LOS ANGELES, June 20, 2012 – As the number of traumatic brain injuries in America’s military nearly tripled between 2000 and 2009 (10,963 to 27,862), headache researchers are calling for more appropriations to find better treatments for chronic migraine and post-traumatic headache.

In a paper presented this week at the 54th Annual Scientific Sessions of the American Headache Society, three researchers say that federal programmatic support for research on headache disorders is urgently needed to begin to reduce the burden of suffering from these conditions.

“Traumatic brain injury (TBI) among combat soldiers in the Middle East is now at its highest rates,” said Teshamae S. Monteith, MD, of the University of Miami’s Miller School of Medicine. “The medical community lacks the pharmaceutical armamentarium and infrastructure to effectively treat military related headache disorders, especially those complicated by concussive injuries and severe psychiatric disorders.”

Dr. Monteith, lead author of the study, was joined by Peter J. Goadsby of UCSF’s Headache Group and Robert E. Shapiro of the University of Vermont College Of Medicine, who are co-authors of the study.

Their paper deals with one of many timely issues concerning headache, migraine, and brain injuries on the four-day agenda which runs through Sunday morning, June 24.

Dr. Monteith noted that a total of $477 million was allocated for TBI-Psychological Health between 2007 and 2011. Allocations for 2011 were not reported in the paper, but the researchers said chronic migraine and post-traumatic headache were dropped from the Peer Reviewed Medical Research Program (PRMRP) as a line item in 2012.

“While traumatic brain injury is the signature wound of the Middle East conflicts, headache is the number one complication and a common cause of disability. In light of the suffering of so many of our soldiers, the commitment must be ramped up,” Dr. Monteith said.

Active duty and reserve service members are at increased risk for sustaining a TBI compared to their civilian peers, according to the Defense and Veterans Brain Injury -more-
Center (DVBIC) which is funded by the Department of Defense. “Military service members are increasingly deployed to areas where they are at risk for experiencing blast exposures from improvised explosive devices (IEDs), suicide bombers, land mines, mortar rounds, rocket-propelled grenades etc. These and other combat related activities put our military service members at increased risk for sustaining a TBI,” according to the DVBIC website.

For FY 2013, Department of Defense requests have been made to add chronic migraine and post-traumatic headache to PRMRP and proposed report language focuses on obtaining programmatic support of research, infrastructure, clinical and research training programs, a national headache registry with a biomarkers repository, and pre-clinical drug screening programs similar in scope to the NIH Anticonvulsant Screening Program, she said.

This year’s AHS meeting theme, “Planting the Seed for Future Headache Research” will spotlight other areas of current basic and clinical research such as the role of the cortex in migraine, the role of imaging in patients with headache, the latest breaking science emerging from the nation’s leading scientific laboratories in migraine research, and controversial issues in the diagnosis and management of complex headache disorders.

Migraine is one of the most ancient and mysterious of diseases with many myths and folklores attached to its diagnosis and treatment. Over the last 5,000 years, migraine sufferers subjected themselves to an array of extreme and bizarre treatments to find relief, said Dr. Elizabeth Loder, MD, president of the American Headache Society.

Some 36 million Americans suffer from migraine, more than have asthma or diabetes combined. An additional 6 million suffer from chronic migraine, where patients experience at least 15 headache days per month along with other disabling neurological symptoms. Migraine can be extremely disabling and costly - accounting for more than $20 billion each year in the United States. Costs are attributed to direct medical expenses (e.g. doctor visits, medications) and indirect expenses (e.g. missed work, lost productivity).

ABOUT THE AMERICAN HEADACHE SOCIETY
The American Headache Society (AHS) is a professional society of health care providers dedicated to the study and treatment of headache and face pain. The Society's objectives are to promote the exchange of information and ideas concerning the causes and treatments of headache and related painful disorders. Educating physicians, health professionals and the public and encouraging scientific research are the primary functions of this organization. AHS activities include an annual scientific meeting, a comprehensive headache symposium, regional symposia for neurologists and family practice physicians, publication of the journal Headache and sponsorship of the AHS Committee for Headache Education (ACHE). www.americanheadachesociety.org
ABOUT THE AMERICAN MIGRAINE FOUNDATION
The American Migraine Foundation is a non-profit foundation supported by the American Headache Society and generous donors dedicated to the advancement of migraine research. The mission of this newly formed foundation is to support innovative research that will lead to improvement in the lives of those who suffer from migraine and other disabling headaches. (www.americanmigrainefoundation.org)

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