

DEBATE: MOST HEADACHE PATIENTS CAN BE TREATED WITH BEHAVIORAL MEDICINE TECHNIQUES ALONE – NO

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Migraine is a complex neurobiological disorder with genetic background. Several genes were identified for familial hemiplegic migraine, some more will follow.

Our knowledge on pathophysiology of migraine increases steadily. We learned about cortical spreading depression, cortical hyper-excitability, abnormal functioning of brain stem serotonergic nuclei, CGRP release and neurogenic inflammation in the meninges. This knowledge led to development of new molecules such as triptans and CGRP antagonists. Current migraine treatment concepts include abortive treatment and preventative medication.

Indeed, psychological factors such stress can trigger migraine attack or even more substantially influence course of the disease. Depression and anxiety are frequent comorbid conditions for migraine, especially for chronic migraine. Therefore, behavioral therapy is a part of multimodal treatment approach for patient's chronic migraine with and without medication overuse or for those with episodic migraine with psychiatric comorbidities.

But, behavioral therapy is and can be only a part of migraine treatment. Behavioral treatment can accompany medical preventative treatment. But migraine patients cannot be treated with behavioral treatment alone.