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Migraine: A Neuroinflammatory Disease?

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Contents

List of contributors	vii
Preface	ix
<i>Egilius L.H. Spierings</i> Inflammation in migraine pathogenesis: when, where, and how	1
<i>Ann I. Scher, Richard B. Lipton and Walter F. Stewart</i> Impact of migraine on a personal and societal level	21
<i>Elizabeth W. Loder</i> Presentation, pathogenesis, and treatment of migraine	37
<i>David W. Dodick</i> Neurogenic inflammation in the pathogenesis of migraine	55
<i>Uwe Reuter and Guy Arnold</i> Models of neurogenic inflammation as it relates to migraine	65
<i>Dimos D. Mitsikostas</i> Mediators and their receptors involved in neurogenic inflammation	91
<i>Theoharis C. Theoharides and Kristiana Kandere</i> Mast cell involvement in neurogenic inflammation	115
<i>Egilius L.H. Spierings</i> Inhibition of neurogenic inflammation in abortive migraine treatment	133
<i>Margarita Sánchez del Río</i> Inhibition of neurogenic inflammation in preventive migraine treatment	145
<i>Margarita Sánchez del Río</i> Is migraine a neuroinflammatory disease?	161
Index	165

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Preface

This book contains reviews by a renowned group of clinicians and scientists, which consider in great depth the potential involvement of neurogenic inflammation in the pathogenesis of migraine and inhibition of this putative mechanism as a possible mode of action of antimigraine medications. The authors carefully consider current and future potential therapeutic approaches for the abortive as well as preventive treatment of migraine.

The pioneering work by Professor Michael A. Moskowitz's group at Harvard gave rise to the "neurogenic hypothesis" of migraine pathogenesis and to an intellectual framework for many aspects of migraine research through a detailed pharmacological characterization of the trigeminovascular system. This knowledge then spurred detailed research worldwide into the roles of the dural vasculature, trigeminal nerve fibers, and sensory neuropeptides, such as substance P and calcitonin gene-related peptide, in migraine. Similar in-depth investigations have not been made of the role of the seventh cranial parasympathetic nerves but this area warrants further study because of its potential for interactions with the trigeminovascular system and its clear involvement in cluster headache.

Clinical studies have systematically tested many of the hypotheses arising from the experimental characterization of the trigeminovascular system but, so far, only compounds that have vasoconstrictor as well as trigeminal inhibitory properties, such as the ergots and triptans, seem to show unequivocal activity in the abortive treatment of migraine. Approaches targeting only one of these processes or pain signal mediators have generally failed or still require more proof of concept after promising preliminary studies. Perhaps the most important hypothesis that remains to be tested is the role of vasodilation induced by calcitonin gene-related peptide in migraine headache but this awaits a suitable compound for clinical trials.

There is undoubtedly a large reserve built into the pain signaling process to ensure adequate activation of a response that is part of a primary survival mechanism. It is, therefore, interesting to speculate that approaches that simultaneously inhibit a broad spectrum of pain-signaling molecules may have the greatest chance of efficacy against migraine because a single target approach leaves other transmit-

ter systems free to execute the pain response. This can be achieved by prejunctional inhibition of transmitter release more readily than by a polypharmacological approach to achieve postjunctional blockade of multiple mediators. Research for specific trigeminal terminal receptors that could be suitable medication targets, thus, remains intense.

Research into migraine pathogenesis has benefited enormously from true synergy between astute clinical observations and investigations and the development of antimigraine medications with highly specific and well-defined pharmacology. The main challenges that now face the field are the discovery of the underlying factors that predispose migraineurs to the migraine trigger factors and the relationship between neural central nervous system dysfunction and the activation of pain-producing trigeminovascular structures. Such understanding may lead to new approaches that improve the success rate of current migraine preventive strategies and these are clearly needed.

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