

Electrical stimulation will replace medications for the treatment of Migraine and Cluster Headache

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The premise of this debate is that neuromodulation will surpass medications for migraine and for cluster headache. There are variety of new neuromodulation strategies that have been approved or are in testing for the treatment of primary headache disorders. Cefaly has been available for several years, and has approval for the acute and preventive treatment of migraine. Single pulse TMS has been approved for the treatment of migraine with aura, as well as without aura, both acutely and preventatively. GammaCore, noninvasive vagal stimulation, has been approved for the treatment of cluster headache and migraine headache, and evidence shows that the more frequently someone treats, the fewer the headache attacks. Additional neuromodulation strategies in earlier stages of approval look promising, including sphenopalatine stimulation, caloric stimulation, and noninvasive electrical stimulation across the arm. In general, these strategies have had minor risk or side effects. On the other hand, there are variety of medications that are available or are becoming available for treatment of cluster and for migraine. 2 of the new anti-CGRP antibody medications have been tested for cluster headache, and 3 of 4 are already approved for migraine. Oral anti-CGRP medications (gepants) and 5-HT_{1F} agonist medications are being developed for migraine treatment, and might be helpful for cluster as well. In addition, new formulations of existing medications, including injectable sumatriptan at a lower 3 mg dose, and nasal spray sumatriptan with a permeation enhancer, are available or coming to market, and may offer advantages for acute treatment of migraine and of cluster headache. Our speakers will review the data regarding these various strategies. I'm looking forward to their presentation of the pros and of the cons of different approaches.