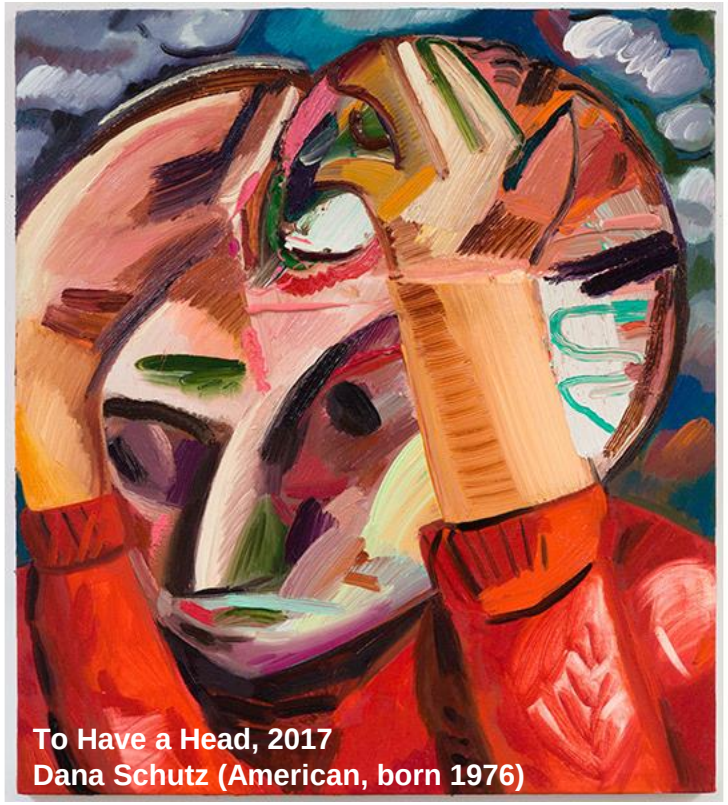
To Have a Head, 2017
Dana Schutz (American, born 1976)

Does vestibular migraine exist?
Con

Prof Jan Versijpt, MD PhD
Neurologist @UZ Brussel

Nordic Migraine Symposium 24

Full name of presenting author	Jan Versijpt
Affiliation of presenting author	UZ Brussel, Brussels - Belgium
Potential COIs	
Advisory boards	Novartis – TEVA – Lilly – Lundbeck – Pfizer - Abbvie
Speaker | Speakers boards	Lilly – Lundbeck – TEVA – Abbvie
Consultant	None
Grant support for research or education	None
Editorial board	Acta Neurologica Belgica
Author royalties	None
Other	None

Vestibular migraine is not a validated entity
&
therefore not ready entering the core part of the ICHD

There is not a single robust discriminator

Dizziness and vertigo during the prodromal phase and headache phase of migraine: A systematic review and meta-analysis

Afrim Iljazi[1,2,*], Håkan Ashina[1,*], Richard B Lipton[3], Basit Chaudhry[1], Haidar M Al-Khazali[1], James G Naples[4], Henrik W Schytz[1], Vlasta Vukovic Cvetkovic[1], Rami Burstein[5] and Sait Ashina[6]

Cephalalgia
2020, Vol. 40(10) 1095–1103

DOI: 10.1177/0333102420921855
journals.sagepub.com/home/cep
SAGE

Nonheadache feature	Sessions where each nonheadache feature was reported, % Premonitory (n = 803)	Headache (n = 559)	Postdrome (n = 425)
Tired/weary	72.5	84.3	88.2
Dizziness	22.9	31.1	19.3
Lots of energy/hyperactivity	5.2	2.7	2.4
Yawning	27.8	25.4	13.9
Pale face	17.6	32.2	21.4
Stiff neck	49.7	62.8	41.9
Light sensitive	48.8	*	36.0
Noise sensitive	38.4	*	31.8
Blurred vision	28.0	34.7	17.4
Sensitive skin	5.7	9.3	5.2
Constipation	5.6	6.6	6.8
Frequent urination	16.2	24.3	21.2
Nausea/vomiting	23.5	*	14.8
Hunger/food craving	18.2	18.1	15.1
Thirst	26.0	32.2	32.2
Intolerant/irritable	38.6	41.0	28.5
Emotional	24.3	29.9	23.5
Difficulty with thoughts	34.6	50.5	33.4
Difficulty reading or writing	20.2	39.2	16.9
Difficulty with speech	9.0	19.9	8.5
Difficulty with concentration	51.1	72.6	55.5
Other	53.8	34.5	43.8

