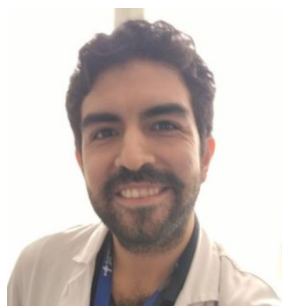


IHS Trainee Programme Reports 2025

Christopher Alexander Alarcón Ruiz, Peru



Host Institution: Hospital Universitario Vall'd Hebron, Barcelona, Spain

Mentor: Patricia Pozo-Rosich

April to June 2026

During my three-month traineeship at the Headache Unit of Hospital Universitari Vall d'Hebron, I participated in a comprehensive clinical, academic, and research program focused on the diagnosis and management of patients with complex headache disorders, particularly chronic migraine. I regularly attended outpatient clinics alongside the attending physicians and, in selected cases, conducted consultations under direct supervision. Most patients had chronic migraine with inadequate response or intolerance to multiple oral preventive treatments and were being evaluated for advanced therapies, including onabotulinumtoxinA and monoclonal antibodies targeting the CGRP pathway.

I gained extensive practical experience in the management of chronic migraine, including the administration of onabotulinumtoxinA and peripheral nerve blocks involving the greater occipital, auriculotemporal, and supraorbital nerves. I also assisted intravenous infusions and subcutaneous administration of monoclonal antibodies. I participated in weekly multidisciplinary meetings, including difficult-case discussions and meetings focused on trigeminal neuralgia, as well as clinical case discussions with members of the Headache Unit.

The traineeship also included exposure to clinical research and clinical trials. I participated in patient follow-up meetings related to clinical trials conducted within the unit that is involved in more than 20 ongoing clinical studies, and I also observed the conduct of the first human migraine provocation study in Spain.

Academically, I attended seminars and educational sessions within the unit, the Headache Training Course organized by the Catalan Society of Neurology, and two meetings on artificial intelligence and migraine held at the hospital. I was also allowed to undertake shifts in the hospital Emergency Department, which provided valuable exposure to complex neurological emergencies, including patients with acute primary and secondary headaches, relevant to my current clinical practice.

Research

During the traineeship, I participated in two main research projects. The first was a narrative review entitled "Exploring New Targets and Pathophysiological Pathways in Migraine," focused on emerging therapeutic targets and biological pathways that may contribute to migraine pathophysiology. As part of this work, I reviewed pharmacovigilance databases and identified medications associated with changes in headache and/or migraine reporting, including potential signals suggesting preventive or therapeutic effects. We subsequently performed a detailed review of the relevant records and developed an initial manuscript. One of the most relevant findings was the potential association between dimethyl fumarate and reduced migraine occurrence. This observation has generated the hypothesis for a future secondary-data analysis in patients with multiple sclerosis to further explore the potential therapeutic relevance of this association.

The second project was a systematic review of clinical studies evaluating calcitonin gene-related peptide-targeting treatments in non-migraine headache disorders, as part of the iHEAD at Sao Paulo collaborative project.

The research activities were conducted in parallel with clinical training and provided an opportunity to integrate clinical observations with hypothesis generation and evidence-based research. The projects are intended to continue beyond the fellowship through manuscript development and further collaborative research.

Conclusion

The traineeship met all my initial aims. My primary objective was to gain advanced clinical experience in the diagnosis and management of migraine and other complex headache disorders, particularly in a high-volume, internationally recognized Headache Unit. This objective was fully achieved through regular participation in outpatient clinics, direct supervised clinical care, exposure to complex treatment-resistant chronic migraine, and extensive experience with onabotulinumtoxinA administration and peripheral nerve blocks.

I also aimed to improve my understanding of advanced migraine therapies, including monoclonal antibodies targeting the CGRP pathway, and to gain greater exposure to clinical research and clinical trials. These objectives were achieved through observation of different treatment modalities, participation in clinical trial follow-up meetings, and exposure to the organization and conduct of clinical research within a unit involved in more than 20 clinical trials.

The traineeship also fulfilled my academic and research objectives. I participated in seminars, difficult-case discussions, multidisciplinary meetings, and educational activities, while developing two research projects that may lead to further collaborative work and secondary-data analyses. Importantly, the experience provided practical knowledge that can be directly transferred to my current work at the Instituto Nacional de Ciencias Neurológicas in Peru, particularly in the development of its newly established Headache Unit.

The clinical and academic environment was highly supportive, and I was able to participate actively in outpatient consultations, procedures, academic activities, multidisciplinary discussions, and research-related activities. One minor limitation was that there was limited opportunity to interact continuously with a large group of neurology residents throughout the entire traineeship, as the composition of the rotating trainees changed over time. Nevertheless, there was always at least one resident rotating within the Headache Unit, which allowed for regular interaction and exchange of clinical experiences.

Overall, this limitation did not materially affect the achievement of my objectives. The traineeship provided an exceptionally comprehensive experience combining clinical care, procedures, academic training, clinical research, and exposure to clinical trials.

