

Clinical Practice Guideline for Chronic Headache 2013

On Publication of Clinical Practice Guideline for Chronic Headache 2013

In 2001, the Executive Board of the Japanese Society of Neurology decided to develop clinical practice guidelines for the major neurological diseases, according to a proposal by President Nobuo Yanagisawa. In 2002, “Treatment Guidelines 2002” for six diseases comprising “chronic headache”, “Parkinson disease”, “epilepsy”, “amyotrophic lateral sclerosis”, “dementia”, and “cerebrovascular disease” were published. The Japanese Headache Society developed and published the “Clinical Practice Guideline for Chronic Headache” in 2006 to improve and standardize clinical care for chronic headaches, and to disseminate this knowledge not only among specialists but also to primary care physicians.

Following the publication of “Treatment Guidelines 2002”, new knowledge had accumulated markedly. The 2008 Executive Board of the Japanese Society of Neurology (President, Shigeki Kuzuhara) decided to revise the guidelines, and inaugurated the guideline development committee for “Treatment Guidelines 2010”. From 2009 to 2011, guidelines on “genetic diagnosis of neurological disorders”, “epilepsy”, “dementia”, “multiple sclerosis”, and “Parkinson disease” were published. Furthermore, at the Executive Board of 2011, publication of new clinical practice guidelines for six neurological disorders (Guillain-Barré syndrome/Fisher syndrome, chronic inflammatory demyelinating polyneuropathy/multifocal motor neuropathy, amyotrophic lateral sclerosis, bacterial meningitis, Duchenne muscular dystrophy, and myasthenia gravis) in 2013 was decided. At the same time, with the accumulation of evidence for chronic headaches, mainly on pharmacotherapy, development of the “Clinical Practice Guideline for Chronic Headache 2013” was decided, to be jointly edited by the Japanese Society of Neurology and the Japanese Headache Society.

As procedures of guideline development, President/CEO of the Japanese Society of Neurology appointed the chairman for each guideline development committee, and each chairman recommended candidates as committee members, research collaborators, and evaluation/coordination members. Each candidate submitted a declaration of conflict of interest. Conforming to the review and advice of the Conflict of Interest Review Committee and upon coordinating with each chairman, appointment of the members was approved at the Executive Board. This guideline was developed with cooperation from the Japan Neurosurgical Society and the Japanese Society of Neurological Therapeutics. We would like to express our gratitude to the two societies for their gracious endorsement and support for guideline development.

As with the previous guidelines, the present guideline is developed based on the concept of evidence-based medicine (EBM), and presented in a question and answer (Q&A) format. The guideline is organized in an easy to read manner, as in the 2010 guidelines. Contents of the answers are based on careful review of the cited references, and recommendation grades based on the quality of evidence are provided. However, depending on diseases and symptoms, sufficient evidence is not available for some fields. Treatment contents vary among diseases, ranging from those with established pharmacotherapy and neurosurgical treatment to those in which pharmacotherapy has limitations and non-pharmacotherapy with long-term care are important. As a result, the grading of EBM is also diverse. Furthermore, objectives of treatment differ for diseases with freedom from symptom or symptom relief as the treatment goal and for diseases in which symptomatic relief is difficult and QOL improvement is the only goal. Even in these cases, the optimal guides available to date are provided in this guideline.

It should be noted that clinical practice guidelines do not necessarily present uniform treatment methods. Even for the same disease, the optimal treatment may vary depending on individual patients, and treatment may also vary according to the experience and the opinions of physicians. The guidelines are intended to provide physicians responsible for treatment decision a reference for selecting the best treatment method. For this purpose, the evaluations of individual medications and non-pharmacological treatments are presented based on evidence graded according to international systems.

Clinical practice for chronic headache continues to progress rapidly, and regular revisions are necessary in the future. We hope that many members of relevant societies will use this guideline actively and provide us with feedback, which will allow us to update and improve the contents of the guideline. We anticipate that this guideline will serve as an aid to physicians in their daily practice, and look forward to receiving opinions and feedback for future revisions.