Neurology 2003;60(6):935-40

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DOI: 10.1111/head.14785

RESEARCH SUBMISSION

Hyperactivity of the medial thalamus in patients with photophobia-associated migraine

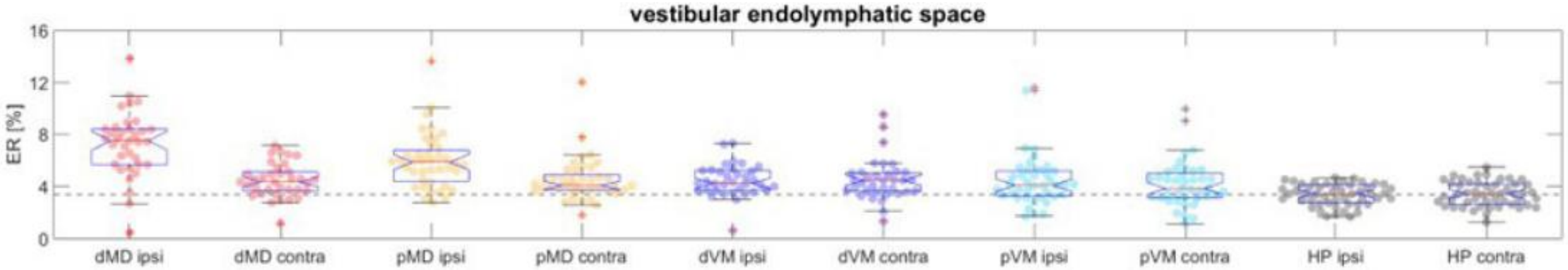
OPEN ACCESS

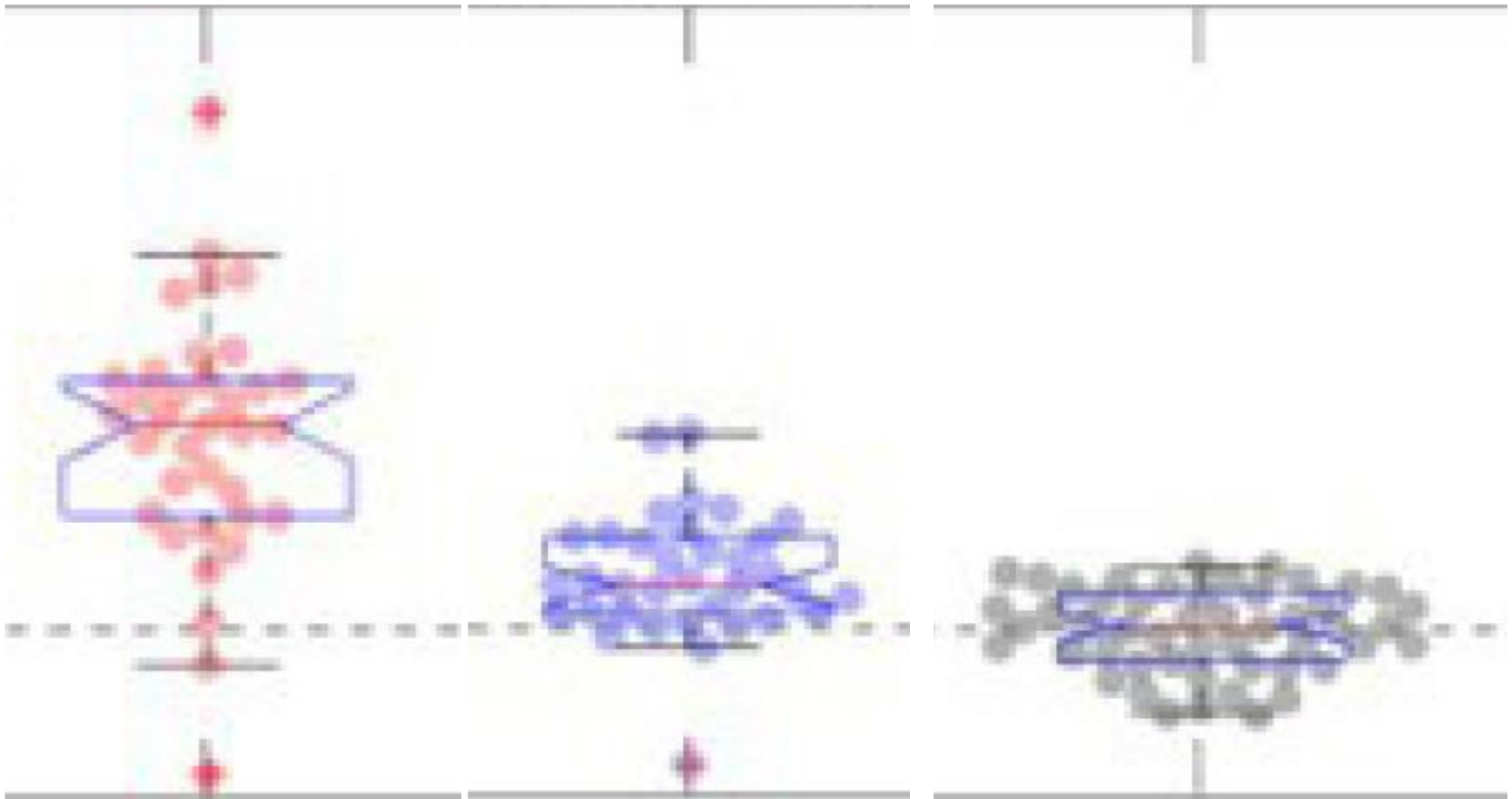
Original research

Imaging endolymphatic space of the inner ear in vestibular migraine

Valerie Kirsch ,[1,2] Rainer Boegle,[1,2] Johannes Gerb ,[1,3] Emilie Kierig ,[1,3] Birgit B Ertl-Wagner,[4] Sandra Becker-Bense ,[1,3] Thomas Brandt ,[1,2] Marianne Dieterich [1,2,3,5]

To cite: Kirsch V, Boegle R, Gerb J, *et al*. *J Neurol Neurosurg Psychiatry* Epub ahead of print: [*please include* Day Month Year]. doi:10.1136/jnnp-2024-334419





To cite: Kirsch V, Boegle R, Gerb J, *et al*. *J Neurol Neurosurg Psychiatry* Epub ahead of print: [*please include* Day Month Year]. doi:10.1136/jnnp-2024-334419

Received: 13 April 2024 | Accepted: 3 August 2024

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RESEARCH SUBMISSION

