HEAD Wise

Episode 258: Meet NHF's New Board President

Lindsay Weitzel, PhD:
Hello everyone, and welcome to HeadWise, the videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of the education and support group MigraineNation, and I have a history of chronic and daily migraine that began at the age of four. I am super excited to tell you that I am here today with Dr. Hope O'Brien. Hello, Dr. O'Brien, how are you?

Hope O'Brien, MD:
Hi there, Lindsay, I'm so excited to be here with you.

Lindsay Weitzel, PhD:
I am excited to have you back. Dr. O'Brien has been on HeadWise before, but she is here today because she has been elected the newest president of the board of the National Headache Foundation, and everyone is very excited for the future with her at the helm. Dr. O'Brien is a board-certified neurologist and headache specialist, and the CEO and medical director of the Headache Center of Hope in Cincinnati, Ohio. She is also an adjunct associate professor at the Morehouse School of Medicine. She has so much to say. We've had her on before asking her many questions having to do with headache medicine, and I have planned an episode where we can learn about her vision for the future of the National Headache Foundation, and also where we can learn about what she thinks is happening in the future of headache medicine in general. Welcome, Dr. O'Brien. Thank you for being here.

Hope O'Brien, MD:
Yay! I have a lot to say, but hopefully I won't bore anybody. If you have trouble sleeping, listen to this. No. I'm just kidding.

Lindsay Weitzel, PhD:
That was actually a good joke for a headache podcast. Dr. O'Brien, I think the best way for us to begin is by asking you what motivated you to pursue a career in headache medicine and to work with such a broad patient base, because you also had a clinic for adolescents and you work with adults with headaches. You worked with all ages, so I really want to hear what your motivation is.

Hope O'Brien, MD:
I will say I do suffer from migraine as well. And I remember having my first attack around the age of three or four. I know you mentioned being very young when you started having migraine attacks. And so, it wasn't the reason why I got into headache. Actually, I was doing a rotation in neurology at a facility that specialized in seeing patients with headache. And at the time, I was kind of thinking about what area of neurology I wanted to focus on, and I was very interested in seeing patients with stroke, had seen a lot of

patients with headache when I was doing my resident clinic during residency, and oftentimes was very frustrated by the fact that I was seeing these patients come back and they weren't getting much better.

And many of my preceptors would have different approach and different treatment plans for the patients. And it just was disheartening to see patients not getting the improvements in satisfaction that hopefully as providers we like to see. And so, when I rotated through this headache center, I saw that patients were getting better and it didn't take that long before we saw them getting better. And so, this really intrigued me. In neurology, unfortunately, a lot of the diseases that we take care of, there's not a lot that we can do. The term is we diagnose and adios, but I think although things have improved in neurology, I think in headache medicine in terms of seeing that dramatic change and quality of life really spoke to me. And I like to see that change made.

So, I decided to pursue a fellowship that focused on both kids and adults with headache, because seeing these patients who were now adults and asking them, when did you start having symptoms, inevitably, their symptoms started either in childhood or as young adults. And I thought to myself, if you were to intervene early, like when I was rotating through the center who specialized in seeing kids with headache and migraine, could you then stop the progression of the disease becoming chronic. So, I did my fellowship, learned how to treat patients of all ages, not just adults, but also kids. And in following them, could we then intervene and hopefully get better outcomes in patients and adults.

Lindsay Weitzel, PhD:
That was so great to hear. I really liked that approach. Thank you for telling us that. And it's really, really rare that you get to talk to someone who is well versed in both pediatric or adolescent headache and adults. So, it's very awesome to hear that you were motivated to do that. This question is very similar to my last one, but is there something that you're particularly passionate about? What are you most passionate about in the area of headache medicine?