This traineeship will have a substantial impact on my future career as a neurologist, clinician-scientist, and headache specialist. I currently work in the Department of Neurological Emergencies at the Instituto Nacional de Ciencias Neurológicas in Peru, where a new Headache Unit has recently been established. The knowledge and practical skills acquired during this traineeship will directly contribute to the development of this unit, which is currently the first dedicated Headache Unit at the national level.

Together with Dr. María Elena Novoa, I plan to help develop the clinical organization of the unit and implement structured protocols for the management of episodic and chronic migraine. We also plan to introduce onabotulinumtoxinA treatment for chronic migraine, strengthen the use of peripheral nerve blocks, and develop longitudinal cohorts of patients with migraine and trigeminal neuralgia. In addition, I intend to contribute to educational programs for neurology residents and other physicians, with the aim of improving headache diagnosis and treatment nationally.

The traineeship has also strengthened my commitment to clinical research. I plan to continue developing collaborative research projects, including longitudinal cohort studies and secondary-data analyses, while establishing international collaborations with other Headache Units in Latin America and beyond.

In the long term, my goal is to help develop the Instituto Nacional de Ciencias Neurológicas into a regional reference center for headache medicine, clinical research, and education. The training received at Vall d'Hebron provides an important foundation for translating internationally recognized clinical and research practices into the Peruvian and Latin American context.





Bermet Nurbekova, Kyrgyzstan



Host Institution: King's College London, UK
Mentor: Peter Goadsby
May to July 2026

I completed a 12-week observership with the Headache Group at King's College Hospital, London, under the mentorship of Professor Peter Goadsby. I attended the department five days a week, Monday to Friday, from 9 till 17:00.

Monday and Thursday were clinic days, where I joined consultations with Dr Wei and Dr Amarasena, and on occasion with Dr Puledra and Dr Moreno, gaining exposure to a wide range of primary and secondary headache presentations. On Thursdays the week also included an online team meeting with Professor Goadsby, where members presented updates on their current clinical and research work. Fridays were dedicated to GON block and Botox clinics. On other days I also joined telephone-based Novel Therapeutics clinics and the TAC (trigeminal autonomic cephalalgia) clinic, and observed the clinical research fellows' regular "cluster buster" follow-up calls with cluster headache patients. I additionally had two face-to-face clinic sessions directly with Professor Goadsby, which were especially instructive for seeing how a leading expert approaches complex or treatment-resistant cases.

Research

During my time in the department I undertook a retrospective study on the response to melatonin in cluster headache. This project arose from observations made during clinic and telephone clinic sessions, where several patients reported symptom improvement with melatonin. Working with the

department's clinical database, we identified more than 300 patients with cluster headache and reviewed the treatments they had received, including who had been prescribed melatonin, who had not, and what effect it had. I am currently working towards presenting and publishing these findings.

Conclusion

Beyond clinical knowledge, I gained a new approach to patient care – I was particularly struck by the way doctors communicated with patients, which differs considerably from practice in my home country. While some medications used in the UK are not yet available in Kyrgyzstan, many of the approaches and principles I learned can still be applied.

Overall, the placement gave me practical experience in all areas of headache care, from routine clinics to specialised treatments and research. I am extremely grateful to the International Headache Society for this incredible opportunity, and to Professor Goadsby and the entire Headache Group for their teaching, and support throughout my time at King's.

I plan to share what I learned during this mentorship with colleagues in Kyrgyzstan, including presenting the findings and organising a headache masterclass. I also hope to continue collaborating with colleagues from King's and to contribute to the development of national headache management guidelines.





Elham AbdulHakim Mohammed, Ethiopia



Host Institution: King's College London, UK

Mentor: Peter Goadsby

May to July 2026

During my 9-week clinical observership with the headache group at King's College Hospital, I engaged in extensive non hands on observation across various headache specialized services. This included attending face to face headache clinics with Professor and the consultants, Trigeminal Autonomic Cephalalgia phone clinics and the novel therapeutics clinic. I also observed clinical procedures like Botox injections administered as per PREEMPT protocol and GON injection blocks for refractory headache cases. Additionally, I gained valuable operational insights into specialized care models like the weekly cluster buster rotated by clinical fellows. A profound highlight of my placement was attending the OUCH conference in Birmingham alongside Professor and cluster headache patients; witnessing a hall filled with patients supporting and advocating for one another provided me an extraordinary and deeply moving perspective on patient-led advocacy. I also participated in weekly headache group team meetings engaged with ongoing clinical trials and enhanced my academic research skills during my placement.

Research

During the traineeship, I was involved in an ongoing research which is a systematic review analysing the prevalence of cluster headache in relation to geographic latitude. My work involved searching additional articles starting from July of 2021 G.C from databases such as Embase, PubMed incorporating screening results and updating PRISMA flowchart to evaluate primary literature examining geographic correlations with cluster headache prevalence. The research remains ongoing and continues to be developed.

Conclusion

The Trainee programme provided me with immersive exposure to specialized headache care. All the experience exceeded my expectations and greatly enhanced my clinical and academic expertise. It will profoundly impact my future career as a neurologist. The clinical exposure to complex headache disorders management has equipped me with frameworks that I will implement in my practice. Additionally, the collaborative research will strengthen my clinical service, academic profile and patient-centered approach to headache care.



