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ABSTRACTS

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Objective: Cluster headache is the most prevalent type of trigeminal autonomic cephalgia (TAC) headache disorder. Cluster headaches affect approximately 0.1% of the population, and they most commonly occur in men around the age of 30. Anti-inflammatory diets can help improve cluster headaches by reducing neuroinflammation. Since the Mediterranean diet is an anti-inflammatory diet, and few studies have examined the role of this type of diet on cluster headaches, this study aimed to investigate the association between adherence to a Mediterranean diet and the occurrence of cluster headaches.

Methods: In this cross-sectional study, the case group consisted of 67 cluster patients diagnosed according to ICHD-3 criteria, and the control group comprised 200 healthy individuals with a BMI between 18 and 40 kg/m². Demographic and anthropometric information was gathered during the initial appointment. A validated 168-item semi-quantitative Food Frequency Questionnaire (FFQ) was used to examine the dietary intakes of participants. Daily energy and nutrient intakes were measured based on the USDA and Iranian food composition.

Results: A total of 267 participants were recruited in the current study. There was no significant difference between the two groups in age, gender, and BMI. Our study results showed that higher adherence to the Mediterranean diet was associated with increased consumption of vegetables, fruits, whole grains, fish, nuts, legumes, and a higher MUFA/SFA ratio. After adjustment for potential confounders, Participants who were in the fourth quartile (Q4) had a lower risk of cluster headache compared to those in the lowest quartile (Q1) (after full adjustment: OR = 0.15; 95% CI: 0.05–0.52; p for trend = 0.007).

Conclusion: The current study suggests that higher adherence to the Mediterranean diet is associated with a reduced risk of cluster headache. Therefore, this dietary pattern could be a complementary approach in the prevention and management of cluster headaches.

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Patient-reported outcomes through 12-weeks of double-blind rimegepant treatment for the prevention of episodic migraine in adults with prior inadequate response to oral preventatives

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Objective: A recent multinational, randomized, placebo-controlled, double-blind trial evaluated the efficacy and tolerability of rimegepant 75 mg orally disintegrating tablet (ODT) taken once every other day (EOD) in participants with episodic migraine (EM) and a documented prior inadequate response to 2-4 categories of non-migraine specific oral preventive medication (OPM). This analysis evaluated change in patient-reported outcomes (PROs) during the double-blind phase of the trial.

Methods: PROs were collected at baseline and through 12 weeks of double-blind treatment. Differences (rimegepant vs placebo) in least squares mean (LSM) change from baseline were calculated using linear mixed effects models with repeated measures.

Results: 652 participants received double-blind study treatment (328 rimegepant and 324 placebo). Findings favored rimegepant at weeks 4, 8, and 12 for the Migraine-Specific Quality of life Questionnaire role function-restrictive (LSM change [95% CI] difference at week 12: 6.6 [3.60, 9.54]; p<0.0001), role function-preventive (5.3 [2.54, 8.07]; nominal p [np]=0.0002), and emotional function domains (6.2 [2.81, 9.51]; np=0.0003); Migraine Interictal Burden score (-0.9 [-1.36, -0.38]; p=0.0006); Work Productivity and Activity Impairment: Migraine questionnaire presenteeism (-7.9 [-12.94, -2.92]; np=0.002), work productivity loss (-7.6 [-12.91, -2.26]; np=0.005), and activity impairment domains (-7.7 [-11.83, -3.53]; np=0.0003), and Headache Impact Test-6 score (-1.9 [-3.00, -0.73]; np=0.001). Average change in Migraine Functional Impact Questionnaire subscale scores also favored rimegepant at months 1, 2, and 3 across all domains (np≤0.006).

Conclusion: Rimegepant 75 mg ODT EOD is associated with reductions in disease burden when taken for the prevention of EM for 12 weeks in participants with documented prior inadequate response to 2-4 categories of non-migraine specific OPM. NCT05518123

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Migrain and neck pain: Effectiveness of non-pharmacological treatment

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Objective: Comorbidities and co-occurring conditions contribute to the overall burden of migraine. Treatment co-occurring condition is an important part in providing optimal care.

