First, I consider that my traineeship could not have a better beginning since during my first days in London I was able to attend to the International Headache Academy (iHEAD) 2022 and the Migraine Trust International Symposium 2022. Both events provided me with an impressive overview about headache disorders regarding pathophysiology, understanding, diagnostic criteria, novel therapeutics, and cutting-edge research projects, and I also participated in practical workshops on biostatistics, headache research methodology, presentation skills, and how to improve awareness about these highly prevalent conditions. In addition, these events gave me the opportunity to meet worldwide renowned researchers in headache disorders and also early career neurologists and research scientists who are starting their path in this captivating field.

Turning to my stay at King’s College Hospital, I had the chance to participate in different clinical and research activities alongside Professor Peter Goadsby and other members of his headache group. In the clinical setting, I had the opportunity to observe and listen to the assessment of patients referred by other physicians with a wide range of headache problems, such as episodic or chronic migraine, refractory migraine, patients with migraine seeking novel acute or preventive treatments, and also patients suffering from trigeminal autonomic cephalalgias.

Furthermore, I could visit the orofacial pain clinic that is run by Dr Jan Hoffmann alongside dentists where patients suffering from cranial neuralgias are assisted. I also participated as an observer in the multidisciplinary periodic encounter by members of the headache group and neuroradiologists where complex cases of secondary headache were discussed.
Finally, I attended to face-to-face clinics for interventional treatments such as botulinum toxin type A for migraine and greater occipital nerve injections for migraine and trigeminal autonomic cephalalgias. These clinics were also valuable opportunities to assess patients with cluster headache during bouts.

During my traineeship I was assigned two different research projects. First, alongside and supervised by Dr David Moreno-Ajona, we performed a retrospective analysis of the treatment response to anti-CGRP monoclonal antibodies on patients with migraine, specifically describing the different outcomes between two groups: migraine without vestibular symptoms and vestibular migraine. Our main aim was to address if differences exist in the effectiveness of these migraine-specific novel treatments between the groups. We audited the clinical records of more than 300 patients who attended the King's College Hospital London. We tabulated the information using Excel and completed preliminary statistical analysis using SPSS and Stata. We look forward to presenting the data at the next International Headache Congress.

Second, supervised by Dr Francesca Puledda and in cooperation with other colleagues we carried out a literature review about differential diagnosis of visual phenomena associated with migraine focus on aura and visual snow syndrome. We discussed key clinical features of the two conditions, including pathophysiological mechanisms, their differential diagnosis and best treatment approaches. This review is intended for general neurologists and clinicians, and it will hopefully help them in recognising these distinct visual phenomena.

This Traineeship exceeded my expectations in all aspects, giving me the opportunity to improve academically and also personally. I consider that this kind of training programme is vital for neurologists from countries without headache infrastructure or expertise since this is a unique opportunity to visit leading headache research groups around the world.

Last but not least, I had the chance to meet remarkable professionals from which I learnt so much and I hope that we can continue working together in the future.

Moreover, I would like to express my gratitude to Ms Carol Taylor (International Headache Society) and to Ms Alison Worth (Executive Assistant to Professor Peter Goadsby) who were always willing to assist and help me anytime that I needed.

This traineeship provided me with solid knowledge and expertise to manage different complex clinical settings related to headache disorders and I consider that this will have a significant positive impact on my professional practice. In addition, I consider that it gave a comprehensive overview
about the requirements needed to conduct an appropriate headache clinic and made me realise the importance of keeping an accurate and detailed record of the information obtained during medical consultations in order to audit our activities correctly and to be able to utilise that valuable data for future research studies as well. Finally, it encouraged me to get involved in research projects and to maintain regular and active contact with colleagues from around the world.
1. Headache group - King’s College Hospital
2. After office drinks at Covent Garden
4. Christmas time at King’s College Hospital

3. Painted Hall at the Old Royal Naval College, London

5. Tower Bridge, London
It was a lovely experience to work with Professor Ahmed. I had exposure to advancements in the field of headaches. I came across many rare cases of headache as well like hemicrania continua and few cases with combined cluster headache and migraine. I learned of the IHS guidelines to treat cases with chronic migraine, when to start Botox therapy, and when to switch it other suitable options like CGRP or flunarizine. I also learned about the dose, sites and methods of injection of Botox and CGRP and then monitoring the response and expectations and how to maintain headache diaries and parameters to look while treating different kind of headaches.

