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Aura of Hope for Migraine Patients: Understanding the Latest Cluster of Treatment Options

Dibash Kumar Das, PhD Steven L. Shafer, MD, FASA, *Editor-in-Chief*

Migraine is a highly prevalent and debilitating condition affecting approximately 10%-15% of the population (*Rev Neurol* Aug 2023; *Lancet* 2012;380:2163-96). A migraine is a severe headache lasting up to 72 hours, accompanied by symptoms including nausea, vomiting, and hypersensitivity to light and sound. Women are twice as likely to experience migraine as men (*Lancet* 2012;380:2163-96).

Older theories that migraine was caused by vasodilation of meningeal arteries have been disproven by direct observation of vascular diameter using MRI (*Lancet Neurol* 2013;12:454-61). Current views classify migraine as a spectrum of diseases, ranging from acute severe headache to episodic clusters of headaches to chronic headache to "silent migraines" comprising migraine symptoms without accompanying headache (asamonitor.pub/44875me).

Research is slowly untangling the genetic, physiologic, and environmental factors responsible for the migraine spectrum of headaches. The most important observation over the past two decades is the identification of the fundamental role of calcitonin gene-related peptide (CGRP) in the onset of migraine. Two new classes of CGRP antagonists have emerged: direct antagonists (gepants) and monoclonal antibodies directed against either the CGRP protein or the CGRP receptor.

CGRP modulates cardiovascular hemostasis. As a result, migraine patients with cardiovascular disease, including Raynaud's syndrome, should be carefully monitored for adverse effects when treated with CGRP antagonists for migraine. CGRP also modulates fetoplacental vascular tone. Thus, CGRP antagonism is contraindicated in women who are pregnant. The longer-lasting CGRP monoclonal antibodies (see below) are contraindicated in women planning to conceive. The FDA package inserts warn against the use of CGRP antagonists in breastfeeding women because the safety has not been established in infants. These

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Anesthesia Incident Reporting System Case 2023-10: Baby, It's Cold Outside

A 3-year-old male presented for an elective circumcision. He was an ex-32-week preemie with reactive airways and a recent URI requiring nebulized albuterol. The URI resolved 3 weeks ago, and he took a course of antibiotics. PO midazolam was given in pre-op holding area for anxiolysis, and he was calm on arrival to OR. Mask induction was performed, initially 70/30 N_2O/O_2, then sevoflurane 8%. A rotating dental resident held the face mask. I noted obstruction, instructed rotator to perform jaw thrust and a second resident to turn the APL valve to 5 cm H_2O. The $EtCO_2$ tracing went flat, I took over bag mask ventilation. I was able to give 2-3 small breaths with APL at 30 cm H_2O with FiO_2 100%, but the patient then vomited abaout 5 mL milky fluid. I instructed the resident

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Advocacy: A Conversation with FAER and ASA CAO Manuel Bonilla

Roger A. Johns, MD, PhD

This isn't FAER's first time discussing the importance of advocacy in anesthesiology research. To help shed more light on this topic, it's my pleasure to share a recent conversation between ASA Chief Advocacy Officer (CAO) Manuel Bonilla, FAER President James C. Eisenach, MD, and me.

From my perspective, it is critically important for legislators to understand the breadth of what anesthesiologists do and our various roles. They need to understand how academic anesthesiology has driven the field of safety and quality in health care and provided much of the basic research behind the implementation of elements of health care science. A prime recent example is the critically important role that anesthesiology clinical care and research played in health care's response to COVID-19.

Similarly, Mr. Bonilla commented on the role anesthesiology research can play in advocacy efforts.

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SPECIAL SECTION

Advocacy: Anesthesiologists Weigh In

Guest Editor: Sam L. Page, MD, FASA

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FAER: Advocacy Conversation

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FAER

Foundation for Anesthesia Education and Research

Our Vision

A nurturing community of anesthesiologists advancing health through research.

"Within the advocacy space, we're always looking for research that highlights the value of anesthesiologists and their work. We all know that there is more to anesthesia than a physician putting someone to 'sleep.' Anesthesia research allows us to tell the full story of an incredible medical specialty."

