Headache Simplified

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Book Review

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When it comes to headache books I usually like the ones that I wrote myself the most. When it comes to headache books written by authors from the USA I usually have my difficulties. Many of these books are written from a purely US perspective and mostly neglect what is going on in the rest of the world. *Headache Simplified* is written by a US author. Nevertheless, the book is written for a broad audience and avoids the pitfalls of many other headache books, namely, to only base treatment recommendations regarding the way headache is treated in the USA.

The audience for this book is not neurologists or headache specialists. As the title indicates, the book is aimed at general practitioners (GPs), nurses and nurse practitioners. The book is well written with easy-to-understand prose and many tables and figures. At the end of each chapter a small box summarizes the most important facts.

The book starts with a glossary of terms subdivided by chapters. Chapter 1 describes the epidemiology of the most important headache entities. In addition, headache in women, children and adolescents, and the geriatric population are mentioned. An important section deals with migraine comorbidity. Chapter 2 deals with diagnostic testing. Almost unheard of in modern times, Dawn Marcus places taking a careful history and physical as well as neurological examination as a top priority. Special examinations, for example, imaging, should be carried out in patients who do not fulfill the criteria of primary headaches. The next chapter is the most important one for GPs. It deals with differentiating primary from secondary headaches. The phenotype of primary headaches is described in easy-to-read tables. Special emphasis is placed on pediatric headaches and migraine equivalents in children.

Chapter 4 gives a short and simplified overview of the pathophysiology of different headache entities and related pathophysiology in the context of mode of action of drugs used for the treatment or prophylaxis of headache.

Chapter 5 is my favorite chapter. It deals with acute and preventive therapy of migraine, tension-type headache and cluster headache. The choice of recommended drugs is evidence-based and drugs are mentioned that are not available in the USA but widely used in other countries. The priority of triptans is based on the large meta-analysis by Ferrari *et al.* from 2001 [1]. I was delighted to see that the widely used analgesic and barbiturate combination is not even mentioned. The author also gives an outlook to upcoming new therapies such as the calcitonin gene related peptide antagonists. The chapter also provides recommendations regarding how to treat secondary headaches and, most importantly for a GP, when to refer a headache patient to a specialist.

Chapter 6 gives an overview of migraine comorbidity. GPs treat their patients for many conditions and, therefore, are aware of comorbid conditions and risk factors. Chapter 7 covers the sensitive issue of complementary and alternative therapies. Most physicians will restrict care to prescribing medicine but fail to advise the patient on effective therapies such as stress management, relaxation therapy and regular exercise. Marcus makes it very clear which methods are effective based on controlled trials, which might be effective and the ones that are not effective. However, one caveat is the statement that acupuncture may be effective, with a responder rate of 50% [2,3]. However, it is impossible to separate a possible effect in migraine prevention from the powerful placebo effect. Furthermore, botulinum toxin is regarded as ineffective, which was true at the time the book was written. In the meantime, two studies were finalized demonstrating that botulinum toxin is superior to placebo in patients with chronic migraine.

The next chapter describes the treatment approach in children and women. In a new edition, I would recommend separating this into two chapters. Advising pregnant women what they could take to treat headache is an important task for a GP. Logically, Chapter 10

could have been placed here, dealing with uncommon and geriatric aspects of headache. The only chapter with a US view is the chapter on management of headaches in the emergency room. Unheard of in the USA, physicians in the rest of world are still willing to carry out house visits and take care of patients with severe migraine attacks at their homes. Unfortunately, intravenous aspirin is not available in the USA. This is the most effective, safe and affordable parenteral treatment of severe migraine attacks, which did not respond to oral medication [4].

In summary, a very well-written book, highly recommended for GPs and nurses.

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