

IHS Trainee Programme Reports 2024

Alexander Pabón Moreno, Colombia



Host Institution: Hospital Universitario Río Hortega, Valladolid, Spain

Mentor: David García Azorín

September to December 2025

This training period represented a highly valuable academic and clinical experience, characterized by clearly defined objectives from the outset, a structured methodology, and a comprehensive approach to patients with headache disorders. The training was fully aligned with evidence-based clinical practice and with the criteria of the International Classification of Headache Disorders, 3rd edition (ICHD-3).



Hospital Universitario Río Hortega, Valladolid, Spain

Training Objectives

From the beginning of the rotation, clear training objectives were established, aimed at strengthening specialized clinical competencies in headache medicine. The main objectives achieved were:

- To consolidate the performance of a complete, structured, and headache-oriented clinical history in patients consulting for headache.
- To accurately diagnose and classify primary headache disorders according to the clear and detailed criteria of the ICHD-3 (International Classification of Headache Disorders, 3rd edition).
- To recognize red flags and warning signs, and to understand the initial management required when these are present.
- To understand the symptomatic treatment of headache disorders, including indications, contraindications, and appropriate patient education regarding their use.

- To identify when preventive treatment is indicated, to understand the available therapeutic options, their main adverse effects and contraindications, and how these treatments should be prescribed.
- To acquire practical experience in performing pericranial nerve anesthetic blocks, as well as in the administration of botulinum toxin.
- To systematically examine cranio-cervical structures potentially involved in headache disorders.

Activities Performed and Competencies Acquired

During the rotation, I actively participated in the clinical care of patients with primary and secondary headache disorders, which allowed the consolidation of competencies in:

- Preparation of clinical histories specifically focused on headache disorders.
- Rigorous diagnostic classification according to the ICHD-3, integrating clinical characteristics, temporal evolution, and treatment response.
- Early identification of warning signs and appropriate clinical decision-making.
- Rational selection of symptomatic and preventive treatments, individualized according to the patient's clinical profile.
- Therapeutic patient education as a fundamental component of comprehensive headache management.
- Targeted examination of cranio-cervical structures.
- Supervised performance of pericranial nerve anesthetic blocks, as well as botulinum toxin administration, integrating indications, technique, and clinical follow-up.

The continuous supervision of David facilitated a progressive, critical, and reflective learning process, integrating theoretical knowledge with daily clinical practice.



First Floor HURH- Alexander Pabon, David Azorin



Hospital Entrance – HURH

Multidisciplinary Work

A particularly relevant aspect of the training was the coordinated work with the nursing team and other healthcare professionals, which reinforced a comprehensive approach to patients with headache disorders. Interaction with the nursing staff was essential for understanding clinical follow-up, patient education, and the correct application of pharmacological treatments and interventional procedures.



Nursing Team – Headache Unit

Academic Development and Professional Projection

With the support of David, I had the opportunity to attend the Congress of the Sociedad Española de Neurología (SEN), as well as to become a member of the SEN, which represented a significant added value to the overall training experience.

Of particular relevance, the rotation fostered strong motivation toward research in headache medicine. The methodological guidance received allowed me to expand, refine, and better structure my research proposals, strengthening my academic competencies and projecting future lines of clinical research in my home country.

Additionally, during the rotation, foundations were established for the continuity of collaborative work in headache research projects. Furthermore, orientation and future referral have been provided in the process of consolidating and strengthening the Headache Unit at my home institution, with the aim of progressively aligning it with the clinical, organizational, and academic standards promoted by the SEN. This accompaniment, within the framework of the mentorship received, reinforces the institutional projection of the training and its sustained impact on the development of specialized headache care.

Expected impact of the headache training

The knowledge and skills acquired during this training will be directly applied at the Center of Excellence for Primary Headache Disorders, which I lead at the International Hospital of Colombia, with the following expected impact:

- Improved diagnostic accuracy and therapeutic management of patients with headache disorders.
- Strengthening of multidisciplinary collaboration in the management of craniofacial pain.
- Training of colleagues and healthcare personnel through structured academic and clinical activities.
- Development of local research projects aligned with international standards.

Conclusion

The headache training rotation at Hospital Universitario Río Hortega has been a highly formative experience, with significant clinical, academic, and professional impact. I express my sincere gratitude to Dr. David García Azorín for his mentorship, availability, and commitment to training, as well as to the International Headache Society for making this opportunity possible. This programme has fully achieved its objectives and has reinforced my commitment to the development and improvement of headache care in my country.