May 2013

Hidehiro Mizusawa, President/CEO, Japanese Society of Neurology

Fumihiko Sakai, President, Japanese Headache Society

Sadatoshi Tsuji, Chairman, Guideline Executive Committee

Preface

Introduction

With the publication of The International Classification of Headache Disorders by the International Headache Society in 1988, standardized headache diagnostic criteria began to be used worldwide, which established the foundation for headache research. As a result of this development, research on chronic headache led by the Japanese Society of Neurology and Japanese Headache Society also progressed. In 2002, the “Chronic Headache Treatment Guideline 2002” was published as one of the Japanese Society of Neurology treatment guidelines. Then in 2004, the International Headache Society published the International Classification of Headache Disorders; 2nd Edition (ICHD-II). In response to this development, the “Clinical Practice Guideline for Chronic Headache” was compiled in Japan by the Study Group for Chronic Headache Clinical Practice Guideline Development (Principal Researcher: Fumihiko Sakai) as a Mental Health Scientific Research Project funded by a Grant-in-aid from the Ministry of Health, Labour and Welfare Research. In 2006, the book entitled “The Clinical Practice Guideline for Chronic Headache (edited by Japanese Headache Society)” was published by the publisher Igakushoin. Furthermore, in 2007, the ICHD-II was translated into Japanese language and published as the “Japanese Version of the International Classification of Headache Disorders 2nd Edition (translated by International Headache Classification Promotion Committee of Japanese Headache Society)”.

New approaches for “Clinical Practice Guideline for Chronic Headache” from 2010

Accompanying the popularization of triptans, clinical practice for chronic headache also changed in Japan and there was a need to revise the “Clinical Practice Guideline for Chronic Headache” (2006) developed by the Japanese Headache Society. With the objective to develop a new edition of “Clinical Practice Guideline for Chronic Headache”, a guideline development committee consisting of 39 members was formed in November 2010. Then in 2011, it was decided that the revision project would be carried out mainly by the Japanese Society of Neurology and Japanese Headache Society, with collaboration from the Japanese Society of Neurological Therapeutics and the Japan Neurosurgical Society. Among 39 members on the Japanese Headache Society Guideline Committee, 12 group leaders served as guideline committee members and the other 27 members as coordinating members of the Japanese Society of Neurology. With the addition of 7 evaluation/coordination members, the guideline development committee comprised 46 members to carry out the revision tasks.

Procedures and Organization

The first task was to decide how to structure the contents, and it was decided to adopt the same format as in the second edition. Since the second edition used the format of clinical questions (CQ), this format was maintained with the contents divided into the following eight chapters, as in the second edition.

- I. Headache: General Considerations
- II. Migraine (1. Diagnosis • Epidemiology • Pathophysiology • Precipitating factors • Prognosis, 2. Acute Treatment, 3. Prophylactic therapy)
- III. Tension-type headache
- IV. Trigeminal autonomic cephalalgias
- V. Other primary headache disorders
- VI. Medication-overuse headache
- VII. Headaches in Children
- VIII. Genetics

In addition to the above eight chapters, it was decided also to include the “Guideline for Self-injection of Sumatriptan at Home”, “Guideline for Migraine Treatment by Valproic Acid (Provisional Edition)” and “Guideline for Migraine Treatment by Propranolol (Provisional Edition)” as Appendix.

Search for scientific evidence was conducted by a systematic approach. Using the criteria as shown in [Table 1](#), the literature was searched on public databases including PubMed, Cochrane Library, and Ichushi. The results were consolidated, and recommendation grades were assigned for individual CQs ([Table 2](#)). During the execution of these tasks, Mr. Masahiro Yoshida, Director of Medical Information Network Distribution Service (MINDS) kindly provided valuable guidance. Taking this opportunity, we would like to express our profound gratitude for his assistance. It was also decided to construct

abstracts of important articles as far as possible and make them accessible on the website of the Society.

Table 1. Oxford Center for Evidence-Based Medicine Levels of Evidence (2001)

Level	Descriptions
Ia	Systemic review (with homogeneity) of RCTs
Ib	Individual RCT with narrow confidence interval
Ic	All or none
IIa	Systemic review (with homogeneity) of cohort studies
IIb	Individual cohort study (including low quality RCT; e.g., <80% follow-up)
IIc	Outcomes research
III	Systemic review (with homogeneity) of case-control studies, or individual case-control study
IV	Case series (and poor quality cohort and case-control studies)
V	Expert opinion without explicit critical appraisal, or based on physiology, bench research or first principles

Table 2. Grades (Strength) of Recommendation

Grade A	Use strongly recommended
Grade B	Use recommended
Grade C	No clear evidence to support recommendation for use

After each committee member wrote the part that he or she was responsible, the contents were discussed within each group. The results was opened to all committee members on the internet, and the contents were brushed up. On June 3, 2012, all committee members met to brush up all the items. Then on November 17, 2012, a symposium on the guideline was held during the Congress of Japanese Headache Society to invite opinions from a wide audience. In addition, the opinions from the evaluation/coordination members were collected, and public comments were invited from all society members. Final compilation of the guideline took place on March 20, 2013, and the guideline was published in May.

