



## **Migraine: What it is and how we treat it**

By Michael Stein, MD

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### Headache Classifications

Headache is one of the most common afflictions of mankind; almost everyone has had at least one headache in their life. Headaches are divided into 2 types: primary and secondary headaches.

Primary headaches are named because no one (so far) has figured out their cause. There are two types of primary headaches: (1) tension type headaches and (2) migraines.

- Tension type headaches are the most common type of primary headache. Most everyone has had this type of headache at one time or another. This headache is usually mild; the pain is generalized and not associated with other symptoms. These headaches usually respond to over-the-counter medications such as Tylenol, Advil, Aleve and Aspirin.
- Migraines are the second most common type of primary headache. This headache is estimated to

## **A Message from our Medical Directors**

Dear Friends of Diablo Clinical Research,

Using the internet for information exchange - blogging, posting personal experiences, etc. - is common practice. Many of us use these postings to help us make decisions, such as whether to buy a product, join a club or what options are available for medical conditions we are trying to treat.

We at Diablo Clinical Research want to use this information exchange to educate more people about research and encourage them to consider participating in a clinical study. Please visit our website at [www.diabloclinical.com](http://www.diabloclinical.com) and send us feedback about your experience with us by clicking on the Study Volunteers tab and using the Comments section on the Volunteer Form or visit us on [yelp.com](http://yelp.com) and post something there.

Also, when you come in for your next visit, ask our receptionist about our new Patient Feedback Program.

We wish you a happy and healthy holiday season.  
To your health,

Richard L. Weinstein, MD



Leonard Chuck, PhD, MD



Mark Christiansen, MD



## Migraine: What it is and how we treat it

Michael Stein, MD

affect nearly 30 million Americans. Migraine pain is typically severe, throbbing and made worse by physical activity. These headaches usually require prescription medicines.

Secondary headaches are uncommon; they affect less than a million Americans and can usually be readily diagnosed and are due to some other problems, such as an aneurysm, meningitis or brain tumor.

### Treatments

Migraine is treated with what are termed "abortive medications" and "preventative medications".

The abortive medicines stop a migraine episode. For hundreds of years a variety of folk medicines were used to treat migraine. Some of these remedies included mustard patches and wrapping the head with a poultice. The most well-known of the modern migraine abortive medicines is Imitrex or Sumatriptan.

Preventative medications can significantly reduce the severity and frequency of attacks; the most common is Propranolol, a medicine originally developed to treat high blood pressure. There are other newer migraine preventatives on the market, including the best known -Topamax; other preventative medications include Amitriptylene, Depakote and Verapamil. There are other ways of treating migraine which include biofeedback, acupuncture and cognitive behavioral therapy, just to mention a few.

### Migraine Research

Research in migraine is being conducted in both the preventative and abortive medications. We have already conducted a number of migraine studies and plan to participate in future studies.

One study which we are presently conducting involves a novel delivery system for the already marketed medication, Sumatriptan (Imitrex); this study is looking at the effectiveness of a patch which is applied when a migraine starts.

Another study, which will start enrolling January of 2010, uses an already marketed migraine abortive called DHE; this medicine is currently on the market in a nasal spray or injectable form. We will be evaluating an inhaled form; preliminary studies demonstrate that it is safe and effective.

In addition to these medications, very unusual and novel ways of aborting a migraine are being explored. Results of a recent study showed that Botox, when given to patients who had frequent migraines, reduced the overall number of headaches. Perhaps the most unusual is "Transcranial Magnetic Stimulation"(TMS). This involves putting a device on the back of the head when a migraine begins and literally "zapping" it. Transcranial Magnetic Stimulation offers the promise of aborting a migraine without the use of medications. We hope a study with this TMS device will begin in 2010.

We have come a long way in the understanding and treatment of migraine, from mustard patches to the injection of Botox. It is an exciting time in the field of headache research. Watch future issues of the Diablo Clinical Research Newsletter for announcements of upcoming studies. Call Diablo Clinical Research at (925) 930-7267 for more information.

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## Latino Outreach Program

One of the most exciting developments in 2009 is the launch of our Latino Outreach Program.

Diablo Clinical Research has been working with free and low-cost clinics throughout the Bay Area since 2007 to provide free testing (glucose, cholesterol, blood pressure, heel scans, etc) and information about participating in research studies. Since most if not all of these clinics could only offer short-term medical care to their patients, we knew this population needed what we had to offer.

We quickly found that many who were interested in and qualified to participate in our studies spoke Spanish only. We realized that to truly benefit this population we needed to have bilingual staff.

We now have 2 full-time bilingual staff members who are dedicated to serving the Latino community through free screenings and our research studies. We also provide free testing and information at local health fairs, grocery stores, churches and more. We have numerous studies in diabetes, cholesterol, and high blood pressure that are open to enrollment for our Spanish-speaking population.

Please encourage anyone you know who may benefit from this newly launched program to call us to schedule an appointment to screen for a study or for a free test, or use the Share the Health coupon on the back page of this newsletter for a free diabetes test! **Call: (925) 930-7267**


## Katy's Nutrition Corner

Katy Kinninger, RD, CDE

### Help for the Holidays and Everyday: How to read a food label

When shopping/snacking during the holidays/vacation, you can make wise choices just by reading the food label. Here are a few tips to help you decide what and how much to eat.

- Serving size: double check the amount before deciding whether to eat the entire serving
- Calories: double check the serving size; 40 cal = low; 100 cal = moderate and 400 cal = high
- Fat: keep to 30% or less; note the source of fats—saturated, mono/poly unsaturated, omega 3's and trans fat; if half the calories are from fat, you might want to reconsider this choice
- Cholesterol: keep to less than 200mg
- Sodium: a low sodium option is 240mg or less
- Carbohydrate: 15g = 1 serving; 300g/day based on a 2000 calorie diet
- Fiber: need 25-30g/day; try to eat foods with 3 grams or more
- Protein: 1 serving = 7g; recommendation is 8g per kg of ideal body weight; for example, weight of 100kg = 80g/day of protein (100kg = 220.46 lbs)



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