF Pressure Syndrome in Daily Headache Patients

Headache: The Journal of Head and Face Pain
Volume 48, Issue 9, Date: October 2008, Pages: 1366-1371
Todd Rozen, Sahar Swidan, Robert Hamel, Joel Saper

Another Comment on "Drug Induced Refractory Headache"

Headache: The Journal of Head and Face Pain
Volume 48, Issue 8, Date: September 2008,
Pages: 1242-1242
Eric Schuman, MS, PA-C

Practice Spotlight



Bob Hamel, PA-C Michigan Headpain and Neurologic Institute

Mr. Robert Hamel, a certified physician assistant, is Clinical Assistant to the Director at MHNI and Assistant Director of the Head•Pain Treatment Unit at Chelsea Community Hospital. He also serves as the Head Injury Services Coordinator at MHNI. Mr. Hamel is involved in patient care activities, clinical program development, and a variety of administrative duties at the Institute.

In Bob's own words:

In 1988 I came upon an advertisement in a national PA publication. I can't remember which one. It was for a position in Ann Arbor with Michigan Head Pain and Neurological Institute. I interviewed and got the job at the time, I thought, because of my master's degree in management, as much as anything else.

I remember a particular woman now, a patient from a previous HMO internal medicine practice, whose head pain was very severe and we could not help her. Perhaps we all have cases that haunt us. I think now that I could help her, but that was 21 years ago.

Patients, for the most part, are very grateful for whatever help we can provide. Their expectations can be too high and their willingness to change behavior too inconsistent, but that all is part of dealing with a chronic illness. We all can be good at something and I never cared for pediatrics or ER departments, which points to the fact that we are generally good at what we like. And I like, and am fascinated by the large gray area known as chronic head pain.

A tendency to see things whole helps with headache patients who have often been separated out for their TMJ/ENT/ALLERGIC/PTS/ etc. complaints. My wife says this is also a fault that carries over to gardening where I favor letting everything run together.

Freud said that he would like to change the hysteric's experience to "ordinary unhappiness." I think in our practice we are always attempting to reduce the overwhelming burden of pain and its comorbidities to an ordinary life, not free of pain, but manageable and worth living.