Contents of guideline

As was also stated in the 2006 version, this guideline is intended to support clinical practice, and not to restrict clinical practice. In the clinical setting, in addition to the guideline, physician's' experience is important. We hope that this guideline will facilitate better clinical decision-making, and will improve patients' quality of life.

The new guideline adopted the Clinical Questions (CQ) used in the 2006 version, and added 19 new CQs. All the previous CQs were reviewed and rewritten.

Closing remark

Essentially based on the 2006 version of the Clinical Practice Guideline for Chronic Headache, the new guideline has added the latest information and presented the concept of international standards of chronic headache care. If the guideline of 2002 is considered the first edition of clinical practice guideline for chronic headache in Japan, then the 2006 guideline is the second edition, and the present guideline is the third edition. We hope that this guideline will become an indispensable document for physicians to provide effective and standardized treatments in their clinical care for chronic headache. We have also planned to produce an English version of the guideline to disseminate information to the world on the clinical practice guideline for chronic headache in Japan.

Last but not the least, we would like to convey our gratitude to all the committee members for their tremendous efforts and dedication that have led to the publication of this guideline.

May 2013

Nobuo Araki

Takao Takeshima

Representing the Chronic Headache Clinical Practice Guideline Development Committee

On publication of the English edition of the guideline

While we were drawing up a plan to compile the English Edition of the Clinical Practice Guideline for Chronic Headache 2013 which was originally written in Japanese language, we were confronted with a dilemma: one month after we published the original guideline in Japanese, the International Classification of Headache Disorders 3rd Edition beta version (ICHD-3beta) was published. Since the diagnoses of headache disorders worldwide would be made according to the ICHD-3beta, we felt that a new guideline based on the diagnostic criteria of the 2nd edition (ICHD-II) would be less valuable. The Chronic Headache Clinical Practice Guideline Development Committee discussed over this issue, and confirmed that there would be no problem to update the guideline based on the diagnostic criteria of ICHD-3beta. This guideline is the final product of the Committee's efforts with editorial input from Teresa Nakatani. During the compilation of this guideline, we were greatly saddened by the sudden demise of Professor Junichi Hamada who had contributed enormously to the development of the guideline. We would like to convey our sincere condolences. We hope that this book will help many people around the world to understand the clinical practice for headache disorders in Japan.

February 24, 2015

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Table of Contents

On Publication of the Clinical Practice Guideline for Chronic Headache 2013	ii
Preface	iii
On publication of the English edition of the guideline	v
Lists of members of Chronic Headache Clinical Practice Guideline Development Committee, members of Evaluation and Coordination Committee, collaborating societies	x

I. Headache: General Considerations

CQ I-1	How is headache classified and diagnosed?	2
CQ I-2	How are primary headaches and secondary headaches differentiated?	6
CQ I-3	How is subarachnoid hemorrhage diagnosed?	8
CQ I-4	What are the procedures for managing headache in the emergency room?	10
CQ I-5	How should primary care physicians manage headache?	13
CQ I-6	How should dentists manage headache?	15
CQ I-7	Are headache clinic and headache specialist necessary? Is collaborative care useful for primary headaches?	17
CQ I-8	How are algorithms used?	19
CQ I-9	How is the impact of headache on individuals measured?	22
CQ I-10	How are questionnaires and screeners used?	24
CQ I-11	How is the headache diary used?	27
CQ I-12	What types of primary headaches require treatment?	29
CQ I-13	What types of primary headache require hospitalized treatment and what are the treatment methods?	31
CQ I-14	How is pharmacotherapy using over-the-counter medications planned?	33
CQ I-15	Are herbal medicines (Kampo) effective?	35
CQ I-16	What other therapies are available, apart from pharmacotherapy?	37
CQ I-17	Is cognitive-behavioral therapy effective for primary headaches?	39
CQ I-18	Does anxiety/depression coexist with primary headaches?	41
CQ I-19	How should occupational health physicians and brain health check-up physicians manage headache?	43
CQ I-20	How should school physicians manage headache?	44
CQ I-21	What are the important points in patient education and doctor-patient relationship?	46
CQ I-22	How to evaluate the medico-economic effect of appropriate treatment for migraine?	47
CQ I-23	Is there a need for multidisciplinary team approach to headache treatment?	48
CQ I-24	How is <i>headache or facial or neck pain attributed to cervical carotid or vertebral artery dissection</i> diagnosed?	51
CQ I-25	How is <i>headache attributed to spontaneous intracranial hypotension</i> diagnosed and treated?	55

