

HEADLINES

A PUBLICATION OF THE EAST BAY HEADACHE SUPPORT GROUP
A member of the American Council for Headache Education (ACHE) support group network

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September 16th Meeting:

Are you treating the true cause of your headache, or simply treating the symptom(s)?

Learn to treat the cause of your headaches — the cause is not the same for everyone — and neither is the treatment!!!

The September meeting of the East Bay Headache Support Group will feature a presentation by Dr. Stephen C. Wellens, a chiropractic neurologist. Dr. Wellens is one of only 400 board certified chiropractic neurologists in the world, and the only one in Walnut Creek. This unique and distinct specialty combines an in-depth understanding of neurology with chiropractic and rehabilitation care for the treatment of a variety of disorders, including all types of headaches. In addition to degrees in chiropractic and neurology, Dr. Wellens has a bachelor of science degree in clinical nutrition, and will sometimes use this knowledge to design specific diet, nutrition, and supplementation programs in conjunction with his care.

Dr. Wellens serves as a professor at Life West College of Chiropractic, and separately teaches review courses for all four parts of the chiropractic national board examinations. He currently holds the distinction of Professor of the Year. Within the community of chiropractic, Dr. Wellens volunteers as the Vice President and Treasurer of the California Chiropractic Association (Contra Costa County). Dr. Wellens teaches seminars throughout the country on the treatment of various conditions through an understanding of chiropractic, neurology, rehabilitation, and diet/nutrition/supplementation. The treatment of headaches is one of those seminar topics taught to medical and chiropractic practitioners.

Though Dr. Wellens treats a variety of conditions, his specialty work is in the treatment of headaches and balance disorders.

What will you learn? Dr. Wellens utilizes his understanding of the neurological system to provide safe, drugless, and non-surgical treatment for headaches. There are a number of physiological causes of headaches, and Dr. Wellens' treatment for each type of headache patient is designed to treat the CAUSE, not the effect(s). Dr. Wellens' PowerPoint and video presentation will discuss how his unique treatment approach has helped thousands of headache patients. He will discuss some of the most common physiological causes for a variety of headaches, and how various treatments and at-home recommendations can help. This lecture will educate you about the uniqueness of chiropractic neurology, and how it is different than conventional and traditional chiropractic, and how it differs from medical neurology. Various physiological mechanisms for headaches will be discussed, including how they are diagnosed by Dr. Wellens, and how they are ultimately treated.

We will meet in the Hanson Room, downstairs at John Muir Medical Center—Walnut Creek Campus, Tuesday evening, September 16th, from 7:30 to 9:00 p.m. Call Carol at 925-229-5550 for more information. ♦

Future Meetings:

November 18, 2008: "Mr. Health Search"
Cliff Kalibjian will talk about researching health and medical topics on the Internet.

February 3, 2009: To be determined

If you can recommend a speaker or want to suggest a topic, contact Leslie at davisgold@gmail.com, or Carol at 925-229-5550.

Stimulating Therapy That Hits a Nerve

BOSTON—June 26, 2008

It seems counterintuitive, but stimulating a nerve may be just the ticket to pain relief for people who suffer from chronic migraines. Occipital nerve stimulation (ONS) – in which an implanted neurostimulator sends electrical impulses into the central nervous system via peripheral nerves – is showing early promising results for relieving chronic migraine pain, suggests a preliminary study being presented at the 50th Annual Scientific Meeting of the American Headache Society.

Four in 10 people with near-daily migraines had a positive response to ONS according to the multi-center study. That's encouraging news, because people with chronic migraines – meaning they get the headaches at least 15 days a month – often don't have much success with standard pain medication. About 9 million Americans suffer from chronic headaches, which is defined as headache more than half of the days each month. Most of those headaches are migraines.

“We are learning how to interrupt troublesome brain physiology by means other than medicines and to turn that interruption into a therapeutic benefit,” said Joel R. Saper, M.D., principal investigator of the study and director of the Michigan Headache and Neurological Institute, Ann Arbor, MI.