Andre Dharmawan Wijono, Indonesia



Host institution: ICOT Hospital, Sapienza University, Rome, Italy

Mentor: Gianluca Coppola

November 2024 to February 2025

I had the opportunity to participate in the IHS Trainee Programme in Italy for three months under the supervision of Prof. Gianluca Coppola at ICOT Hospital, Sapienza University. This programme provided me with extensive exposure to the clinical and research aspects of headache medicine.

During my stay, I was actively involved in the outpatient headache clinic, where I observed the management of patients with various primary and secondary headache disorders. This experience allowed me to gain deeper insights into the diagnostic approach, clinical examinations, and treatment strategies, including pharmacological and non-pharmacological interventions. The structured approach to headache evaluation and management in this setting has broadened my clinical perspective and refined my decision-making process in treating headache patients.

In addition to clinical exposure, I had the privilege of attending a scientific meeting. This meeting covered a wide range of topics, including recent advancements in headache research, pathophysiological mechanisms, and emerging treatment options. I also had the chance to observe some of the ongoing research projects conducted by Prof. Coppola, which further enhanced my understanding of translational research in headache medicine.

A key highlight of my experience was the opportunity to engage in discussions with Prof. Coppola and other headache practitioners. These interactions were invaluable in deepening my knowledge, as I was able to exchange ideas, ask critical questions, and gain insights from experts in the field. Their approach to patient care and research has inspired me to integrate evidence-based strategies into my own clinical practice.

During my time in the IHS Trainee Programme, I have been working on a narrative review titled "*Migraine and Ischemic Stroke Due to Cerebral Small Vessel Disease: A Narrative Review*", in collaboration with Prof. Gianluca Coppola. This review aims to explore the relationship between migraine and ischemic stroke, particularly in the context of cerebral small vessel disease (CSVD).

Migraine has been identified as a potential risk factor for ischemic stroke, but the underlying mechanisms remain complex and multifactorial. Our review focuses on the role of CSVD as a possible link between these two conditions, discussing pathophysiological mechanisms, shared vascular and neuroinflammatory processes, and implications for clinical management. We also examine current evidence and highlight potential gaps in the literature that warrant further research.

This project has provided me with valuable insights into the intersection of headache disorders and cerebrovascular disease. Through discussions with Prof. Coppola and a thorough literature review, I have gained a deeper understanding of the evolving concepts in this field. We hope that this work will contribute to a better understanding of migraine-related stroke risk and guide future research directions in headache and vascular neurology.

Overall, this programme has been an enriching experience, providing me with a strong foundation in headache medicine. Throughout the three months, I have gained significant insights into headache disorders, particularly in terms of diagnosis, clinical examination, and treatment strategies. Many of the questions that had previously puzzled me about headache medicine have been answered through my clinical exposure, discussions with Prof. Coppola, and participation in academic meetings.

However, I feel that three months is a relatively short period to fully grasp the complexity of headache disorders, especially when considering the possibility of conducting a clinical study alongside clinical training. While I have made substantial progress in my understanding, a longer duration—such as a dedicated fellowship—would have allowed for deeper involvement in both clinical practice and research.

Overall, this experience has been invaluable in strengthening my clinical and academic foundation in headache medicine. It has also inspired me to continue learning and exploring further opportunities to specialize in this field.

The biggest challenge I encountered during my time in Italy was the language barrier. Most patients and healthcare professionals primarily spoke Italian, which made it difficult for me to fully understand patients' complaints in real time. This occasionally limited my ability to follow the clinical interactions as they happened.

However, Prof. Coppola was very supportive in bridging this gap. After each consultation, he would summarize the key points of the case and discuss the essential aspects with me. This allowed me to stay engaged in the learning process despite the language limitations.

After returning to Indonesia, I plan to work as a neurologist specializing in headache and pain. The experience has enhanced my clinical skills and broadened my perspective on evidence-based approaches to headache treatment.

Beyond clinical knowledge, this programme has also provided valuable professional connections with international neurologists, particularly within the headache field. My interactions with Prof. Coppola and other experts have opened opportunities for future collaborations, research, and continued learning. Additionally, my exposure to the IHS has given me access to a global network of headache specialists and resources that will be beneficial in my practice.

Furthermore, this experience has reinforced my commitment to promoting headache medicine in Indonesia. I hope to contribute to the recognition and development of headache as a subspecialty, improve patient care, and encourage greater involvement of Indonesian neurologists in the international headache community.



