

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

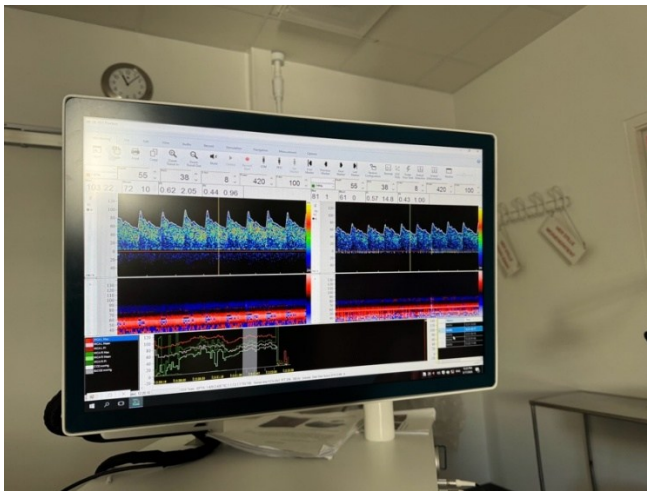
Mentor: Messoud Ashina

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



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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.

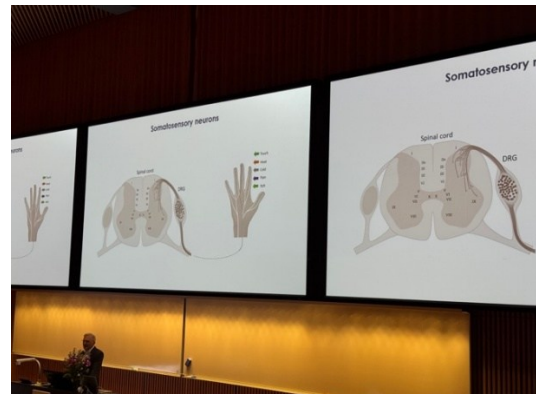
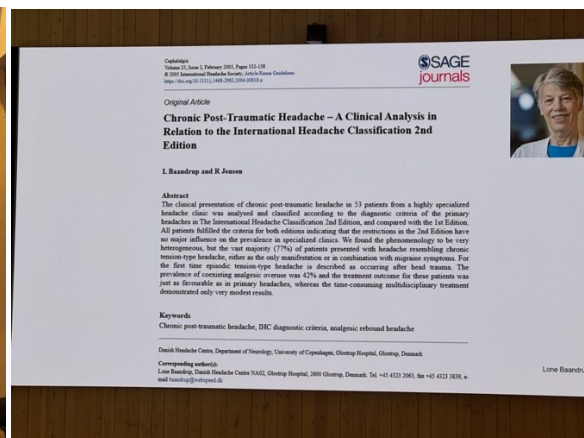
Aydin Gozalov, with whom I observed patients with migraine and facial pain, including trigeminal neuralgia and atypical facial pain. I also learned about botulinum toxin injections for headache and facial pain disorders.

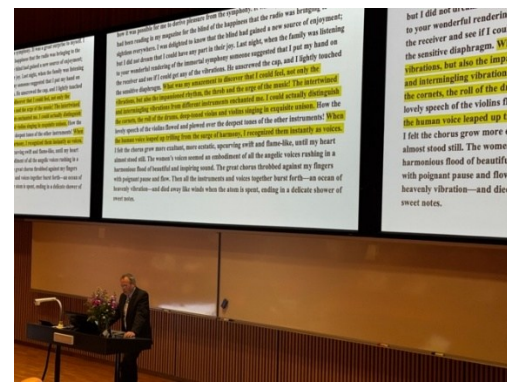
In addition, I participated in clinical discussions and learned about headache management from several other neurologists, including Song Guo, Faezeh Karimooy, Thue Hjortkær Nielsen, and Jeppe Hvedstrup. I also gained further knowledge of contemporary treatment approaches, including the use of CGRP-targeted 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) ที่ในช่วงที่รบกวนกันออกฤทธิ์, ใช้ในการรักษาผู้ป่วยไมเกรนที่มีอาการปวดศีรษะถี่ และใช้ในการรักษาอาการปวดจากเส้นประสาทที่ท้ายทอย (occipital neuralgia)