In ONS, small wires are tunneled under the skin in the back of the neck, and an electrode is placed close to the occipital nerve. The occipital nerve acts as an information conduit to the central nervous system, carrying sensory signals—including pain—from the neck and back of the head. Although researchers are still trying to decipher the neural pathways involved, stimu-

lating the occipital nerve appears to activate mechanisms that block the perception of pain in the brain. During stimulation, the patient feels a tingling sensation. Much like a heart pacemaker, ONS is powered by a battery that is surgically implanted under the skin, usually in the abdomen or buttock. The length of time the battery lasts varies by patient and depends on how much the device is used.

The nine-site prospective randomized, single-blind controlled study included chronic migraine sufferers whose pain measured 5 or greater on a scale of 1 to 10 for at least 15 days each month, and whose headaches were not relieved by standard medication. The study evaluated:

- 28 patients who were implanted with a neurostimulator and were able to control the level of stimulation they received;
- 16 who were implanted with a neurostimulator as part of a device controlled group; and
- 17 who were in the non-device control group, receiving only standard medication instead of an ONS implant.

A positive response was defined as at least a 50 percent reduction in the number of days of headache in a month, or a reduction in pain intensity of three points or more on the pain scale. After three months:

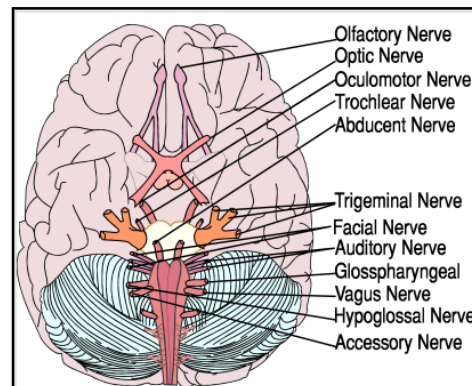
- in the first group, 11 of 28 (39 %) had a positive response;
- in the second group, 1 of 16 (6 %) had a positive response;
- and in the control group, which received only standard medication, none had a positive response.

Dr. Saper cautions that, while hopeful, the results are preliminary and further research is necessary to confirm the findings.

In addition to Dr. Saper, other authors of the paper being presented at the

meeting are: Peter J. Goadsby, M.D., Ph.D., Stephen D. Silberstein, M.D., David W. Dodick, M.D., and Sally McCarville, M.S. ♦

Found on the Web site of the American Headache Society at www.americanheadachesociety.org.



More About ONS...

excerpts from an article on [MyMigraineConnection.com](http://www.healthcentral.com/migraine/treatment-255814-5_2.html)

http://www.healthcentral.com/migraine/treatment-255814-5_2.html

Patients considering ONS treatment should be aware of some key points:

- ONS is not appropriate for all patients.
- Occipital nerve block injections may be a good predictor of whether ONS is suitable for individual patients.
- ONS is not yet FDA approved for migraine and headache prevention, but may be prescribed off-label (as many medications are).
- Since ONS is not FDA approved, most insurance companies will not pay for this treatment.

It should also be noted that, contrary to the sensationalized headlines coming from some mainstream media outlets, ONS is *not* a cure for migraine disease. It can be an effective preventive treatment for some patients, but it addresses only some migraine triggers, not all. Thus, patients using ONS may see a reduction in migraine and headache frequency, but not a complete cessation of migraines and headaches. ♦

Migraine, Medications, and Insurance Companies

By Teri Robert
November 21, 2007

We're seeing a disturbing trend of insurance companies denying coverage of preventive medications, particularly those that may be considered more expensive than others.



We all understand that many insurance companies have formularies that dictate coverage. What we don't understand is how an insurance company has any business dictating what our doctors can prescribe for us. I've had conversations with customer service representatives at insurance companies, and they tell me they're not dictating what doctors prescribe, that patients can always fill the prescription and pay for it out-of-pocket. Yeah, right. Like we can afford to pay for prescriptions when we're already paying insurance premiums.

A couple of recent experiences bring me to write this SharePost and suggest an approach to this problem. I recently contacted an insurance company on behalf of a migraineur who had been prescribed a medication for migraine prevention. This medication was being prescribed off-label, which is something I should explain. Medications are often prescribed "off-label," which means that the medications are approved by the FDA, but not for the condition for which it's

being prescribed. That's a very common practice with migraine preventives because there are only four medications actually FDA approved for migraine prevention. There are also about 100 medications that have been found to work and are prescribed off-label.

