

Study Backs Diagnosis of In-Flight Headache

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FROM THE INTERNATIONAL HEADACHE CONGRESS

BERLIN – Reports from airline passengers who experience sudden onset, severe, and short-duration headaches – primarily during landing – contain enough common and unique features to support a new, distinct form of headache, according to a study.

“There are some peculiar, common characteristics,” Dr. Federico Mainardi said at the congress, which was sponsored by the International Headache Society and the American Headache Society. A total of 63 people who responded to a questionnaire cited the common factors of strict unilateral presentation, absence of companion symptoms, and spontaneous resolution once they were on the ground and at the airport.

Sinus conditions sometimes cause severe headaches in migraine patients, Dr. Mainardi said, but only two participants reported concurrent sinusitis. This and other physiologic explanations were ruled out for the remainder, including a subset who underwent MRI and sinus CT scanning, said Dr. Mainardi, a neurologist at the Headache Centre at S.S. Giovanni e Paolo Hospital, Venice, Italy.

Because 60 of the 63 participants had at least one attack occur during the landing phase, Dr. Mainardi suggested that patients with a history of these attacks should take nonsteroidal anti-inflammatory drug prophylaxis either before take-off on a short flight or during a longer flight. Some respondents reported that this strategy prevented attacks.

Most of the participants (46) did not experience a “headache attributed to airplane travel” during their first experience flying. Many people had repeat attacks, including 15 patients who reported attacks on more than half their flights and 9 who had an attack each time they flew.

Dr. Mainardi described his first case and, together with seven other cases published in the literature, he and his colleagues devised specific criteria for these headaches: repeated attacks, occurrence during airplane travel, duration up to 20 minutes, and frontoparietal location (J. Headache Pain 2007;8:196-9).

Dr. Mainardi said that after the publication of the criteria he and his associates received e-mails from people worldwide experiencing the same kind of headache. Of these 69 contacts, 63 returned a completed questionnaire in which they described and rated their experience. Their mean age was 37 years, and 41 (65%) of the respondents were men. Using International Classification of Headache Disorders (ICHD-II) criteria on the questionnaire, 35 (56%) had a concomitant primary headache, including 15 who reported tension type headaches, 11 who reported migraine with aura, and 3 who met criteria for probable tension type headache. Six reported more than one primary headache type. No participant suffered from cluster headache.

All patients rated their attacks as “se-

VITALS

Major Finding: Of 63 patients who shared common characteristics for a new form of headache attributed to airplane travel, 60 reported having at least one attack occur during the landing phase.

Data Source: A questionnaire-based study of 63 people with headache attributed to airplane travel.

Disclosures: Dr. Mainardi said that he had no relevant financial disclosures.

vere” or “very severe.” These headaches negatively influenced the decision to fly in the future for 44 respondents (70%).

All patients denied consuming alcohol prior to the attacks and none gained relief from measures such as chewing,

swallowing, or performing a Valsalva maneuver. The duration of flight was not a factor associated with the headache attacks, Dr. Mainardi said.

A video interview with Dr. Mainardi can be viewed with the QR code, or by visiting www.clinicalneurologynews.com.



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References: 1. Data on file, UCB, Inc. 2. Beyreuther BK, Freitag J, Heers C, Krebsfänger N, Scharfenecker U, Stöhr T. Lacosamide: a review of preclinical properties. *CNS Drug Reviews*. 2007;13(1):21-42.

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