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Diary studies have shown significant correlations between levels of daily stress as a trigger for migraine attacks. Stress related factors may also progress episodic migraine to a more chronic state. Other risk factors for progression include frequency of attacks, obesity, psychiatric comorbidities, medication overuse and sleep issues; all modifiable by behavioral interventions. Cognitive behavioral sleep therapies have been shown to reverse chronic migraine back to episodic migraine with decrease in headache days greater than any preventive agents including the new CGRP inhibiting agents. Poor medication adherence can result in ineffective treatment of acute attacks, medication overuse headache (MOH), and greater risk of preventive medication side effects. Comprehensive behavioral treatments for migraine and MOH commonly incorporate motivation enhancement strategies to maximize preventive medication adherence and optimize acute care. Relaxation training, biofeedback training, and cognitive behavioral therapy have a good evidence base and are recommended in numerous treatment guidelines for the prevention of migraine. Behavioral therapy outcomes equal outcomes with preventive medication alone with less adverse events and there is some evidence that outcomes are enduring. Combination behavioral and medication treatment can enhance outcomes. Cognitive behavior therapy targeted for migraine with comorbid depression has shown promise on measures of headache, depression, anxiety, and quality of life compared to routine primary care. The thesis of this presentation is that headache medicine is mostly behavioral therapy. Effective clinicians perform a comprehensive behavioral assessment, and optimize acute and preventive care utilizing headache diaries and behavioral change strategies. It is my position that all these strategies follow principles of behavior that are the most significant change agents in the management of migraine.