Anyway, the insurance representative told me that they would not pay for the medication that was prescribed because it was not FDA-approved for Migraine prevention.

Hmmmmmmmmmm. Inspiration struck. My reply was, "I understand. Can you tell me if your company would pay for amitriptyline?" The reply was, "Yes." The reply was also, "Yes," when I asked about Verelan PM (verapamil), and a couple of other medications that I know are less expensive than the medication the migraineur's doctor had prescribed. Gotcha!

At that point, I informed the customer service representative that NONE of those medications were FDA-approved for migraine prevention and asked to speak with a supervisor. I told the supervisor that I was convinced that the medication had been denied because of cost; that if they would cover other medications that were not FDA-approved for migraine prevention, I expected them to cover the medication the doctor had prescribed.

Well! Our migraineur received a phone call from her insurance company the next morning, telling her that they would cover the medication her doctor had prescribed after all. Hmmmmmmmmmm.

Not too long after that, I heard from another migraineur in a similar situation. I suggested that she try what I had done with the other insurance company. She called her insurance company, talked with them about the same issues, asking if they would cover less expensive medications.

They said, "Yes," she challenged them on the medication she needed, they agreed to cover it.

There are no guarantees that calling your insurance company and reasoning with them in this fashion will work, but if they decline to pay for a medication because it's not approved for migraine prevention, and you suspect it's because of the cost, it's worth a try. ♦

Found on the Internet at: <http://www.healthcentral.com/migraine/c/123/16721/migraine-insurance/>

Can't make the meetings? Want headache support between meetings?

Join the East Bay Headache Support Group's e-mail support group, a great way to share our experiences and knowledge. To join, send an e-mail to Elissa Lawson at elissalawson@yahoo.com with your name and email address.

Save Paper and Stamps

We're finally in the 21st century and able to send out newsletters via e-mail. To sign up, send your e-mail address to Leslie Davis at davis-gold@gmail.com.

The intention of the East Bay Headache Support Group is to provide information and resources. It does not provide medical advice, which should be obtained directly from a physician.

Notes... The East Bay Headache Support Group features medical and other professionals as speakers at its meetings. Notes are taken of most presentations and made available for a suggested donation of \$2.00 each, or read them on our Web site at www.headachesupport.org.

Past topics include: Biofeedback therapy, genetics, caregiving, dietary headache triggers, chiropractic treatment, pharmaceutical remedies, hormonal triggers, reducing stress in the workplace, dealing with holiday stress, acupuncture and Chinese herbal therapy, children's headaches, temporomandibular joint disease (TMJ), somatic headache relief, compounding medications, allergies, experimental headache drugs, prevention of stress headaches, non-traditional therapies, tension-type headaches, menopause, head injury headaches, environmental medicine, emotional impact of headaches, sleep disorders, chronic pain management, exercise headaches, cluster headaches, 5-HTP, Emergency Room visits, dealing with frustrations, Botox injections, naturopathic medicine, the Alexander Technique, effective nutrition for headache pain management, acupuncture, medication overuse headache, and many more.

The East Bay Headache Support Group is a nonprofit organization dedicated to providing a forum for headache sufferers. The support group meets four times per year—selected Tuesday evenings in February, May, September, November—from 7:30 to 9:00 p.m., at John Muir Medical Center—Walnut Creek Campus. It is open to all headache sufferers and their families, and interested persons. The meetings are free; however, donations to cover printing, postage, and Web site expenses are appreciated! The support group meetings include lectures by guest speakers, question and answer sessions, and informational materials.

Directions to John Muir Medical Center—Walnut Creek Campus: Take Highway 680 to the Ygnacio Valley Road exit in Walnut Creek. Travel East toward Mount Diablo approximately 1-1/2 miles, and turn right onto La Casa Via at the top of the hill. Turn left into the medical center parking lot, and enter at the main lobby. Take stairs or elevator to the lower level and follow signs to the meeting room.

We value your input! Call, write, or e-mail us if you have comments or suggestions, or would like to help. The planning committee welcomes new members to help organize meetings and find speakers, and publish and mail newsletters. Call Carol at 925-229-5550 or send an e-mail to Leslie at davisgold@gmail.com.

**TIME DATED
MATERIAL**

**Visit our Web site!
www.headachesupport.org**

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