Prakit Anukoolwittaya, Thailand



Host institution: Danish Headache Center, Rigshospitalet, Glostrup, University of Copenhagen, Denmark

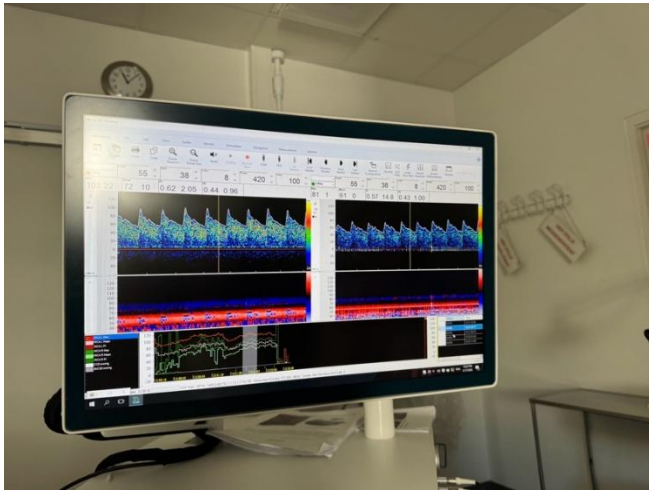
Mentor: Messoud Ashina

March to May 2026

I'm Prakit Anukoolwittaya, a neurologist at King Chulalongkorn Memorial Hospital. I had the opportunity to receive the IHS Headache Trainee Programme 2024 scholarship to undertake a three-month observership at the Danish Headache Center, where Prof. Messoud Ashina served as my mentor. This was an excellent opportunity for me to study and gain experience at one of the world's leading headache centers. During these three months, I learned extensively in both clinical practice and research, and I would like to summarize my experiences in this report.

In March, I was assigned to the Center for Discoveries in Migraine. There, I learned about various aspects of migraine research, including epidemiology, evidence-based research methods such as meta-analysis and clinical trials, as well as provocative studies. I also learned how to perform transcranial Doppler ultrasound and had the opportunity to observe patients participating in provocative studies. In addition, I volunteered as a simulated participant in a provocative study, which was a very interesting and valuable experience. At the end of March, I gave a presentation on "Migraine Care in Thailand" to the team at the Center for Discoveries in Migraine. This provided a valuable opportunity for mutual knowledge exchange and discussion.







Center for Discoveries in Migraine

117 followers

1h

This Friday, MD [prakit anukoolwittaya](#) from the Chulalongkorn Headache and Orofacial Pain (CHOP) Service and Research Group, [Chulalongkorn University](#), Bangkok, Thailand, delivered an inspiring presentation on "Headache Care in Thailand".

Prakit has been visiting [Center for Discoveries in Migraine](#) for the past few weeks as part of his [International Headache Society](#) Trainee Programme, and it has been a great pleasure to get to know him and learn from his perspectives on headache care and research.

His presentation offered a truly insightful look into how headache and migraine are treated in Thailand – and served as an important reminder that migraine affects people across the world.

A strong takeaway: we must continue striving for better treatment and care for everyone, everywhere.

Thank you for your valuable contributions, Prakit – and for inspiring us all.

[Danmarks Grundforskningsfond / The Danish National Research Foundation Rigshospitalet Afdeling for Hjerne- og Nervesygdomme, Rigshospitalet](#)



3



Like



Comment

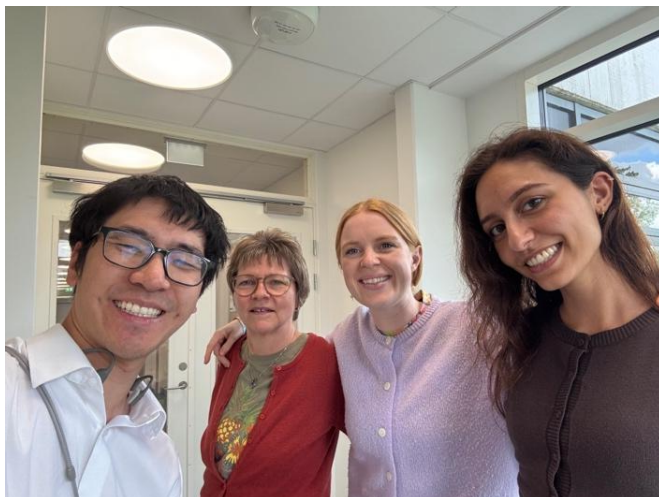


Share

In April, I rotated through several other research groups under the supervision of three mentors: Rigmor H Jensen, Lars Bendtsen, and Henrik Winther Schytz. During this period, I gained extensive experience in both headache research and patient care in several areas, including:

- Participation in a clinical trial involving botulinum toxin injections for patients with trigeminal neuralgia with Jacob Worm and Huda.
- Research experience in animal models (mice) at the Translational Research Centre (TRACE) with Connor Stanley James Westgate, focusing on Idiopathic Intracranial Hypertension (IIH). I also attended multidisciplinary IIH conferences together with neuro-ophthalmologists.
- Participation in the study and data collection of patients with Spontaneous Intracranial Hypotension (SIH). In addition, I attended multidisciplinary SIH conferences involving neuroradiologists, neurosurgeons, and pain specialists.