A placebo controlled, randomized clinical trial of galcanezumab for vestibular migraine: The INVESTMENT study

Jeffrey D. Sharon MD[1] | Roseanne Krauter FNP[1] | Ricky Chae BA[1] | Adam Gardi BS[1] | Maxwell Hum BS[1] | Isabel Allen PhD[2] | Morris Levin MD[3]

TABLE 2 Summary of outcomes for the INVESTMENT trial.

	Placebo	Galcanezumab	Difference	*p*-value	Effect size
N (mITT)	21	17			
Change in VM-PATHI score	−5.1 (SD 17.3)	−14.8 (SD 16.1)	−9.6 (95% CI −20.7 to −1.5)	0.044*	0.56
Change in DHI	−8.3 (SD 15.0)	−22.0 (SD 19.3)	−13.7 (95% CI −20.4 to −8.5)	0.017	0.98
Change in DDD Count	−5.6 (SD 7.9)	−11.3 (SD 7.2)	−5.7 (95% CI −10.7 to −0.7)	0.026	1.02
Effectiveness	1.1 (SD 1.2)	2.1 (SD 1.1)	1.1 (95% CI 0.3 to 1.8)	0.0067	0.89
GAD-7	−2.0 (SD 0.86)	−3.9 (SD 4.2)	−1.9 (95% CI −4.6 to 0.7)	0.152	
PHQ-9	−3.0 (SD 4.4)	−4.9 (SD 5.4)	−1.9 (95% CI −5.2 to 1.3)	0.232	
PROMIS SF Global Health v1.2- Physical Subscale	1.9 (SD 6.4)	5.3 (SD 7.0)	3.4 (95% CI −1.0 to 7.8)	0.129	
PROMIS SF Global Health v1.2- Mental Subscale	3.2 (SD 8.3)	4.8 (SD 5.3)	1.6 (95% CI −3.1 to 6.3)	0.494	
HIT-6	−1.8 (SD 4.4)	−3.5 (SD 3.3)	−2.9 (95% CI −7.2 to 1.4)	0.184	

