British Journal of Pain
6(3) 102

© The British Pain Society 2012

Reprints and permission:

sagepub.co.uk/

journalsPermissions.nav

DOI: 10.1177/2049463712460947

bjp.sagepub.com

This issue of the *British Journal of Pain* contains two articles on headaches: a common condition with substantial economic, societal and personal costs. As you read these words, an estimated 190,000 people in United Kingdom are suffering a migraine attack.¹

These are timely articles with the International Association for the Study of Pain declaring 2012 the year against headache and with the release of National Institute for Clinical Excellence guidelines on the diagnosis and management of headaches.² Dr Fayyaz Ahmed has written an article summarising primary and secondary headache disorders, which provides practical advice to differentiate, investigate and manage patients with this symptom.³ He also highlights the disparity between the demand and provision of services for managing headaches. Professor Rafael Benoliel has discussed in more detail the group of conditions known as the 'trigeminal vascular' headaches.⁴ Although less common, they cause substantial morbidity and suffering. For example, women with cluster headaches reported that they are more painful than childbirth. The correct diagnosis and treatment of these disorders is clinically satisfying, leading to profound gratitude from patients and their families.

These two articles raise important issues regarding the role of pain specialists in the diagnosis and management of headaches in the UK. Professor Benoliel's article describes the overlap in pathogenesis of chronic pain and headache disorders, while Dr Ahmed highlights the under-provision of services for managing headaches. I believe that pain specialists have a role not only in filling this gap but also in employing their specific skills. Apart from their expertise in invasive procedures such as nerve blocks, the multi-disciplinary approach to managing chronic pain is useful in managing some headache disorders. After all, there is substantial overlap between migraines and other chronic pain disorders such as fibromyalgia, irritable bladder and bowel syndromes, and chronic musculoskeletal

and back pain.^{5,6} In addition, assistance from pain specialists in the withdrawal of potent opioids for patients with medication-overuse headaches can be invaluable. These are only some examples of their emerging role.

Ideally, headache management should consist of each subspecialty working to its strengths: neurologists in assessment and investigations, and pain specialists in multi-disciplinary management of chronic disorders. It is for this reason that familiarisation with headache disorders and continual dialogue across the specialty divide can only benefit patients and advance our understanding.

Conflict of interest

Dr Chong is a member of the NICE Headache Guideline Development Group.

References

1. Steiner TJ, Scher AI, Stewart WF, et al. The prevalence and disability burden of adult migraine in England and their relationships to age, gender and ethnicity. *Cephalalgia* 2003; 23: 519–527.
2. National Clinical Guideline Centre. Headaches: diagnosis and management of headaches in young people and adults, <http://www.nice.org.uk/nicemedia/live/12340/58996/58996.pdf>, (2012, 31 August 2012).
3. Ahmed F. Headache disorders: differentiating and managing the common subtypes. *British Journal of Pain* 2012; 6: 125–133.
4. Benoliel R. Trigeminal autonomic cephalgias. *British Journal of Pain* 2012; 6: 106–124.
5. Tietjen GE, Brandes JL, Peterlin BL, et al. Childhood maltreatment and migraine (part III). Association with comorbid pain conditions. *Headache* 2010; 50: 42–51.
6. Scher AI, Bigal ME and Lipton RB. Comorbidity of migraine. *Curr Opin Neurol* 2005; 18: 305–310.

Dr MS Chong

Consultant Neurologist at the Medway
Maritime Hospital Foundation Trust and Kings College
Hospital Foundation Trust