In addition, at the end of April, I presented a lecture on “Headache and Facial Pain Clinic in Thailand” to physicians, nurses, and physiotherapists at the Danish Headache Center. The presentation focused on traditional approaches to headache management in Thailand, including the use of herbal and Thai stretching/exercise techniques, as well as an overview of headache and orofacial pain clinics in Thailand. This was followed by an engaging multidisciplinary discussion and knowledge exchange.





In May, I had the opportunity to observe the headache clinic at the Danish Headache Center. I attended clinical sessions with several neurologists, including:

Rigmor H. Jensen, with whom I learned about and observed a large number of patients with cluster headache and idiopathic intracranial hypertension (IIH). I also discussed treatment strategies for cluster headache and IIH with her.

Henrik Winther Schytz, with whom I studied patients with spontaneous intracranial hypotension (SIH), including MRI findings of the brain and spine in SIH.

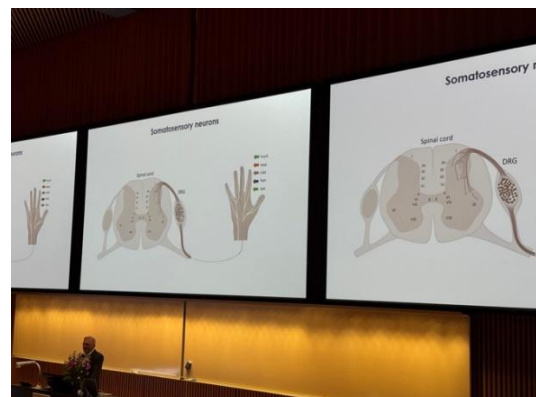
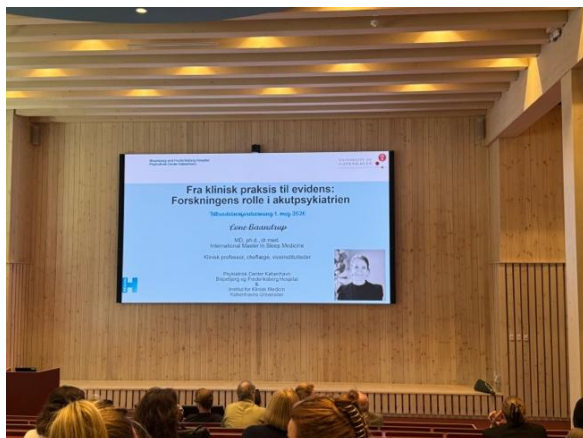
Aydin Gozalov, with whom I observed patients with migraine and facial pain, including trigeminal neuralgia and atypical facial pain. I also learned about botulinum toxin injections for headache and facial pain disorders.

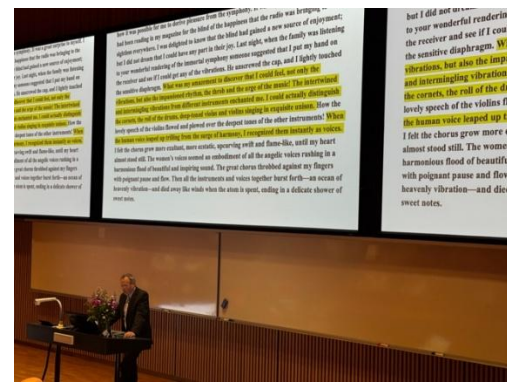
In addition, I participated in clinical discussions and learned about headache management from several other neurologists, including Song Guo, Faezeh Karimooy, Thue Hjortkær Nielsen, and Jeppe Hvedstrup. I also gained further knowledge of contemporary treatment approaches, including the use of CGRP-targeted therapies such as CGRP monoclonal antibodies and gepants, as well as the use of botulinum toxin in migraine and facial pain disorders. Overall, I was able to expand my understanding of various headache disorders and their management strategies.





In addition to my learning in the field of headache medicine, I was also given the opportunity, through Professor Rigmor, to attend several highly interesting lectures. These included a lecture by Professor Lone Baandrup on neuropsychiatry, as well as lectures from the Brain Prize event by Professor Patrik Ernfors and Professor David Ginty, who discussed pain pathways and touch sensation. These sessions were highly valuable and significantly expanded my understanding of neuroscience beyond headache disorders.