It merely creates confusion

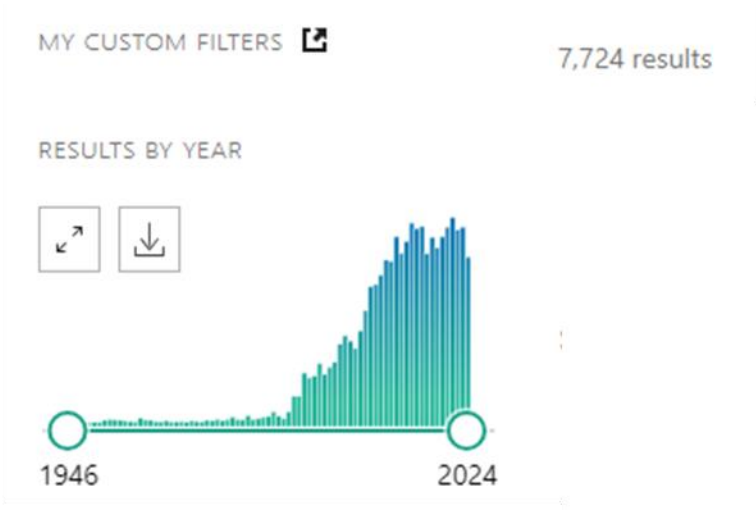
1.2.2 *Migraine with brainstem aura*

Previously used terms: Basilar artery migraine; basilar migraine; basilar-type migraine.

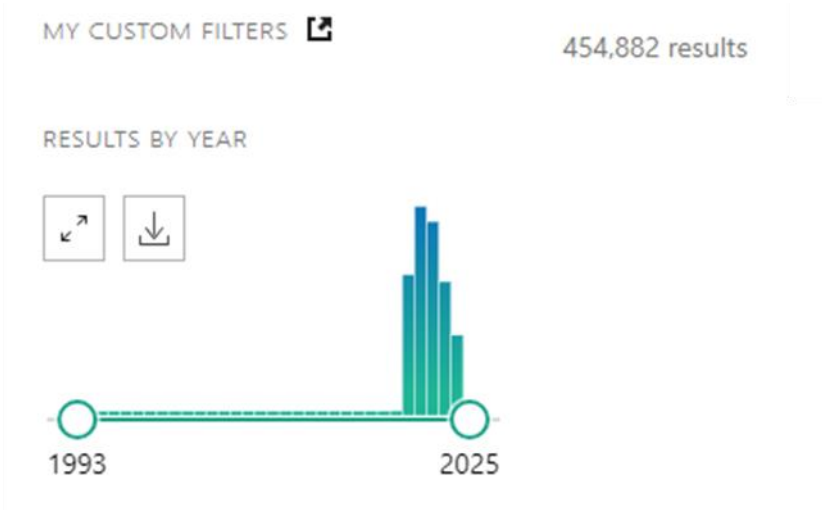
Description: Migraine with aura symptoms clearly originating from the brainstem, but no motor weakness.

Diagnostic criteria:

A. Attacks fulfilling criteria for 1.2 *Migraine with aura* and criterion B below
B. Aura with both of the following:
    1. at least two of the following fully reversible brainstem symptoms:
        a. dysarthria[1]
        b. vertigo[2]
        c. tinnitus
        d. hypacusis[3]
        e. diplopia[4]
        f. ataxia not attributable to sensory deficit
        g. decreased level of consciousness (GCS $\leq$13)[5]
    2. no motor[6] or retinal symptoms.



migraine with brainstem aura OR basilar (artery) migraine OR basilar-type migraine



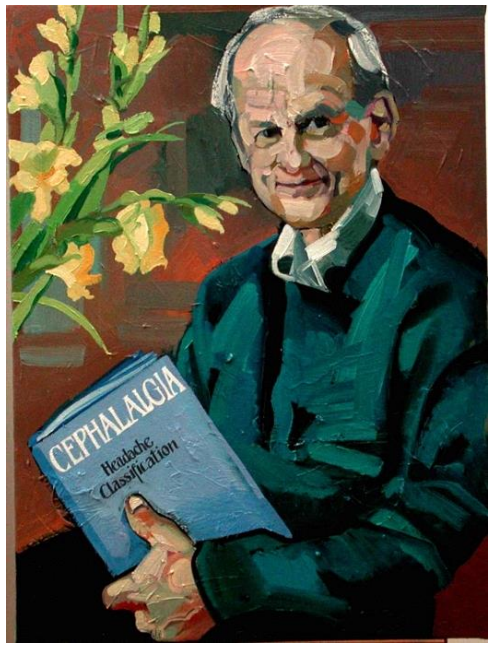
Sars-Cov-2 OR Covid-19

Slippery slope for ‘atypical’ headache

Out of respect for Prof Olesen and his baby

The International Classification of Headache Disorders 2nd Edition

1st revision (May, 2005)



scientifically. In order to stimulate such studies, we have included an appendix which describes a number of orphan disorders that need validation. We also present a few alternative criteria that can be tested against the official ones.


18th European
Headache Congress
Towards a better headache treatment
for everyone
4–7 December 2024
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