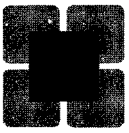

Who should treat headache?

HEADACHE, one of the most frequent complaints in the outpatient setting,[1,2] tends to be a recurrent, chronic medical problem. As such, physicians who emphasize long-term patient care—namely, internists and family physicians—would seem best suited to deal with it.

■ *See Diamond (pp257–261)*

Yet in discussions with primary care physicians, a dislike for treating headaches is evident. Physicians complain that dealing with headache patients is time consuming, since psychosocial issues often are associated with the illnesses, and that patients often abuse pain medications.

The result of this attitude toward headache is that patients are often referred for multiple consultations, without any physician providing long-term follow-up. Patients become frustrated and reluctant to seek headache care. Lack of long-term care leads to overuse of emergency rooms and urgent care facilities. Intermittent acute care of chronic illness leads to concerns of analgesic abuse and the frequent overuse of neuroradiologic studies. Care is expensive, yet fragmented.

Why is there such a dislike for treating headache? Lack of formal training in the management of headache is likely a major reason. Most medical schools allocate no more than a single lecture to the topic. Medical residency training generally emphasizes inpatient care, with outpatient teaching limited to "medical" diseases like diabetes and hypertension. Medical textbooks emphasize the organic causes of headache, which constitute less than 1% of headaches, rather than the routine management of migraine and tension headache.

In medicine, familiarity breeds contentment. It is the unfamiliar that we find contemptuous. Internists should feel very comfortable with the medications used in headache therapy—beta blockers, calcium-channel blockers, nonsteroidal anti-inflammatory drugs, and antidepressants. Teaching internists to properly use these and other drugs in the management of headache and other common outpatient problems must become a goal of internal medicine education. Journals and continuing medical education programs must respect the mundane disorders that populate medical practice.

As internists become more knowledgeable in the management of headache, they will find that headache medicine fits well within the long-term care ideals of internal medicine practice. Physicians, hospitals, and, most important, patients, can only benefit from internists assuming the care of chronic headache.

To further the goals of training physicians in the management of headache, the Cleveland Clinic has established the first fellowship program in Headache Medicine. Combining the resources of internal medicine, neurology, pediatric neurology, psychology, and research, this is a 1-year, funded fellowship for primary care physicians or neurologists. Interested physicians are encouraged to contact the author for details.

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