Furthermore, I also participated in several social and extracurricular activities. I joined weekly football sessions with neurologists, which were held every Wednesday evening. I also had the opportunity to attend and support the Copenhagen Marathon together with Professor Rigmor and Ketil, another recipient of the IHS Short Stay Programme 2026. These activities provided an excellent opportunity for informal networking and collegial interaction.





Finally, I would like to express my sincere gratitude to Professor Messoud Ashina, my mentor, for giving me the opportunity to undertake a three-month observership at the Danish Headache Center. This experience has been extremely valuable, providing me with extensive knowledge and clinical and research experience.



I am deeply grateful to Professor Rigmor H. Jensen for her exceptional guidance and support throughout my stay. She has taken excellent care of me, taught me extensively, and generously included me in many academic and social activities, treating me with great kindness. I am also especially thankful for the thoughtful and valuable gifts she kindly gave me, including a signed copy of the ICHD-3 with her personal message, as well as the Danish Headache Guidelines.





I would also like to thank all the physicians, nurses, and staff at the Danish Headache Center for their warm support and hospitality during my stay.

Finally, I would like to express my gratitude to the International Headache Society for selecting me for this three-month training opportunity at the Danish Headache Center. These three months have been incredibly meaningful, allowing me to gain valuable knowledge and experience. I intend to apply this knowledge to further develop headache care in Thailand. Even during my time here, I have already begun translating educational materials from the Danish Headache Center to make them more accessible for patients in Thailand. In addition, I have worked with Professor Rigmor on a literature review focusing on patient education in patients with headache disorders.



คำแนะนำการรักษาโดยการบล็อกเส้นประสาทที่ท้ายทอย (Occipital nerve block)

การบล็อกเส้นประสาทที่ท้ายทอย (Occipital nerve block) คืออะไร

การบล็อกเส้นประสาทที่ท้ายทอย (Greater Occipital Nerve Block: GONB) สามารถช่วยหยุดอาการปวดศีรษะแบบคลัสเตอร์ (cluster headache) ที่ในช่วงที่ร่ายยาป้องกันออกฤทธิ์, ใช้ในการรักษาผู้ป่วยไมเกรนที่มีอาการปวดศีรษะถี่ และใช้ในการรักษาอาการปวดจากเส้นประสาทที่ท้ายทอย (occipital neuralgia)

วิธีการรักษาจะฉีดยาเฉพาะที่ไปบริเวณที่เส้นประสาทท้ายทอย (Greater Occipital Nerve) ในบางกรณี อาจจะผสมยาสเตียรอยด์ด้วย การบล็อกเส้นประสาทที่ท้ายทอย จะทำให้เส้นประสาทเกิดการชา และป้องกันไม่ให้สัญญาณความเจ็บปวดส่งไปยังสมอง อาจมีผลป้องกันได้นานประมาณ 4 สัปดาห์หรือมากกว่านั้นหลังการฉีด

ผลข้างเคียงที่พบได้

- ผลข้างเคียงที่พบบ่อย เช่น เจ็บหรือชาเล็กน้อยบริเวณที่ฉีด (มักหายภายในไม่กี่ชั่วโมง), มีอาการคันศีรษะ
- ผลข้างเคียงที่พบน้อย เช่น ผื่นแดง มีรอยบวมเล็ก ๆ บริเวณที่ฉีด

วิธีการรักษา

1. แพทย์จะหาตำแหน่งของเส้นประสาทท้ายทอยโดยเส้นประสาทนี้จะอยู่ระหว่างปุ่มกระดูกท้ายทอยและปุ่มกระดูกหลังหู
 2. ทำความสะอาดผิวหนังด้วยแอลกอฮอล์
 3. ใช้เข็มขนาดเล็กฉีดยาไปบริเวณที่เส้นประสาทให้กระจายยาในหลายจุดรอบเส้นประสาท เพื่อใหยาครอบคลุมทั้งหมด
- เนื่องจากเส้นประสาทท้ายทอยอยู่ด้านนอกกะโหลกศีรษะ ไม่ต้องกังวลว่าเข็มจะเข้าไปในสมอง
 - การรักษาใช้เวลาเพียง 2-3 นาที
 - อาจรู้สึกไม่สบายเล็กน้อยขณะฉีดยา
 - บางรายอาจรู้สึกเวียนศีรษะหรือคลื่นไส้ระหว่างทำการ



