This presentation will serve to remind participants about features of interest to readers of both the print and online (electronic) features of Headache: the journal of head and face pain. The online version of the journal is available at www.headachejournal.org. It can also be accessed through the American Headache Society’s home page. In addition to a subscription to the print version of the journal the journal can be viewed electronically as a member benefit. Our current impact factor is 2.961, a modest increase from the previous year. We rank 63/192 among Clinical Neurology journals. The impact factor (IF) of an academic journal is a measure reflecting the average number of citations to recent articles published in the journal.

An important feature within the journal merits special mention. Headache Currents, the “journal within the Journal.” Formerly shared by Cephalalgia and Headache, it now appears exclusively in Headache. Dr. David Dodick was the first editor; subsequently, I was the editor, and now, Dr. Stewart Tepper has taken charge. Until this year, it was 6 issues per year; now, we have 1 in each issue of the main journal.

I want to remind our readers that Headache is online, with Dr. Todd Schwedt performing the role of the online editor. Featuring an array of ancillary content, the online version is where accepted articles can be accessed ahead of appearance in print (click on the “early view” link). Perhaps the crowning achievement of all the various online efforts Dr. Schwedt and his team have assembled are the virtual issues. Virtual issues are collections of articles on a particular subject, published previously in Headache: The Journal of Head and Face Pain. The articles highlighted are selected by a guest editor to provide a rapid overview of the activity in a particular aspect of headache medicine. The virtual issues will be updated on a regular basis by the editor but will not be available as a paper publication. The following virtual issues are available:

- Medication Overuse
- Obesity and Headache
- Mild Traumatic Brain Injury, Concussion, and Post-traumatic Headache
- Orofacial Pain
- Migraine Genetics
- Idiopathic Intracranial Hypertension (IIH)
- Neuroimaging Migraine Research
- Sleep and Headache Disorders
- Occipital Nerve Block for Headache
Dr. Deborah Tepper writes the Toolbox special feature which appears in many issues of the journal. These are practical articles designed for both patient and provider education. They are freely available and intended to be reproduced and shared with patients. Some content of this feature is also available in Spanish, Portuguese, and Chinese. The idea for this feature came from the previous Editor-in-Chief Dr. John Rothrock and it has been very popular. The list of recent toolboxes includes New Daily Persistent Headache, CGRP-targeted therapy for migraine, migraine-associated vertigo, cluster headache, hemicrania continua, management of migraine during pregnancy and lactation, acute and preventive treatment of migraine, chronic migraine and many other topics. Toolbox topics can easily be searched for using the on-line version of the journal.

Drs. Matthew Robbins and Morris Levin are in charge of the Residents and Fellows section. We encourage Directors of Headache Medicine fellowship programs to remember this feature as a place to encourage their fellows to publish. It is peer-reviewed and represents an excellent educational opportunity not just as material to be read but also as a venue where trainees can publish their work. The varies sections include Headache Rounds (based on the famous format published years ago in this journal as Headache Rounds at the Faulkner Hospital with Dr. John Graham), Teaching Images in Headache, Education Research, Careers in Headache Medicine, Opinions in Headache Education, and Headache and the Arts.

Each issue of our journal has the Abstracts and Citations feature contributed by our 3 erudite colleagues Drs. Robert Kaniecki, Frederick Taylor and Wade Cooper. They survey the world literature on Headache Medicine then choose articles of particular interest and all 3 provide commentary, often generating a lively discussion. Their expert insights provide a real “value added” aspect to this content and serve our readership well.

Also, an occasionally appearing special feature is contributed by Dr. Randall Evans “Expert Commentary”. A particular topic is presented, often with an exemplary case, which a guest author discusses and relevant literature is provided so the reader can assess current expert opinion on the subject. This is a valuable educational opportunity allowing our readers to see the literature from the perspective of experienced clinicians.

A new feature to begin in 2017 will be a regularly occurring column contributed by Lynda Krasenbaum APRN. The intent is to point out material in the journal of particular interest to associate providers and I hope those readers take advantage of this new feature in the journal.
The reference list serves as the selection of articles from the past year I wish to highlight. Of note, and listed first is the “Member’s Choice Award”. (1) This award is chosen from a list of 5 articles which I select (and those 5 cannot include the Wolff Award nor articles which I have commissioned). I should note that this year there was no Wolff Award given. To quote directly from the journal’s website “The Harold G. Wolff Award is granted annually by the American Headache Society for the best paper on headache, head or face pain and the nature of pain itself. The recipient is invited to present the paper at the Society’s annual meeting, which is then subsequently published in Headache. For more information on the Wolff Award please visit www.AmericanHeadacheSociety.org.”

If time permits I will mention the presentation at EHMTIC in Glasgow on lasmiditan, a selective 5-HT1F agonist without vasoconstrictive action. The Samurai Phase 3 pivotal trial comparing lasmiditan 100mg, 200mg and placebo single dose for a migraine attack (second dose permitted for rescue) looking a 2 hour pain free and 2 hour most bothersome associated symptom-free at 2 hours. 2,232 patients randomized. >80% of enrolled subjects have multiple CV risk factors. Average age 44. For the primary endpoint (HA pain free at 2 hours) for 100mg 59.4%(p<0.001), for 200mg 59.5% (P<0.001), for placebo 42.2%. No serious adverse events of a cardiovascular nature were noted. Adverse events were most CNS related including dizziness, somnolence and fatigue.

References


