

Obituary for Ottar Sjaastad, founding editor of Cephalalgia

Cephalalgia

2022, Vol. 42(14) 1447–1449

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DOI: 10.1177/03331024221134242

journals.sagepub.com/home/cep



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Professor and former consultant in neurology, Ottar Sjaastad died on 30 August 2022, aged 94. With him, a towering figure in neurology and headache research internationally has passed away.

As the oldest son of a vicar, he was born on 3 January 1928 in Northern Norway, but during his childhood the family moved to Vågå in Southern Norway, a small rural community among the country's tallest mountains. Much of his identity stemmed from this place.

He took his official medical exam in 1955 and a doctorate in neurochemistry in 1967 at the University of Oslo. He became a specialist in Neurology in 1968, and in 1971 an assistant consultant and docent in Neurology at Rikshospitalet in Oslo. Here he worked under Professor Sigvald Refsum, who had described a new neuropathy (Refsum's disease). He later acknowledged that this had made him aware of what was required to describe disease entities. In 1978, he became the first Professor of Neurology at the newly established medical school in Trondheim, combined with the position as consultant in the Neurology department at the Regional (later St Olavs) University Hospital, positions he held until his retirement in 1995. In the period 1985–92, he was also head of the Neurology Department.

As a scientist, he wrote and contributed to over 400 scientific articles and book chapters, edited several books and published two specialist books as sole author. The book on Cluster Headache Syndrome is his best known (1). He wrote and contributed to articles until he was over 90 years old.

Sjaastad's most lasting scientific achievement is probably the description of new headache entities (chronic paroxysmal hemicrania [CPH] in 1974 (2), hemicrania continua in 1984 (3), and SUNCT in 1989 (4)), which are still included in ICHD. This was the result of his deep involvement with his patients, accurate clinical observations, brilliant memory and great endurance, and his skepticism towards vague concepts and theories (e.g. "vascular", "psychic", etc). In this way, what might be termed the Hippocratic method was re-introduced (Hippocrates had described migraine) by him into headache medicine, i.e. accurate descriptions in neutral terms, liberated from contemporary superstition and causal assumptions. He vividly described how the first CPH patient came to his attention (5). This woman, followed and studied for 12 years, had up to 24 short-lasting, incapacitating attacks per day. Every available drug was tried, usually with no beneficial effect and/or with long-lasting adverse reactions. She had been accused of being a hysterical person, but when indomethacin was introduced, this

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had a miraculous effect! CPH was for some time called Sjaastad's syndrome (6). We believe thousands of patients all over the world have received one of these diagnoses, and many of them got a new life on indomethacin treatment. He also greatly contributed to operational criteria for cervicogenic headache and primary stabbing headache ("jabs and jolts").

To further characterize and understand these new disease entities, he established research facilities for testing autonomic (pupillometry, sweating, cardiorespiratory), neurophysiological, psychophysiological (quantifying light and sound sensitivity) function. Also, a lab for neurochemistry and study of the innervation of vessels in the head of animals and humans was established.

After retirement, he carried out a complete survey on his own of the occurrence of headaches in Vågå, where he had grown up (7). He stayed almost permanently in Vågå for approximately two years and conducted interviews and examinations with over 1800 people, 90% of the municipality's adult inhabitants! This very high participation rate was no doubt caused by Sjaastad's reputation, and his local affiliation. It was a pioneering work for detailed descriptions of headaches in a population, which also included those who had never sought a doctor for their symptoms (e.g., he found seven with cluster headache, but only two of them had consulted a physician!).

Sjaastad was also an organization builder. He was central to the establishment of the Norwegian Migraine Society, the Scandinavian Migraine Society, and not least The International Headache Society (IHS). In 2017 he published an interesting and personal account of the sometimes-chaotic events and meetings in Florence and London leading up to the founding of the IHS (8). There was much disagreement and considerable resistance during the planning. Sjaastad described how he finally managed to get a mandate to form the IHS. The network he created in connection with founding the journal *Cephalalgia* was of vital importance for the process, and IHS came afloat in September 1982. *Cephalalgia* was originally published by the Scandinavian University Press and Sjaastad was editor-in-chief for nine years. Under his leadership, it became the leading headache journal in the world. From the start, it was planned that *Cephalalgia* should be the official organ of IHS, which happened in 1988. When asked why he did not go for the presidency of IHS in the early years, he invariably answered that he did not want it to be said that he had created offices for himself. For his great efforts, he was made the first honorary member in 1997 "for unique and meritorious service to the IHS in its foundation and

subsequently". He was also president of the European Headache Federation for one period.