คำแนะนำการรักษาโดยยา Candesartan

ยา Candesartan คืออะไร

Candesartan เดิมถูกพัฒนาขึ้นเพื่อใช้รักษาความดันโลหิตสูง แต่ภายหลังพบว่ามันช่วยป้องกันไมเกรนด้วย ดังนั้น การที่คุณได้รับยา Candesartan ไม่ได้มีวัตถุประสงค์เพื่อลดความดันโลหิต แต่เพื่อช่วยควบคุมป้องกันอาการไมเกรน

ในปัจจุบัน Candesartan กลไกการป้องกันไมเกรน ยังไม่ทราบที่แน่ชัด แต่อาจทำให้ป้องกันไมเกรนได้โดยการทำให้หลอดเลือดมีความเสถียรมากขึ้น

ผลข้างเคียงที่พบได้

- ผู้ป่วยที่ได้รับยา Candesartan มักทนต่อยาได้ดี และมักไม่ทำให้เกิดความดันโลหิตปกติลดลง
- แต่ในผู้ที่มีความดันโลหิตต่ำอยู่แล้ว อาจมีอาการเวียนศีรษะเมื่อเปลี่ยนท่าทาง เช่น ลุกขึ้นยืน

ผลข้างเคียงที่อาจจะเกิดขึ้น แต่พบได้น้อย อาจเกิด:

- ผื่นผิวหนัง
- ระดับโพแทสเซียมในเลือดสูง
- การทำงานของไตผิดปกติ
- การทำงานของตับผิดปกติ

ก่อนเริ่มการรักษา

ก่อนเริ่มยา ควรมีการตรวจ:

- ชีพจรและความดันโลหิต
- การตรวจเลือด ได้แก่ การทำงานของไต และสมดุลของเหลวในร่างกาย

ขนาดของการใช้ยา

โดยทั่วไปเริ่มต้นที่ 8 มก. วันละครั้ง เป็นเวลา 1 สัปดาห์ หลังจากนั้นเพิ่มเป็น 16 มก. ต่อวัน

สามารถเพิ่มขนาดยาได้ครั้งละ 8 มก. ต่อสัปดาห์ จนถึง 24 มก. หรือสูงสุด 32 มก. ต่อวัน โดยจะปรับเพิ่มจนได้ขนาดที่ ให้ผลดีที่สุดโดยไม่มีผลข้างเคียงที่รบกวน

หากไม่มีประสิทธิภาพหลังใช้ยา 2 เดือน จะค่อย ๆ ลดขนาดยาลงครั้งละ 8 มก. ต่อสัปดาห์ จนหยุดยาได้ทั้งหมด

Headache Trainee Programme Report 2025

Maria Ruby Rose Q. Castaneda-Regalado
Philippines

Headache Center, Neurology
Cincinnati Children's Hospital
333 Burnet Avenue, Cincinnati, Ohio, USA
August – October 2025

Mentors: Dr. Andrew D. Hershey, Dr. Joanne Kacperski, Dr. Marielle Kabbouche Samaha, Dr. Jessica Saunders



I had a great time at the Headache Center of the Cincinnati Children's Hospital. During my stay, I had the opportunity to work with an amazing team in the diagnosis and treatment of headache in children, in both the outpatient and inpatient settings.

The process of my entry went smoothly, even during the months prior to my arrival at the Cincinnati Children's – an experience made possible by Jennifer Blair, the Immigration Senior Specialist of the hospital. She was kind enough to guide me through the tasks of submitting requirements and helping me find a place to stay.

On my very first day, I met Stacy Buschhaus, who is part of a team of Global Greeters. Global Greeters are hospital volunteers who greet and orient international visitors, like me. She toured me around the nice spots in the hospital and helped me in getting my hospital badge.



With Jennifer Blair, Immigration Senior Specialist
Cincinnati Children's Hospital



With Stacy Buschhaus, from Global Greeters team
Cincinnati Children's Hospital

I was very excited when Dr. Joanne Kacperski, Director of the Headache Fellowship Program of Cincinnati Children's, gave me my schedule for the whole duration of my stay as it showed the depth of clinical exposure I will experience. The Multidisciplinary headache clinic is held every Tuesdays and it is composed of board-certified child neurologists and headache specialists, pediatric psychologists, and nurse educators. I was able to meet all the attending consultants on my very first Headache Clinic Day, namely: Dr. Andrew Hershey, Endowed Chair and Director of the Division of

Neurology; Dr. Marielle Kabbouche, Director of the Headache Center; and Dr. Jessica Saunders, Headache Medicine Specialist.