II. Migraine

1. Diagnosis • Epidemiology • Pathophysiology • Precipitating factors • Prognosis

CQ II-1-1	How is migraine classified?	62
CQ II-1-2	How is migraine diagnosed?	64
CQ II-1-3	What is the prevalence of migraine in Japan?	67
CQ II-1-4-1	What hypotheses have been proposed for the pathophysiology of migraine?	68
CQ II-1-4-2	What are the types of auras in migraine?	69
CQ II-1-4-3	What is the proposed mechanism for aura in migraine?	71
CQ II-1-4-4	What is the proposed mechanism for pain in migraine?	72
CQ II-1-4-5	How is migraine related to serotonin abnormality?	73

CQ II-1-4-6	How does cerebral blood flow change during migraine attack?.....	74
CQ II-1-5	What are the precipitating/aggravating factors of migraine?	75
CQ II-1-6-1	What is the prognosis of migraine (including chronification of migraine)?.....	77
CQ II-1-6-2	To what extent does migraine impair the healthy life expectancy and QOL of patients?	79
CQ II-1-7	What are the comorbid disorders associated with migraine?	81
CQ II-1-8	What kind of disease is chronic migraine?	83
CQ II-1-9	Is migraine a risk factor of cerebral infarction?	85
CQ II-1-10	Is it safe for migraine patients to use low-dose oral contraceptives?.....	87

2. Acute Treatment

CQ II-2-1	What are the acute treatments for migraine and how are they used?.....	89
CQ II-2-2	What is the timing of taking triptans?	92
CQ II-2-3	How should patient preference for multiple triptans be determined?	94
CQ II-2-4	When and how are non-oral formulations of triptans used for the treatment of migraine?	96
CQ II-2-5	How should the acute phase of migraine with brainstem aura and hemiplegic migraine be managed?	98
CQ II-2-6	How are ergotamines used?.....	99
CQ II-2-7	Are acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs) effective acute treatments for migraine?.....	101
CQ II-2-8	Are antiemetics useful acute treatment for migraine?.....	103
CQ II-2-9	What other acute treatment drugs for migraine are available?.....	105
CQ II-2-10	What are the acute treatments for severe migraine attacks and status migrainosus?.....	107
CQ II-2-11	How should migraine be treated (acute and prophylactic) during pregnancy and breast-feeding?.....	110
CQ II-2-12	The diagnosis and treatment of menstrual migraine	113

3. Prophylactic therapy

CQ II-3-1	What kinds of patients requires prophylactic therapy?.....	115
CQ II-3-2	What kinds of drugs are available for prophylactic therapy?	118
CQ II-3-3	How should multiple prophylactic therapies be used differentially?	121
CQ II-3-4	How long should prophylactic therapy be continued?.....	123
CQ II-3-5	Are beta-blockers (propranolol) effective for migraine prevention?.....	124
CQ II-3-6	Are calcium channel blockers (lomerizine) effective for migraine prevention?.....	126
CQ II-3-7	Are angiotensin-converting enzyme (ACE) inhibitors and angiotensin II blockers (ARB) effective for migraine prevention?	128
CQ II-3-8	Are antiepileptic drugs (valproic acid) effective for migraine prevention?.....	130
CQ II-3-9-1	Are antidepressants effective for migraine prevention?	133
CQ II-3-9-2	Is combined use of antidepressants (SSRI/SNRI) and triptan safe?.....	135
CQ II-3-10	Are magnesium, vitamin B12, feverfew, and analgesics effective for migraine prevention?	137
CQ II-3-11	Are other prophylactic therapies effective for migraine prevention?	140
CQ II-3-12	Is botulinum neurotoxin (BoNT) effective for migraine prevention?.....	142
CQ II-3-13	How is typical aura without headache diagnosed and treated?.....	144
CQ II-3-14	How should chronic migraine be treated?.....	146

III. Tension-type headache

CQ III-1	How is tension-type headache classified?	150
CQ III-2	How is tension-type headache diagnosed?.....	152
CQ III-3	How big is the population of tension-type headache patients? What are the risk factors, triggers, and prognosis? What is the real prevalence of tension-type headache?	154
CQ III-4	What is the proposed pathophysiology for tension-type headache?.....	156
CQ III-5	What is the relationship between transformed migraine and tension-type headache?.....	158
CQ III-6	How is tension-type headache treated?.....	160
CQ III-7	What kinds of acute treatment (during headache, abortive) are available for tension-type headache? How effective are they? How should these drugs be used differentially?	162
CQ III-8	How should prophylactic therapy for tension-type headache be conducted?	164