Hope O'Brien, MD:
I will tell you, I enjoy spending time with patients, and that's part of the reason why I have changed sort of my practice model of what I'm doing. I think it's so important to spend the time with patients to learn how headache impacts their daily lives. I think oftentimes when we think about somebody who suffers from migraine, we have this thought of somebody being in a dark room for days not wanting to interact with other people because they're in so much pain. But what I enjoy seeing is the diversity of migraine disease, those who are severely impacted and those who may have occasional times when it affects their daily life. So, I love hearing their stories. I love spending time and learning about how treatment has impacted or improved their ability to function. And I'm also passionate about educating them about migraine because oftentimes patients may not understand the condition.

And the question I often get is what causes this, why is this happening to me. And so, if I'm able to explain to them the underlying pathophysiology behind migraine, like there's a reason why you have light sensitivity and sound sensitivity when you have a migraine attack. There's a reason why you get nauseated. There's a reason why you may get lightheaded or dizzy. And explain the process in the brain to the patient, and why we choose the treatments that we do. It's like a light bulb moment for them. It's like, oh my God, this is actually something that's happening in the brain. I can understand that now. And now I can understand how the treatment affects and changes the brain, so that my condition can hopefully improve.

Lindsay Weitzel, PhD:
I love hearing that, and I love that you have time to do that, that you can explain all that to people. A lot of us feel rushed in our appointments. Are there any particular unmet needs or challenges that you feel passionate about that you see that are right on the top of your mind in the headache field?

Hope O'Brien, MD:
Well, I think we should celebrate the fact that newer therapies have improved outcomes and are often better tolerated. But we cannot confuse progress with having solved the problem. There's still patients who do not respond adequately to our available treatments, including some patients who have tried multiple therapies without achieving meaningful control. I think one of the biggest challenges is access to specialized care. Not every patient is the same, and not every attack is the same. And there are simply not enough headache specialist to meet the needs of the population, and patients can wait months or longer to see someone with expertise in headache medicine. And by the time they reach specialized care, some patients have experienced years of unnecessary disability. And we need to think creatively about expanding the headache workforce, including better use of advanced practice providers, telehealth, education of primary care clinicians, and other models that can bring appropriate care closer to where patients live.

Lindsay Weitzel, PhD:
What do you see are the biggest things that you think will change in the next 5 to 10 years in this field?

Hope O'Brien, MD:
Well, I think the future is bright. We're entering an incredibly exciting period in headache medicine. We're seeing more physicians, advanced practice providers, researchers, and other health care professionals choosing headache medicine as a career, which is critical because one of the greatest challenges we have historically faced is simply having enough people available to care for the millions of individuals living with migraine and other headache disorders.

I also expect technology. Yes, I said technology, to transform how we understand and manage migraine. I think artificial intelligence and digital health tools may eventually help us identify patterns that precede a migraine attack and hopefully predict attacks before they can occur, allowing us to intervene earlier and potentially prevent an attack from beginning to become disabling. I think innovation cannot simply mean developing more treatments.

I think the future of headache medicine has to include better access to the treatments we already have. We now have an extraordinary range of effective treatments, but having a treatment available is not the same as having access to it. And so, my hope is that the future brings us closer to a model where the right patient gets the right treatment at the right time, rather than treatment decisions being driven primarily by barriers to access.

Lindsay Weitzel, PhD:
I love that you said that. I love how you said it. Thank you so much. The AI part I was not ready for. I have not heard anyone say that yet, so I can't wait for that to manifest. What do you think is the number one piece of advice you can give to patients out there? I know that's going to sound really general and broad when we're just talking to a large group of patients with headache, with migraine. But do you have one piece of advice that you think is most important?

Hope O'Brien, MD:
I think the piece of advice I would say to patients is advocate for yourself or learn how to advocate for yourself. If you know that something isn't working or you aren't receiving the care you need, don't be afraid to ask questions and have a conversation with your healthcare provider about what other options are available. I also want to be clear that patients should not have to fight this battle alone. We need patients. We need healthcare professionals, professional organizations, researchers, industry, employers, policymakers, we all need to work together to address the barriers that prevent people from accessing appropriate treatment. We already have to collectively find a way to ensure that the treatments we develop actually reach the people who need them.

