

Introduction

In any one year, ~28 million Americans will suffer a migraine attack and 57% of them will suffer moderate to severe disability. Although migraine is common, this disorder is still underdiagnosed, undertreated, and all too often mistreated. Because the primary care physician is most likely to see the majority of migraine sufferers, this issue of *clinical CORNERSTONE*[®] has brought together specialists with broad experience in migraine and headache disorders to familiarize primary care physicians with the various manifestations of migraine and rational approaches to treatment.

Migraine can be considered as a peculiar response of the central nervous system to various stimuli. In the first article, I explain the genetics underlying the pathogenesis of migraine and present the intriguing hypothesis that migraine may be a channelopathy. Much research is now being conducted on the brain mechanisms that promote and control the hyperexcitability of the brain, which should lead to a more conclusive understanding of the nature of migraine and its manifestations. I also explain how the triptans and other antimigraine medications work to ameliorate the symptoms of migraine. Lastly, I discuss the epidemiology, impact, and profound economic burden of migraine.

Robert S. Kunkel, MD, succinctly describes the clinical manifestations of migraine, which not only vary from person to person, but also from headache to headache within an individual. He describes the 2 most common patterns—migraine with aura and migraine without aura. Dr. Kunkel provides practical guidance for the primary care practitioner in how to better recognize and diagnose this common disorder and its associated symptoms and a commonsense approach to controlling the triggers of migraine.

Timothy R. Smith, MD, RPh, discusses the many pitfalls that exist in diagnosing migraine, which is often confused with sinus or tension headaches or

other underlying medical conditions. The challenge facing the primary care physician is the correct identification of migraine triggers and the proper management of migraine based on the recent pharmacologic advances made in its treatment. In addition to providing suggestions for avoiding the pitfalls and heeding the warning of contraindications, Dr. Smith focuses on controlling analgesic overuse and rebound, which is one of the more serious outcomes of poor migraine management and with an incidence that is increasing.

David W. Dodick, MD, FRCP(C), FACP, offers a plan for the acute and prophylactic treatment of migraine, incorporating pharmacotherapy and the cognitive-behavioral treatment of migraine. Behavioral changes coupled with prophylactic medication increase the chances of migraine treatment efficacy. The various prophylactic agents now available are discussed in detail, giving the physician a wide choice in treating migraineurs successfully. Dr. Dodick stresses the need for patient follow-up, which all too often is lacking.

Of all the antimigraine medications now on the market, the triptans have gained the widest attention of physicians and with good reason. They have been shown to be safe and effective. Sumatriptan, which has been used for more than 10 years and extensively studied, has given us a solid foundation for assessing the advantages and disadvantages of this class of medications. James U. Adelman, MD, discusses the comparative aspects of the efficacy of the available triptans and their rational use in controlling the disability and recurrence of migraine.

We believe the comprehensive review of migraine and the practical information provided in this issue will be highly valuable to the primary care community.

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