I came to know about new trials going on for episodic migraine like Botox and Lumi Shade glasses. I attended different lectures on headaches by Professor Ahmed delivered at different occasions (physical and virtual) to GPs as well to overseas neurologists, i.e at Iranian and Pakistani neurology meetings.

Unfortunately I couldn’t complete any research project during this short span but I helped in recruiting patients for ongoing studies in patients with episodic migraine i.e PEARL study, Botox therapy and Lumi Shade glasses.

I learned a lot of new things that will be helpful for me while treating my patients. I got a lot of support from Professor Ahmed and he also asked his colleagues and trainees to look after me if needed, and I am really thankful to all of them; they were very nice to me and that made my stay comfortable.

With this experience, I learned many new aspects of treating headaches and I will definitely apply them in my clinical practice. The guidelines and protocols learned during this training
will help me to become a safe doctor and ultimately my patients will get benefit of this, and that is the goal for every good doctor.
The IHS trainee programme was a unique and exceptional opportunity for me. Attending the headache outpatients' clinic in the Ludwig Maximilian University of Munich, Campus Großhadern helped me to deepen my knowledge regarding the diagnosis and treatment of migraine and other primary headache disorders.

The majority of the patients in the clinic had migraine, medication-overuse headache, cluster headache, and trigeminal neuralgia. During the headache consultations, I saw for the first time patients with cluster headache, new daily persistent headaches, glossopharyngeal neuralgia, and primary headache associated with sexual activity.

Thanks to Professor Straube, Dr Albert Gracenea and Dr Kamm, I got to learn the state of the art treatment of different types of headaches, like the anti-CGRP monoclonal antibodies (erenumab, galcanezumab, fremanezumab, eptinezumab); unfortunately, these medications are not available in Morocco. I also learned how to do Botulinum toxin injections and the great occipital nerve blockade (GON).

Furthermore, during my stay, I attended the daily neuroimaging staff and the weekly case presentations, which were very informative. I had the chance to participate in a scientific project and to attend the 2 days intensive headache school which took place in the Großhadern clinic.

During my stay, I participated in a research project to determine tactile thresholds in patients with visual snow syndrome (VSS). VSS is a distinct clinical entity, characterised by the perception of continuous mostly black and white tiny flickering dots in their entire visual field.
(TV snow-like). It is usually reported in young adulthood, equally affecting men and women. It is not clear whether visual snow syndrome should be considered as an organic disease or rather as a heightened perception of normal sensory phenomena.

Our aim in this study is to examine patients diagnosed with VSS according to the ICHD-3 to determine their tactile thresholds and to compare them with healthy adults.

The social and cultural differences that I experienced contributed to further enriching the experience of living abroad. As a neurology resident doctor living in a developing middle-income country, I was curious and wanted to know and see how medicine, especially headache medicine, is practiced and organised in developed countries such as Germany.

I am deeply grateful to IHS for the awarded grant and the privilege to do an internship abroad; I would like also to thank Mrs Taylor for her amazing work and support before, during, and after my visit. Furthermore, I would like to thank Professor Straube and Dr Gracenea immensely for the teaching, kindness, and help I received; I also thank all the colleagues from the department of the Neurology LMU, Campus Großhadern for their collegiality. Special thanks to Mrs Andrea Maier Anft, Mrs Theresa Klonowski, Fay Felix, the nurses and staff of the Headache Clinic.

The Trainee programme has helped me to consolidate previous knowledge, improve my approach to diagnosing and treating different types of headaches, and to acquire new skills such as Botox injection and great occipital nerve blockade.

This experience opened my eyes to the fact that migraine and other types of headache disorders are a public health problem that is under-estimated, under-recognised, and under-treated in Morocco and other low-middle-income countries.

I now have new ideas for my career. I would like to deepen my knowledge of migraine and other primary and secondary headache disorders. I wish I could work in a hospital with a headache clinic, where I can be active in research, consolidate what I learned from my training, and enhance my knowledge and skills in the headaches domain.