



Deutsches Kopfschmerz-Konsortium German Headache Consortium

Berlin

19.12.2005





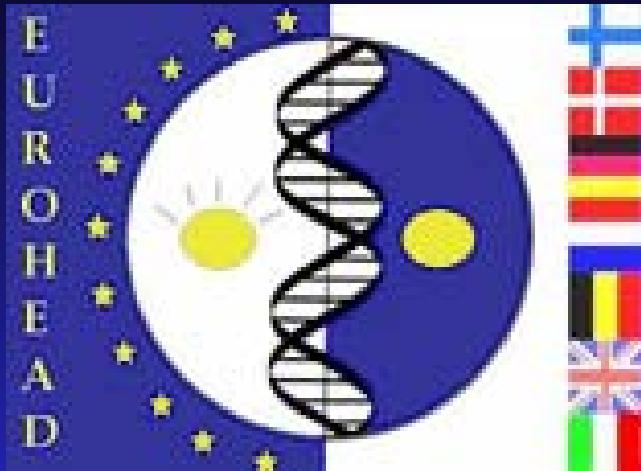
Structure within the consortium

A	Coordinator: Brune, Erlangen	D	Coordinator: Straube, Munich
A0	Reuter/Arnold, Berlin	D1	Straube, Munich
A1	Messlinger, Erlangen	D2	Stude, Essen
A2	Hess, Erlangen	D4	Paulus, Goettingen
A3	Ellrich, Aachen	E	Coordinator: Kroener- Herwig, Goettingen
B	Coordinator: Limmroth, Essen	E1	Kroener-Herwig, Goettingen
B1	Limmroth, Essen	F+G	Coordinator: Diener, Essen
B2	May, Hamburg	F	Central service and administration
B3	Fritzsche, Essen (new appl.)		
C	Coordinator: Diener, Essen		
C1	Diener/Katsarava, Essen		
C3	Pageler, Essen		



Frequent migraine attacks: underlying mechanisms of migraine chronification and new approaches for its therapy and prevention

V. Limmroth, Essen (B1)



Finnland (University of Helsinki)
Denmark (University of Copenhagen)
Germany (University of Essen)
Netherlands (University of Leiden, coordinating)
Belgium (University of Liege)
UK (University College)
Italy (University of Milano)

- EU – Project within the 6th EU-research framework
- devoted on the genetics of headache disorders
- funded with € 3 Mill for 3 years
- special WP Essen (€ 225k)
 - central DNA-bank (non-headache-control group)
 - central 5-HT receptor SNP-analysis
 - delivers DNA of FHM -, MwA – families and MOH-patients
- BMBF genetic projects will extended / integrated into EUROHEAD



Aims for the second funding period

Aim 1:

- Polymorphism patterns in patients with specific types of migraine (DNA of 1.500-2.000 pat. retrieved from cotton sticks with buccal mucosa cells, patients are recruited through the epidemiol. project)

Aim 2:

- Combination of genetics and MRI
(Patients with a clearly defined phenotype and a specific polymorphism will be examined in the MRI by using voxel based morphometry, collaboration with A. May, Hamburg)

Aim 3:

- The underlying genetics of MOH (BMBF + EUROHEAD)
(300 patients from Essen, 100 Copenhagen, 50 Leiden) for the known polymorphisms of 5-HT receptor and 5-HT transporter system)

Was brauchen wir?

- Korrelation Phänotyp und Genotyp
- Tagebuchdaten über 4 Wochen



Prevalence of chronic headache in a population based sample of Germany and incidence and predictors of chronification of headache in patients with episodic migraine and tension- type headache (C1)

HC. Diener, Z. Katsarava, Essen

Pilot study:

A prospective 1 year follow up of 532 patients with episodic headaches

One year incidence of chronification = 14%

Risk factors:	Odds Ratio	95% CI	p value
Headache frequency, 5-9 days	6.2	1.7-26.6	0.005
Headache frequency, 10-14 days	20.2	5.7-71.5	0.001
Headache medication overuse	19.4	8.7-43.2	0.001

Katsarava et al, Neurology 2004; 62: 788-792

Main study

- **Validation of the screening questionnaire**
 - ◆ Migraine, n = 116, sens. = 97%, spec. = 65%
 - ◆ Tension-type headache, n = 38, sens=74%, spec=77%
 - ◆ TAC, n = 101, sens = 95%, spec = 96%
 - ◆ Low back pain, no headache, n = 30
 - ◆ Healthy controls, n = 40
 - Fritzsche et al, manuscript in preparation
- **Pilot screening of 200 persons**
- **Main study: 16,600 population**



Current results

- Screened: 6,000 in the city of Essen
 - ◆ Response rate = 54%
 - ◆ Chronic headaches = 3.4%
 - ◆ Chronic headaches with medication overuse = 1.5%
 - ◆ Migraine 18.5%
 - ◆ Tension-type headache 52.5%



Work plan

- Screening of 10,600 in the cities of Münster and rural area of Konstanz
- Two bi-annual follow ups
- Annual incidence of chronification of headache
- Predictive model for chronification of headache

Was brauchen wir?

- Direkte Erfassung der epidemiologischen Daten und Tagebücher
- Online über Internet vom PC des Patienten
- Via Handy?

Versorgungsforschung im Rahmen der integrierten Versorgung „Kopfschmerz“

- Kooperation von Neurologen, Psychologen, Psychosomatikern, Physiotherapeuten und Sporttherapeuten
- Kooperation von Klinik, Tagesklinik und niedergelassenen Ärzten (derzeit 20)

Versorgungsforschung im Rahmen der integrierten Versorgung „Kopfschmerz“

- Operationale Kriterien zum Patienteneinschluß in unterschiedliche Module zur Prophylaxe und Therapie (bisher Telephoninterview)
- Definierter Follow-up mit operationalen Erfolgskriterien (12 items)
- Wünschenswert: Tagebücher elektronisch übermitteln