



9-1-2005

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Paolo Martelletti  
*Rome University La Sapienza*

Redda T Haimanot  
*Addis Ababa University, Ethiopia*

Miguel J A Láinez  
*University of Valencia, Spain*

Alan M Rapoport  
*Columbia University, College of Physicians and Surgeons, New York, NY*

K Ravishankar  
*Lilavati Hospital and Research Centre, Mumbai, India*

*See next page for additional authors*

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### Recommended Citation

Martelletti, Paolo; Haimanot, Redda T; Láinez, Miguel J A; Rapoport, Alan M; Ravishankar, K; Sakai, Fumihiko; Silberstein, Stephen; Vincent, Maurice; and Steiner, Timothy J, "The Global Campaign (GC) to Reduce the Burden of Headache Worldwide. The International Team for Specialist Education (ITSE)." (2005). *Department of Jefferson Headache Center papers and presentations*. Paper 6.

<http://jdc.jefferson.edu/headache/6>

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**Authors**

Paolo Martelletti, Redda T Haimanot, Miguel J A Láinez, Alan M Rapoport, K Ravishankar, Fumihiko Sakai, Stephen Silberstein, Maurice Vincent, and Timothy J Steiner

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Fumihiko Sakai  
Steve D. Silberstein  
Maurice Vincent  
Timothy J. Steiner

## The Global Campaign (GC) to Reduce the Burden of Headache Worldwide. The International Team for Specialist Education (ITSE)

Published online: 20 July 2005

P. Martelletti (✉)  
Chairman, ITSE,  
2nd School of Medicine,  
Rome University La Sapienza,  
Via Vitorchiano 81, I-00189 Rome, Italy  
e-mail: paolo.martelletti@uniroma1.it  
Tel.: +39-06-33274631  
Fax: +39-06-33274632

R.T. Haimanot  
Department of Internal Medicine,  
Addis Ababa University, Ethiopia

M.J.A. Láinez  
Department of Neurology,  
University of Valencia, Spain

A.M. Rapoport  
Columbia University College of Physicians and  
Surgeons, New York, NY, USA

K. Ravishankar  
Jaslok Hospital and Research Centre,  
Lilavati Hospital and Research Centre,  
Mumbai, India

F. Sakai  
Department of Neurology,  
Kitasato University, Japan

S.D. Silberstein  
Thomas Jefferson University Hospital,  
Philadelphia, PA, USA

M. Vincent  
Department of Neurology, School of Medicine,  
Rio de Janeiro Federal University, Brazil

T.J. Steiner  
Chairman, GC,  
Division of Neuroscience and Mental Health,  
Imperial College London,  
Charing Cross Campus, London, UK

**Abstract** The social perception of headache, everywhere at low levels in industrialised countries, becomes totally absent in developing ones. Headache disorders came into the World Health Organization's strategic priorities after publication of the 2001 World Health Report. Among the leading causes of disability, migraine was ranked 19th for adults of both sexes together and 12th for females. The Global Campaign (GC) to Reduce the Burden of Headache Worldwide was planned by the major international headache organizations together with WHO in order to identify and remove those cultural, social and educational barriers recognised as responsible factors for the inadequate treatment of headache disorders worldwide. Within the GC activities, the education of the medical body will represent a central pillar. An International Team for Specialist Education (ITSE) has been created to train physicians from all over the world through the acquisition of a university level Master Degree in Headache Medicine. Once trained as headache specialists, physicians will become trainers, offering education in this field to other health care providers in their own coun-

tries. In this way they will give life to a cultural chain raising awareness locally of headache, its burden and its medical control.

**Key words** Academic formation • Master in Headache Medicine • Global Campaign Against Headache • Headache specialist education

## The burden of headache: bridging the gap

The epidemiology of headache disorders describes contrasting incidence/prevalence data between industrialised and developing countries. The differences are due in part to methodological difficulties in low income countries and in part to social perception of headache, which are at low levels in industrialised countries, and totally absent in developing ones. Headache disorders came into the World Health Organization's (WHO) strategic priorities after publication of the 2001 World Health Report [1]. Focusing on disability rather than on mortality rates, The Global Burden of Disease (GBD) methodology [2], was used to report the worldwide impact of migraine which, according to the Years of Life Lost to Disability (YLDs), is among the top 20 disability-causing disorders. In adults of both sexes it ranks 19<sup>th</sup>, and in women it is 12<sup>th</sup> [3].