**With Dr. Andrew Hershey, Dr. Marielle Kabbouche,
and Dr. Joanne Kacperski**



With Dr. Jessica Saunders

I got to work with the two fellows at the Headache clinic, Dr. Max Gallivan and Dr. Andrew Jones. Our days usually consist of seeing the new patients, history-taking, and performing a neurological examination. This is followed by formulating a headache management plan and discussing this with the family. The cases are later presented to the Headache team. Together with the attending headache specialist, we see the patient again with their parents or guardians to provide clarifications regarding the child's care.

I was fortunate enough to see a variety of cases on Headache during my stay. Some interesting cases included Medication Overuse Headache, Menstrual Migraine, New Persistent Daily Headache, and Cyclic Vomiting. One rather memorable case was a possible Trigeminal Autonomic Cephalgia (Paroxysmal Hemicrania) in which we started an Indomethacin trial. I learned about the Beighton scoring for hypermobility, and how being hypermobile is more prone to migraines. I also learned that it is important to check the vitamin levels of patients with Migraine, especially the chronic ones, such as Vitamin D / Cholecalciferol, Folic Acid, Co-Enzyme Q10, and Riboflavin. It was fascinating to see that most patients I saw were deficient in these, and their headaches improved when they were supplemented along with the acute and preventative treatment they received.



With the Headache Fellows, Dr. Andrew Jones and Dr. Max Gallivan

I also got to learn about anti-CGRP medications, some of which are yet to be available in my country. Most of these are approved for patients 18 years old and above. Fremanezumab (Ajovy), one of the anti-CGRPs, recently got FDA approved Mid-August during my stay, for children 6 years old and above, for as long as they have a minimum weight of 45kg. It is amazing to know that these are available and can be covered by insurance.

I was so amazed by the electrical neuromodulation device that they offer in the Headache Clinic. This device is called Nerivio, and it can be used as acute and preventative means for Migraine. I have read a lot of research on its use in children, most of which were papers published by Dr. Andrew Hershey. Nerivio is an FDA-cleared device for patients 8 years old and above. It is nice to see that non-pharmacological alternatives are available. Dr. Joanne Kacperski was kind enough to connect me with the people of Nerivio, since I plan to have this an option for my own Migraine patients in the Philippines.

An approach that I was quite interested in seeing was the collaboration with a Pain Psychologist. Taking a holistic approach as a center where one not only focuses on drug treatment for headache, but also focuses on behavioural plans and strategies for managing the areas of life most affected by pain, should indeed be core to any Headache service. These sessions with the pain psychologist emphasized the effectiveness of non-drug interventions like cognitive behavioural therapy. There were also discussions on improving pain-coping skills such as deep breathing, imagery, progressive muscle relaxation, and distraction techniques. The value of maintaining a healthy lifestyle plan was also strengthened, as even seemingly simple lifestyle habits such as having consistent eating schedules, adequate hydration, regular exercise, and good sleep hygiene provided impact both short- and long-term outcomes. I truly did learn a lot from the pain psychologists I worked with, and I feel thankful for the time they have devoted to share their knowledge with me.



With the Pain Psychologists: Dr. Cecelia Nelson, Dr. Shalonda Slater, Dr. Kimberly Barnett, Dr. Anne Lynch-Jordan, and Dr. Sanita Ley

There was also an emphasis that Headache plans are a partnership between patient and provider, as these were also reviewed with the patient and the parents or guardians in a step-by-step process meant to encourage and support them.

Beyond the medical aspects of care, I also learned about the social dimensions of headache as an illness. This was through my interactions with the licensed social workers. They provide support with school and relay psychosocial concerns related to headache. They also assist in transitioning Pediatric patients to the Adult Neurology Headache specialists once they reach the age of 21 years old. A medical interpreter is also available and provides on-call service to patients having difficulty conversing using the English language.

It is refreshing to see how crucial the nurses are in the headache management as they assume the role of being nurse educators that give out the final instructions to the patients before they are sent home. Educational material and treatment plans for the schools are provided at the end of consultation. The school letters that are given emphasize

the diagnosis and management plan to prevent the child from missing school due to headache. The patient receives a big folder at the end which contains everything that was talked about during the consultation. It also includes headache diary calendars and few educational resources that they can read about their treatment and condition.



With the amazing nurses of the Headache team: Kellie, Paula, Jill, Ali, Bre, Katie, and Mary

Follow-up visits are conducted by nurse practitioners with expertise in headache management, who see patients in both in-person and via telehealth sessions, the latter being sometimes scheduled with patients who failed the initial out-patient oral therapy. They are evaluated whether they would need migraine cocktail IV infusion or a Dihydroergotamine (DHE) infusion – which is considered if headache persists despite the first line IV treatment, usually involving Prochlorperazine, Ketorolac, and IV hydration. My rotations with them opened new perspectives in the management of difficult follow-up cases. I was able to see patients from their initial visit and then demonstrate improvement on their first follow-up. There were few cases however, where we needed to switch or add another medication, either due to intolerable side effects, or headaches are still frequent despite the initial intervention.