CQ III-9	Apart from pharmacotherapy, what other therapies are used for tension-type headache?	167
CQ III-10	Is botulinum toxin effective for tension-type headache?	169
IV. Trigeminal autonomic cephalalgias		
CQ IV-1	How are trigeminal autonomic cephalalgias classified and typed?	172
CQ IV-2	How are trigeminal autonomic cephalalgias diagnosed?	173
CQ IV-3	How big is the population of patients with trigeminal autonomic cephalalgias? What are the risk factors and aggravating factors? What is the prognosis?	176
CQ IV-4	What is the proposed pathophysiology for trigeminal autonomic cephalalgias?	178
CQ IV-5	What kinds of acute treatments are available for cluster headache, and how effective are they?	181
CQ IV-6	What kinds of medications for prophylactic therapy are available for cluster headache, and how effective are they?	183
CQ IV-7	What kinds of medications are available for the treatment of paroxysmal hemicrania, and how effective are they?	186
CQ IV-8	What kinds of medications are available for the treatment of SUNCT and SUNA, and how effective are they?	188
CQ IV-9	How do trigeminal autonomic cephalalgias impact the patients' healthy life expectancy and QOL?	190
V. Other primary headache disorders		
CQ V-1	Apart from migraine, tension-type headache and cluster headache, what are the other types of primary headache disorders?	194
CQ V-2	How are primary stabbing headache, primary cough headache, and primary exercise headache diagnosed and treated?	196
CQ V-3	How is primary headache associated with sexual activity diagnosed and treated?	199
CQ V-4	How is hypnic headache diagnosed and treated?	201
CQ V-5	How is primary thunderclap headache diagnosed and treated?	203
CQ V-6	How is hemicrania continua diagnosed and treated?	205
CQ V-7	How is new daily persistent headache diagnosed and treated?	207
CQ V-8	How is chronic daily headache diagnosed?	209
VI. Medication-overuse headache		
CQ VI-1	How is medication-overuse headache diagnosed?	212
CQ VI-2	How big is the population of medication-overuse headache patients?	214
CQ VI-3	What are the treatment methods and prognosis of medication-overuse headache?	215
VII. Headaches in Children		
CQ VII-1	What types of headache are common in children?	218
CQ VII-2	How is migraine in children diagnosed?	221
CQ VII-3	What types of secondary headache are common in children?	225
CQ VII-4	What kinds of acute and prophylactic medications are available for the treatment of migraine in children, and how effective are they?	228
CQ VII-5	What is the prevalence of chronic daily headache in children, and how is the headache diagnosed and treated?	230
VIII. Genetics		
CQ VIII-1	Are there genetic factors associated with migraine?	234
CQ VIII-2	Are there genetic factors associated with cluster headache?	236
CQ VIII-3	Are there genetic factors associated with tension-type headache?	238

CQ VIII-4	Does familial (hereditary) migraine caused by single gene mutations exist?.....	239
CQ VIII-5	Is genetic diagnosis for migraine possible?.....	242

Appendix I

Guideline for Self-injection of Sumatriptan at Home

CQ 1	What kinds of patients receive treatment by self-injection of sumatriptan at home (indication, adverse effects, contraindications)?.....	246
CQ 2	How should self-injection of sumatriptan at home be initiated and explained to the patient? What is the appropriate amount to be prescribed?	248
CQ 3	What instructions should be given for the first sumatriptan self-injection at home, and what measures should be taken during emergency (when serious adverse event occurs)?.....	253

Appendix II

Guideline for Migraine Treatment by Valproic Acid (Provisional Edition)

Introduction	256
CQ 1	Is valproic acid effective for migraine prevention? Is there international consensus for valproic acid as prophylactic medication for migraine?	257
CQ 2	What kinds of migraine patients are treated by valproic acid?.....	259
CQ 3	What doses of valproic acid are used for the treatment of migraine? What are the precautions during administration of valproic acid?	261
CQ 4	What is the significance of measuring blood levels of valproic acid in the treatment of migraine?	263
CQ 5	Is valproic acid safe and effective in preventing migraine in children?.....	265

Appendix III

Guideline for Migraine Treatment by Propranolol (Provisional Edition)

Introduction	268
CQ 1	Is propranolol effective for migraine prevention? Is there international consensus for propranolol as prophylactic medication for migraine?	269
CQ 2	What kinds of migraine patients are treated by propranolol?	271
CQ 3	What doses of propranolol are used for the treatment of migraine?	273
CQ 4	What precautions have to be taken during administration of propranolol (adverse reactions, interactions)?.....	275

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