It bears repeating that anyone advocating in relation to anesthesiology, including those not personally engaged in research, will do better by addressing all the positive things that our research brings to patient care and to health overall. Mr. Bonilla said:

"In helping lawmakers and their staff understand anesthesia, we'll frequently highlight available literature related to cognitive issues in the geriatric community and neurotoxicity in infants. As part of the discussion regarding how best to address opioid abuse, we reference literature about multimodal pain management. And as part of our campaign in support of optimal anesthesia care models in the U.S. Department of Veterans Affairs, we look to research on anesthesia risks associated with Parkinson's Disease, Chronic Obstructive Pulmonary Disease (COPD), and other diseases prevalent within the Veterans' community."

Another source for informing legislators on the state of anesthesiology and research is the Anesthesia Research Council (ARC). For this, we turn to Dr. Eisenach:

"ARC was formed by the ASA, International Anesthesia Research Society, and FAER. It is modeled after the National Research Council and generates white paper reports on topics central to anesthesia research and practice to inform policy decisions by societies in our specialty and by regional and national private and federal organizations.

ARC's first white paper addressed the very small number of anesthesiologists who apply for and receive federal funds to advance science in our specialty, in turn eventually improving clinical care. This serves to inform advocacy efforts to better educate legislators on the multiple major health concerns in our patients, the advances we've made, and the tremendous return on investment by expanding researcher numbers in our specialty."

FAER President James C. Eisenach, MD

FAER is thrilled to contribute to ARC and looks forward to the broader impact this collaboration will have. For more information, I encourage you to read FAER's August 2021 *Monitor* article (*ASA Monitor* 2021;85:43). But what about the researchers not involved in ARC? How might they get involved in advocacy? According to Mr. Bonilla:

"I'd recommend physician-investigators look to align their work with the major public policy issues facing the country. Many policymakers seek and welcome studies that help them in debating pressing issues. There are also unique opportunities to support U.S. Veterans. The historic enactment of the PACT Act will result in an unprecedented expansion in VA benefits eligibility for potentially millions of Veterans with toxic exposure. There is a dearth of data regarding the implications of toxic exposure for Veterans receiving anesthesia and surgical care. Opportunities are also available for helping anesthesiologists provide better care for historically underserved populations, and helping ASA address concerns with the role of anesthetic gases in climate change."

Along with the opportunities Mr. Bonilla noted, I see value in FAER and those we support advocating directly to members of Congress about topics pertinent to anesthesiology and research. Simultaneously, the more information we can share with the ASA advocacy team about the good FAER does and the need for strong NIH support for anesthesia researchers, the better equipped Mr. Bonilla and his colleagues will be to make this case.

As many may have encountered, though, anesthesiology is in a complex position in relation to the NIH. Mr. Bonilla stated:

"Unlike other conditions and body parts, there is no Study Section or National Institute of Anesthesia. There is strong support within the research and patient community for supporting the National Cancer Institute. And our colleagues at the American Academy of Ophthalmology have the National Eye Institute to rally around. Anesthesia and pain-related research are scattered throughout the NIH system and other federal agencies."

To help navigate this unique position, ASA collaborates with external organizations and groups around overlapping areas of interest, as described by Mr. Bonilla:

"Prior to joining CMS, Dr. Lee Fleisher facilitated a meeting between ASA and leaders in the National Institute on Aging to discuss ASA's Brain Health Initiative and explore shared areas of interest. More broadly, ASA is a longstanding member of the Ad Hoc Committee on Medical Research, a coalition of patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry that support increased federal funding for NIH. We are also a member of the Friends of AHRQ, which supports enhancing the federal investment in the Agency for Healthcare Research and Quality (AHRQ), an agency that supports research to improve health care quality, reduce costs, advance patient safety, and decrease medical errors."

ASA Chief Advocacy Officer Manuel Bonilla

Roger A. Johns, MD, PhD

Chair, FAER Board of Directors, and Professor of Anesthesiology, Critical Care Medicine, and Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland.

"Clearly, there are many avenues for physician investigators to both contribute to and benefit from advocacy. I encourage my peers to engage with the advocacy process to help support the future of our specialty."

Building on Mr. Bonilla's comments, anesthesiology could benefit from advocating for a separate study section for Anesthesiology and Critical Care Medicine. Another area where advocacy could be especially valuable may be advocating for a 50% KO8 time commitment for anesthesiologists, as the NIH has granted for surgery.

Clearly, there are many avenues for physician investigators to both contribute to and benefit from advocacy. I encourage my peers to engage with the advocacy process to help support the future of our specialty. I'll leave the final words to Mr. Bonilla:

"FAER is a critical part of ASA. I value and respect its tremendous leadership in anesthesiology research. I hope we can continue to build a stronger relationship between our researchers and our advocacy initiatives." ■

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