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

ผลข้างเคียงที่พบได้

- ผลข้างเคียงที่พบบ่อย เช่น เจ็บหรือชาเล็กน้อยบริเวณที่ฉีด (มักหายภายในไม่กี่ชั่วโมง), มีอาการคันศีรษะ
- ผลข้างเคียงที่พบได้น้อย เช่น หมดแรง มีรอยบวมเล็กน้อย บริเวณที่ฉีด

วิธีการรักษา

1. แพทย์จะหาตำแหน่งของเส้นประสาทท้ายทอยโดยเส้นประสาทนี้จะอยู่ระหว่างปุ่มกระดูกท้ายทอยและปุ่มกระดูกหลังหู
 2. ทำความสะอาดผิวหนังด้วยแอลกอฮอล์
 3. ใช้เข็มขนาดเล็กฉีดยาไปบริเวณที่เส้นประสาทให้กระจายในหลายจุดรอบเส้นประสาท เพื่อให้ยาครอบคลุมทั้งหมด
- เนื่องจากเส้นประสาทท้ายทอยอยู่ด้านนอกกะโหลกศีรษะ ไม่ต้องกังวลว่าเข็มจะเข้าไปในสมอง
 - การรักษาใช้เวลาเพียง 2-3 นาที
 - อาจรู้สึกไม่สบายเล็กน้อยขณะฉีดยา
 - บางรายอาจรู้สึกเวียนศีรษะหรือชาชั่วคราวระหว่างทำหัตถการ



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

Nestor Nsengiyumva, Burundi



Host institution: CHU Toulouse, France

Mentor: Cédric Gollion

May to August 2026

I had an exceptional opportunity to participate in the IHS Trainee Programme in France for three months under the supervision of Dr Cedric Gollion at Centre Hospitalier Universitaire de Toulouse, Toulouse, France, from 18 May to 14 August 2026.

The following activities and objectives made the fellowship extremely valuable.

- Outpatient headache clinics: headache outpatient clinics at least three times a week;
- A dedicated eptinezumab infusion program every Thursday and Friday a.m
- Inpatient work: I had the chance to see patients admitted for different primary and secondary headache disorders every Wednesday.
- I learned to perform some nonsurgical procedures used to treat headache disorders: Botox and nerve Blocks. I can now perform those procedures without supervision.
- Multidisciplinary Work: multidisciplinary meeting with neurologists and neuroradiologists every week; regional multidisciplinary meeting with other headache specialists monthly.
- I also participated in a national multidisciplinary meeting with other headache specialists.
- There is a unique aspect regarding the headache center at CHU Toulouse: Dr Gollion leads both the headache center and the neurovascular unit. In the neurovascular unit, I got exposed to many secondary vascular headache disorders. This helped to actively increase my knowledge on both headache disorders and specific vascular disorders.

Research

The efficacy of eptinezumab when infused during an active migraine attack in a real-world setting; a multicentre cross-sectional study.

In the RELIEF study, eptinezumab was shown to reduce time to headache pain freedom and to absence of most bothersome symptom when administered during a migraine attack. We aim to study the efficacy of eptinezumab during a migraine attack in a real-world setting. This is a multicenter cross-sectional observational study that involves The University Hospital Centers (CHU) of Toulouse, Montpellier, Clermont-Ferrand, Nantes, Lille, and Institut Catholique de Lille.

Conclusion

Not only has the Traineeship met all my initial goals, but it allowed me to achieve more than expected. I am now able to confidently perform procedures such as nerve blocks and botox injections. I feel ready to approach any patient who presents with a headache disorder.

The Trainee programme will enable me to continue my dedicated work towards relieving the burden of headache in Burundi. I will organize diverse educational events for general practitioners. As a

neurology lecturer, I will directly transfer this knowledge to medical students. I keep in touch with Dr Gollion and other headache specialists in order to discuss difficult case from my practice.



