



EHMTI-0368. Treatment of migraine attacks as suggested by Dr. John R. Graham in 1955. A historical analysis with current implications

Citation

Tfelt-Hansen, P., and E Loder. 2014. "EHMTI-0368. Treatment of migraine attacks as suggested by Dr. John R. Graham in 1955. A historical analysis with current implications." *The Journal of Headache and Pain* 15 (Suppl 1): M11. doi:10.1186/1129-2377-15-S1-M11. <http://dx.doi.org/10.1186/1129-2377-15-S1-M11>.

Published Version

[doi:10.1186/1129-2377-15-S1-M11](https://doi.org/10.1186/1129-2377-15-S1-M11)

Permanent link

<http://nrs.harvard.edu/urn-3:HUL.InstRepos:13347503>

Terms of Use

This article was downloaded from Harvard University's DASH repository, and is made available under the terms and conditions applicable to Other Posted Material, as set forth at <http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA>

Share Your Story

The Harvard community has made this article openly available.
Please share how this access benefits you. [Submit a story](#).

[Accessibility](#)

MEETING ABSTRACT

Open Access

EHMTI-0368. Treatment of migraine attacks as suggested by Dr. John R. Graham in 1955. A historical analysis with current implications

P Tfelt-Hansen^{1*}, E Loder²

From 4th European Headache and Migraine Trust International Congress: EHMTIC 2014
Copenhagen, Denmark. 18-21 September 2014

Introduction

In 1955 Dr. John R. Graham, an astute clinician, published 3 influential papers on migraine theories and mainly on treatment of migraine in the New England Journal of Medicine [1,2,3]. Many of Dr. Graham's clinical observations remain relevant to current methods of treating migraine attacks and some of his examples of suggestions are shown below.

Examples of suggestions on ergot therapy:

1. The patient should be checked regarding to diagnosis of migraine and possible contraindications to ergot therapy.
2. The ergot dose should be carefully selected as the minimally effective dose.
3. The patient should be instructed to use ergot as early in the attack as he can make the diagnosis of "one of his migraine."
4. He should be urged to use the selected amount of ergot at the start rather than to distribute it over several hours.
5. Ergot derivatives should not be considered a failure until ergotamine tartrate has been given, early in an attack, by the parenteral route.

Conclusion

If the word "ergot" is replaced with "triptans" Dr. Graham thus seemingly anticipated in 1955 optimal modern acute treatment of migraine.

No conflict of interest.

Authors' details

¹Neurology Danish Headache Center, Glostrup Hospital, Glostrup, Denmark.

²J.R.Graham Headache Center, Harvard Medical School, Boston, USA.

Published: 18 September 2014

References

1. NEJM: 1955, **253**:726-30.
2. NEJM: 1955, **253**:70-6.
3. NEJM: 1955, **253**:814-21.

doi:10.1186/1129-2377-15-S1-M11

Cite this article as: Tfelt-Hansen and Loder: EHMTI-0368. Treatment of migraine attacks as suggested by Dr. John R. Graham in 1955. A historical analysis with current implications. *The Journal of Headache and Pain* 2014 **15**(Suppl 1):M11.

Submit your manuscript to a SpringerOpen® journal and benefit from:

- Convenient online submission
- Rigorous peer review
- Immediate publication on acceptance
- Open access: articles freely available online
- High visibility within the field
- Retaining the copyright to your article

Submit your next manuscript at ► springeropen.com

¹Neurology Danish Headache Center, Glostrup Hospital, Glostrup, Denmark
Full list of author information is available at the end of the article