We don't have our own nursing practitioners in our country, which leaves me to handle the follow-up visits in my practice. Implementing what I learned from them will help make me a better headache doctor. Also, seeing how this integration of nurse practitioners into the system allows for enhanced and improved access to care, this will be a model I look forward to emulating someday.



With Nurse Practitioners of the Headache team: Kelly Hayda, Trae Balzano, Chelsea Herald, Susan Lecates, Muna Gabriel, and Shannon White

The infusion center is available at the Burnet and Liberty campuses of Cincinnati Children's. For their convenience, patients can receive IV treatment in these centres, which definitely beats going to the Emergency Department.



Infusion center at the Burnet Campus of Cincinnati Children's Hospital

My rotation at the Cincinnati Children's Hospital was not only limited to the outpatient setting, since I also had the chance to see patients admitted for Status Migrainosus, a condition underdiagnosed and underrecognized in the Philippines. I learned about the DHE protocol they use and how, once more, collaboration is at the nerve center of our work – Child Neurology residents, nurse practitioners, nurses, physician assistants, and psychologists all doing their part for our patients.

Another strategy I saw implemented was the use of satellite clinics of the Cincinnati Children's Hospital, particularly at the Liberty, Mason, and Green Township campuses. This again helped increase the accessibility to care, such as Botox procedures for migraine in Pediatric patients.



My rotation at the Cincinnati Children's satellite clinics: Liberty, Mason, and Green Township Campuses

Cincinnati Children's Headache Center conducts a lot of research on Pediatric migraine leading to the development of clinical tools like the Pediatric and Adolescent Migraine Screens (PAMS). Their research also involves the use of anti-CGRPs on the pediatric population, effectiveness of Cognitive Behavioural therapy (CBT), and exploring non-pharmacological alternatives like an electrical neuromodulation device for Migraine. During one of the patient encounters with Dr. Andrew Hershey, I've seen how they handle patient recruitment. I attended the weekly Monday meetings with the Headache team, where the progress of a variety of research protocols were discussed. Issues encountered by the team were also addressed during this meeting.

One of the highlights in my trainee programme is that I will get to work with Dr. Hershey in developing research on the Translation and Validation of the PedMIDAS into a Filipino language version, as he will continue to be my mentor through his being a co-author of this paper.



With Dr. Andrew Hershey during the research topic presentation of different Neurology subspecialties

One thing I realized during my rotation is that it is possible to have a clinical practice while still having that work-life balance outside the hospital. As I was given weekends off during my stay, I was able to participate in some of the extra-curricular activities of the Cincinnati Children's. My favorite was the Cincinnati Walks for Kids, a fund-raising event to support the mission of the hospital in providing care for children, developing research, and continuing education. I joined the activity along with the Neuromuscular specialists from the Neurology clinic, Dr. Alexander Zygmunt (along with his wife Mrs. Dani Zygmunt) and Dr. Cuixia Tian.



Cincinnati Walks for Kids at the Great American Ball Park with Dr. Alex, Mrs. Dani, and Dr. Cuixia. We did some sightseeing near the Ohio river afterwards.

My time at the Cincinnati Children's Hospital has been a life-changing experience. With the availability of few CGRP-targeting drugs in our country, I am poised to be one of the few specialists with experience in their usage. I am very thankful I got to experience how to manage Migraine in a holistic manner by having my rotation here. Not only did I learn a lot, but I also gained colleagues who turned to friends, with memories of whom I will treasure forever. The IHS trainee program has thus been very formative in my growth as a Pediatric Neurologist, as it is also in my plan to put up a Headache Center for Pediatric patients in the Philippines soon, with the vision and the mission I imbibed from the team at Cincinnati Children's Hospital.

To end, I would like to thank Dr. Rami Burstein for supporting me and granting me this once-in-a-lifetime opportunity, and to Carol Taylor for guiding me through this journey. My heart is filled with gratitude to the International Headache Society and I wish that many more can be a part of this continuing advocacy.



Pictures taken during my birthday and farewell dinner with the Headache team



Pictures taken during my last Headache clinic day. I gave them a portrait I painted. They also gave me a farewell gift / early Christmas present: a personalized Christmas ornament with all the signatures of the people in the Headache team in it.