WHO identified cultural, social and educational impediments as responsible factors for the inadequate care received worldwide by people affected by headache disorders [4]. Educational deficiencies amongst local health-care providers, leading to absence of diagnostic and management skills complicate their treatment. Education of physicians in the management of headache disorders thus represents a key element in any campaign for improvement [5].

The burden of headache differs among populations. In developing countries we observe different barriers to reaching an equitable headache control: these may be ascribed to patients, or to physicians or may have a regional origin [6, 7]. The principal patient-related barriers are: delay in seeking treatment and low compliance level, both to some extent coupled with poor understanding of the medical nature of headache disorders. Physician-related barriers include: erroneous referral, diagnosis and treatment compounded by lack of effort in educating patients. Regional barriers are: inadequacies of the health-care system, poor literacy and income, overpopulation, and adverse political priorities [6]. As a result, and encouraged by their misperceptions of headache disorders, people affected by them in low-income cultures rely overly upon traditional and complementary therapies [7].

Nevertheless, even in industrialised countries we can observe the presence of some of the above reported barriers, especially those that are physician-related [8]. Education concerning headache remains perfunctory at best in undergraduate and most post-graduate teaching programmes of many medical university schools. This may represent one of the main causes of the several failures in headache control worldwide [9].

## The ITSE programme within the GC

The Global Campaign (GC) to Reduce the Burden of Headache Worldwide, or, in short, the GC *against* Headache, has been planned by the the major international headache organizations – the World Headache Alliance, the International Headache Society and the European Headache Federation jointly with WHO. It seeks to re-order health-care priorities in all world regions taking due account of the major socio-economic impact of headache disorders [5]. Within the GC project, which will be structured at various levels, local training of the health-care providers is a central pillar of the perceived solution. An International Team for Specialist Education (ITSE) has been created in order to plan the training of physicians coming from all over the world, through the acquisition of a university level higher degree. The Master in Headache Medicine, now in its third year of life, is a one-year course of training in excellence [10]. Its purpose is to instil epidemiological, nosographic, genetic, pathophysiological, diagnostic, social-health, clinical and therapeutic knowledge of all important headache types. Students will be able to acquire multidisciplinary competences enabling them to relate to the range of problems presented by headache patients through wide-ranging, trans-cultural skills. The main didactic themes of the course, shared with the GC, are listed in Table 1. Once these physician-students are trained as headache specialists, they will become trainers, offering education in this field to other health-care providers in their own countries. Thus they will life to a cultural chain raising awareness locally of headache, its

**Table 1** GC-ITSE programme. Didactic subjects of the Master in Headache Medicine 1-year course

IHS classification	Neuroimaging	Pharmacoeconomics
Epidemiology	Genetics	Pharmacology
Disability	Pathophysiology	Clinical trials
Public health economy	Clinical aspects	Traditional medicine
GC and social policies	Diagnostic criteria	Medication overuse
Neuroanatomy	Comorbidities	Drug therapy

burden and its medical control [11]. Such a “Train the Trainers” mechanism is not new, but well tested and shown to be efficacious.

As part of the GC, the ITSE Committee will assure, through the collaboration of an international panel of renowned scientific and clinical headache experts, both the educational level of the project and its regional spread. The international faculty of the Master’s Degree course will ensure world-rated teaching of all the required knowledge and skills for correct headache management. Clinical application of these in the Regional Referral Headache Centre of the 2nd School of Medicine of “La Sapienza” University will consolidate training. The endorsement of this university initiative by European and international societies devoted to headache will turn a

highly vocational educational course into one that is internationally accredited as fit-for-purpose.

As well as this *bottom-up* training strategy in headache case detection, diagnosis and treatment aimed primarily at developing and/or transitional countries, a *top-down strategy* is also necessary to organize headache related health-care units in hospitals and in primary care, ensuring the supply of appropriate and cost-effective drugs. The concomitant setting up of nationally-based treatment programmes requires political support – another objective of the GC pursued by other initiatives. The winning try of this demanding programme is to bridge the treatment gap and withdraw headache disorders from their social obscurity that exist everywhere but is most apparent in developing and transitional countries.

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