



*Promoting excellence in headache care.*

## UPCOMING EVENTS

October 6-7

Southern Headache Society  
Annual CME Meeting

“Advances in Headache  
Medicine”

## Welcome

In a little over a year so much has happened with the forming of the Southern Headache Society, we are introducing a newsletter to bring members up to date on past events and to plan for future events.

We currently have nearly 50 active members, all of whom are listed on our website for patients and colleagues to search out for providers treating patients in different locations throughout the southern states. Log-on to find out who else is in your area.

[www.southernheadache.org/find-hcp.html](http://www.southernheadache.org/find-hcp.html)

Also in this issue we have an interview with Alan Finkel, MD about his experiences in headache medicine. With each issue a member will be given the opportunity to briefly interview a leader in the field of headache medicine.

## Highlights from the past year:

### First Annual CME meeting held in Asheville, NC

October 22-23

Copies of all lectures are available in the “Members” section of our website, if you are a member contact us at [southernheadachesociety@gmail.com](mailto:southernheadachesociety@gmail.com) for information of how to log-in to the members only content.

### A few “in case you missed it” discussions on the SHS groups site

Jan 2011

Postconcussive Sports Headache

Back and forth discussion regarding patients with sports-related concussion and development of chronic headache and the question of returning to play.

Feb 2011

Botox dosing

A discussion regarding the “optimal” dosing of Botox for chronic migraine and whether 155 units is superior to other doses.

May 2011

Triptans and bilateral Carotid dissection

A case of patient with bilateral carotid dissections and discussion of the safety of using triptans in such patients.

June 2011

When botox wears off early and Zytaze

Discussion regarding Botox injectors’ experiences with patients experiencing wearing off of Botox prior to 12 weeks and options to further treat them.

December 2011

Methergine

A brief review of several members’ experiences using methergine in migraine and cluster patients.

April 2012

Botox for TGN?

A link to an article and discussion of the use of Botox in trigeminal neuralgia.

**GETTING TO KNOW OUR MEMBERS****Alan Finkel, MD, FAAN, FAHS interviewed by Morris Maizels, MD**

MM: I'd like to start with your enthusiasm for Headache Medicine. Whenever you and I chat, you say nearly every time: "I had such a busy week, it was all so fascinating." Where does your excitement for Headache Medicine come from?

*AF: "That's a great question, because there are days where I'm not sure what allows me to maintain my enthusiasm in the face of the challenges we deal with as practitioners of headache medicine. In reality, comes from the feeling that I was present for the beginning of the modern era of migraine science and practice. I can remember congratulating Richard Lipton after he present the American migraine study; the presentation of the early triptan studies and the collapse of the vascular hypothesis. I was there to see the science play out in real people. Do we all remember our first triptan success? My passion excitement comes from being in the clinic where with every single patient I ask – do they have migraine? And if not, why not and is this kind of "awesome" headache.*

*And Part B, it gives me an insight into people. As a youth I fancied myself a poet and the yearning to know what makes us tick persists and is evident was I watch people over, sometimes, decades live their life in front of me. You've heard me say this: Migraine should be an instrument for social change. But I am still looking for "the seat of the soul." Headache is also a "hook" – I can ask people all these amazing questions – I don't think an oncologist is as comfortable asking as a part of their evaluation: do you get a headache when you have intercourse?*

MM: What do you think was the impact of getting Headache Medicine credentialed as a specialty?

*AF: Many of us in Headache Medicine have a "chip on our shoulder" that we're taking care of a disorder that's not "legitimized," that we don't have access to NIH funding. Now we are getting closer and closer. The American Headache Society under David Dodick has increased the number of accredited fellowships from 11 to as many as 24. That is the one but not the only way to make positive change. We can't have legitimate science without programs in academic facilities; and we can't have legitimate practice without the support of groups like the Southern Headache Society.*

*AF: You ask about the Carolina Headache Foundation. After it became necessary to move with my fantastic colleagues from the University Headache Clinic (which was closed by the leadership in my department at UNC) to our current iteration, the Carolina Headache Institute, I realized that I needed a personal platform for the ideas which drive my passion. I incorporated the 501(c) 3 the week after we left UNC because I felt that we needed a platform that was not-for-profit, that would allow us to be involved with government and non-government entities, and with the industry. It's a project-based foundation that will launch demonstration projects on quality of and access to care, education including a funded fellowship and hopefully to work with others interested in drug development. I hope, by of 2013 to have more real information to share about the project.*

MM: Your other current passion is traumatic brain injury.

*AF: In 2008 while at the University we were beginning to see service members from Ft Bragg and Camp LeJeune with amazing and unusual headaches. One of the very was a young soldier with post-traumatic cluster syndrome. When we had him scanned there was a T2 and flair lesion, somewhere in the tegmentum. That just blew me away. Now I really have the "fire in my belly," not just about concussion in the military, but also in the private sector.*

*AF: You have asked great questions, Morris. This is what I believe: ultimately, the translational moment of human medical science occurs at the point of contact with real human beings, not at the bench. So... it does come all together for me on a day-to-day basis and always gives me something to look forward to for the future. And when you asked what advice I would give to others in the field it is this: look at every patient that you see as an N of 1....within that N of 1 try to see a kernel of some truth that brings us back to good care and good science. And always try to find something new and love what you do. That is where there is beauty in others suffering... and where we can help the most.*