Sjaastad built up an international research environment at the University in Trondheim (later Norwegian University of Science and Technology, NTNU) and Regional Hospital in Trondheim. Sixteen candidates were guided through to a doctorate. As a supervisor, he was precise and thorough in his work, and very fast. When we delivered a manuscript to him, we almost always got it back with (many) corrections the next day! In Trondheim, he established the International School of Headache, where young doctors from many countries (Italy, Spain, Lithuania, Hungary, Poland, Greece, Turkey, Brazil, Argentina, China, to mention just some) received training in headache diagnosis and treatment. Some of these students later established excellent headache research groups. In Norway, Sjaastad's reputation as a researcher and clinician was important for the establishment of the National Competence Center for Headaches in Trondheim in 2000.

Despite his extensive academic and organizational work, working with patients was always the focus for Sjaastad. In addition to seeing a large number of patients at the hospital, he received many patients with complicated headaches from all over Norway and from other countries. Usually in the lunch breaks, he brought one of his patients to meetings with the doctors interested in headache, where we got training in interviewing and examining patients and experience in discussing diagnosis and treatment. He was loved by his patients, and he also did great work for the Norwegian Headache Patient Organization. In 2002, Sjaastad was appointed Knight of First Class in the Royal Norwegian Order of St Olav for services to Norwegian medicine.

In addition to his academic interest, he enjoyed outdoor life, sport and art, especially classical music. As a person, he was modest and unassuming, and with high professional and general human moral standards. In most situations he was flexible and easy to work with, but when he felt that ethical or scientific principles were threatened, he became stubborn and unyielding. This trait, and the fact that some of his opinions were controversial, made him fall out with some people, usually for a period of months to a few years, but sometimes permanently. His consuming passion for scientific work also had consequences for his private life, and we believe the sacrifices he made in this respect were a deliberate choice. He had four children during his first marriage, who admit that he could be a relatively distant father. He later lived for almost 40 years with his beloved partner Ellen Due who deeply cared for him and took care of the practical things in his life. Ellen and Ottar hosted many fine social events for

colleagues and guests from all over the world in their home next to the hospital. It was an immense loss to him when she died in January 2021, but he still chose to live at home with nursing care. His physical health deteriorated further this summer and he died at a nursing home on 30th August 2022. His mind was clear until the end.

Through his scientific and organizational work, Sjaastad has a large part of the credit for the fact that headache is now increasingly recognized as an important neurological disease and a serious health problem. The Norwegian Headache Research Centre (NorHEAD) was recently established in Trondheim. This center was officially opened on 1st September, only two days after his death. Sjaastad had looked forward to attending the opening as the guest of honor, and he was well aware that the “relay baton” had been passed on from himself to his younger collaborators. His efforts and contributions were duly honored on the occasion. Ottar Sjaastad will be deeply missed by the headache community.

References

1. Sjaastad O. *Cluster Headache Syndrome*. London: Saunders, 1991.
2. Sjaastad O and Dale I. Evidence for a new (?), treatable headache entity. *Headache* 1974; 14: 105–108.
3. Sjaastad O and Spierings EL. “Hemicrania continua”: another headache absolutely responsive to indomethacin. *Cephalalgia* 1984; 4: 65–70.
4. Sjaastad O, Saunte C, Salvesen R, et al. Shortlasting unilateral neuralgiform headache attacks with conjunctival injection, tearing, sweating, and rhinorrhea. *Cephalalgia* 1989; 9: 147–156.
5. Sjaastad O. Chronic paroxysmal hemicrania. In: Clifford Rose F (ed.) *Handbook of Clinical Neurology*, Vol. 4. Amsterdam, Elsevier Science Publishers, 1986, p.257.
6. Headache Classification Committee of the International Headache Society. Classification and diagnostic criteria for headache disorders, cranial neuralgias and facial pain. *Cephalalgia* 1988; 8: 1–96.
7. Sjaastad O, Batnes J and Haugen S. The Vaga Study: an outline of the design. *Cephalalgia* 1999; 19: 24–30.
8. Sjaastad O. The International Headache Society: The history of its founding. *Cephalalgia* 2017; 37: 723–729.