Aim: To investigate the effectiveness of complex non-pharmacological treatment episodic migraine and co-occurring neck pain.

Methods: We evaluated 77 patients, age from 18 to 55: group I with episodic migraine - 42 (with aura 8 and 34 without aura) and co-existing neck pain (m/f: 6/36) and group II with cervicogenic headache – 35(m/f: 12/23). Radiography of the cervical spine, VAS, "HIT-6", NDI and serum level of CGRP was by enzyme-linked immunosorbent assay ELISA principle were assessment. All patients had non-drug treatment of neck pain, which included manual methods and acupuncture, and individually selected therapeutic physical exercises. The Kolmogorov-Smirnov test was used to compare the data.

Results: Plasma level of CGRP was significantly higher in patients with episodic migraine with neck pain $242,98 \pm 5,08$ ng/ml compared with the group with cervicogenic headache without migraine $51,96 \pm 4,46$ ng/ml ($p = 0.012543$). The result of the treatment was decrease of tension in pericranial muscles: NDI (I: $4,43 \pm 0,26$, $p < 0,05$; II: $5,31 \pm 0,22$, $p < 0,05$). There was a significant reduction in headache intensity: VAS I: $6,93 \pm 0,11$, $p < 0,05$; II: $2,34 \pm 0,15$, $p < 0,05$). Frequency of headache attacks within 4 weeks has significantly decreased in both groups (I: $2,59 \pm 0,13$, $p < 0,05$; II: $2,09 \pm 0,14$, $p < 0,05$), number of days with headaches within 4 weeks has gone down (I: $4,71 \pm 0,29$, $p < 0,05$; II: $2,31 \pm 0,16$, $p < 0,05$) as well as number of days with simple and combined analgesics (I: $2,33 \pm 0,36$, $p < 0,05$; II: $1,09 \pm 0,22$, $p < 0,0006$).

Conclusion: Non-pharmacological treatment neck-pain in patients with episodic migraine to be effective in control of pericranial muscles tension and influence on decrease of frequency and severity migraine attacks, more significant reduce pain syndrome and psychological disorders that lead to reduce drug intake.

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SUNCT-like headache secondary to herpes zoster in the ipsilateral ophthalmic nerve distribution: A case report

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Objective: Short-lasting Unilateral Neuralgiform headache attacks with Conjunctival injection and Tearing (SUNCT) is an uncommon trigeminal autonomic cephalalgia. We report a secondary SUNCT-like syndrome following ophthalmic-distribution herpes zoster.

Methods: The patient provided informed consent for the case report as per ethical standards.

Results: A 52-year-old Sri Lankan male developed painful vesicular eruptions over the right ophthalmic

dermatome and was treated with oral acyclovir (800 mg, five times daily). About seven days after vesicle crusting and resolution of herpetic pain, he began experiencing brief episodes of sharp right supraorbital pain radiating to the vertex and temporal region. Each attack lasted 10–15 seconds, occurred about three times per hour, with a severity of 8/10. His sleep and daily functioning were disrupted. Associated ipsilateral conjunctival injection, tearing, and partial ptosis were reported and were observed during consultation (Figure 1A). Healed vesicles and skin allodynia over the right forehead were noted (Figure 1B). Corneal reflexes and visual acuity were normal. Haemoglobin A1c was elevated at 14.2%, prompting insulin therapy. Brain imaging was unremarkable. Treatment included oral prednisolone (15 mg/day, tapered by 5 mg/week), carbamazepine (100 mg t.d.s., increased to 200 mg t.d.s. from week two), pregabalin (75 mg nocte), and tramadol (50 mg nocte). At two-week follow-up, pain severity reduced to 1/10, and he remained headache-free at one year.

Conclusion: This case underscores a SUNCT-like syndrome following ophthalmic zoster, which appears more pharmaco-responsive than primary SUNCT. Immunosuppressive states like diabetes, should be considered underlying zoster reactivation.

Fig. 1



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Beyond cerebrum and neurosurgery: A systematic review on Chiari Malformation Type I integrating molecular and behavioral methodologies

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