Lindsay Weitzel, PhD:
Dr. O'Brien, what is your vision for the future of the National Headache Foundation?

Hope O'Brien, MD:
I think my vision for the future of the National Headache Foundation is to expand the voice of migraine and ensure that every person living with this disease is seen, heard, and represented. And I know migraine is just one type of headache. I explain that to all, but oftentimes migraine is the most common reason why patients are coming into my office. But too often the conversation focuses on those with the highest frequency or greatest disability. Individuals with low frequency or episodic migraine may suffer in silence without recognizing that migraine is still a significant disease even when attacks are less frequent. I envision the National Headache Foundation will bring broader awareness of the full spectrum of migraine other than headache disorders, while building stronger connections between patients, healthcare professionals, researchers, all the stakeholders in which people live and work.

And importantly, I think our partnerships should extend beyond traditional professional organizations. I think industries employ millions of individuals living with migraine, and many of those individuals manage their disease quietly while trying to maintain their productivity, their careers and quality of life. And I see an opportunity for the foundation to partner with employers and industries to increase awareness, reduce stigma, improve access to appropriate care, and recognize the substantial impact of headache disorders on the workplace.

Ultimately, my vision for the National Headache Foundation is to become an even stronger and more inclusive voice for the headache community, one that brings together patients, clinicians, researchers, professional societies. We should not only advocate for those who are most severely affected, we should ensure that everyone with migraine has a voice.

Lindsay Weitzel, PhD:
That was a wonderful statement. Thank you so much for that. That was amazing. And I love that that is going to be the future of the National Headache Foundation. Dr. O'Brien, how does HeadWise fit into this vision that you have for the future of the National Headache Foundation, and how can our listeners suggest future topics?

Hope O'Brien, MD:
I think HeadWise can be the voice that brings the National Headache Foundation vision to life. If our goal is to ensure that everyone living with migraine and headache disorders can thrive in optimal, functional, and connective lives, then we need to hear directly from the people living with these diseases, not only those with the most severe frequent disease, but also those with episodic and lower frequency migraine who may never identify themselves as part of the migraine community.

I think a patient led HeadWise could create a space where lived experience drives the conversation. For instance, what does migraine actually look like at work, at school, in parenting, in relationships, and in everyday life? What causes people to delay seeking care? What does it mean to live with a disease that may be invisible to everyone around you? It also creates an opportunity to extend the National Headache Foundation's reach beyond traditional healthcare partnerships.

Patients don't experience migraine only in the doctor's office. They experience it in workplace, in universities and families, and throughout their community. HeadWise could become a bridge connecting those experiences with clinicians, researchers, professional organizations, employers, and industry. Ultimately, I see HeadWise as a platform where the patient doesn't simply receive the message. The patient helps shape the message. That is how we expand the voice of migraine and headache disorders. This is how we reduce stigma, reach people who are suffering in silence, and make the National Headache Foundation a more powerful advocate for the entire spectrum of people living with migraine disorders.

Lindsay Weitzel, PhD:
Thank you. Dr. O'Brien. Before we go today, is there anything else you'd like to add about what you see for the future, challenges, etc.?

Hope O'Brien, MD:
I think and I hope that the biggest change we'll see as we go into the future is awareness. I think headache disorders are still misunderstood and far too many people continue to suffer without an accurate diagnosis or appropriate treatment. And hopefully, I believe the next decade will bring much greater recognition that headache disorders, including migraine, is a serious neurological disease. It's not simply a bad headache, and that even people with lower frequency migraine deserve appropriate recognition and care.

Lindsay Weitzel, PhD:
Well, thank you so much and thank you for being here. And thank you for everything you've just said today. It gives us hope. It shows us where we're going in the future and where the National Headache

Foundation fits in bringing us there. Thank you again and thank you everyone for joining us today. Please join us for the next episode of Head Wise. Bye bye.

This episode is for educational purposes only and is not intended to provide medical advice. Please consult your healthcare provider regarding your individual symptoms and treatment options.