Onset, characteristics, treatments, and burden of New Daily Persistent Headache: Initial data from the NDPH Patient Experience Survey

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Speaker's bureau

• None

Off-label use

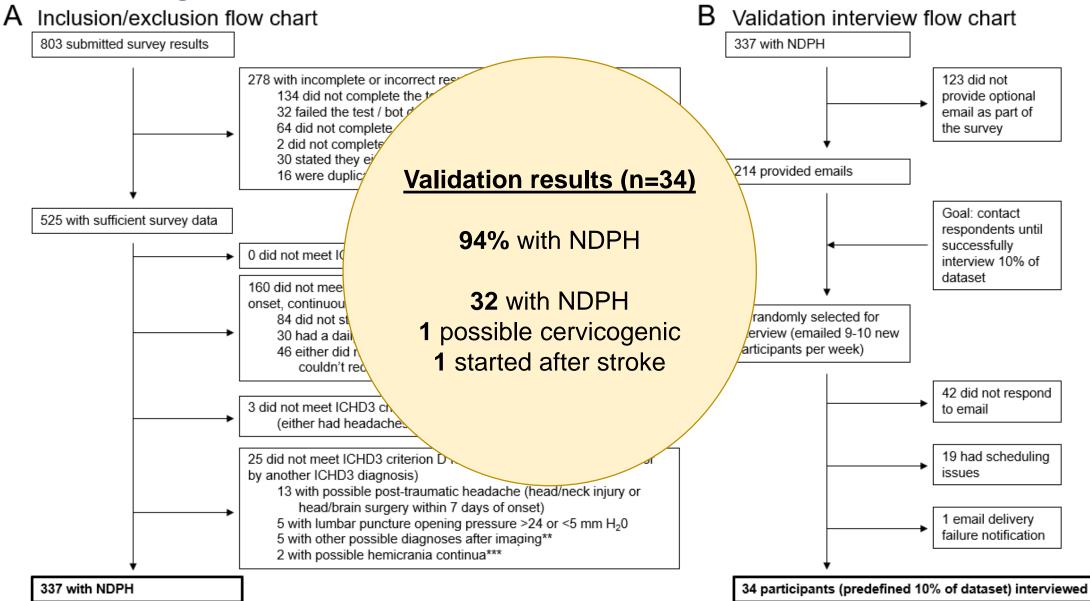
• Yes, all treatments for NDPH are off-label

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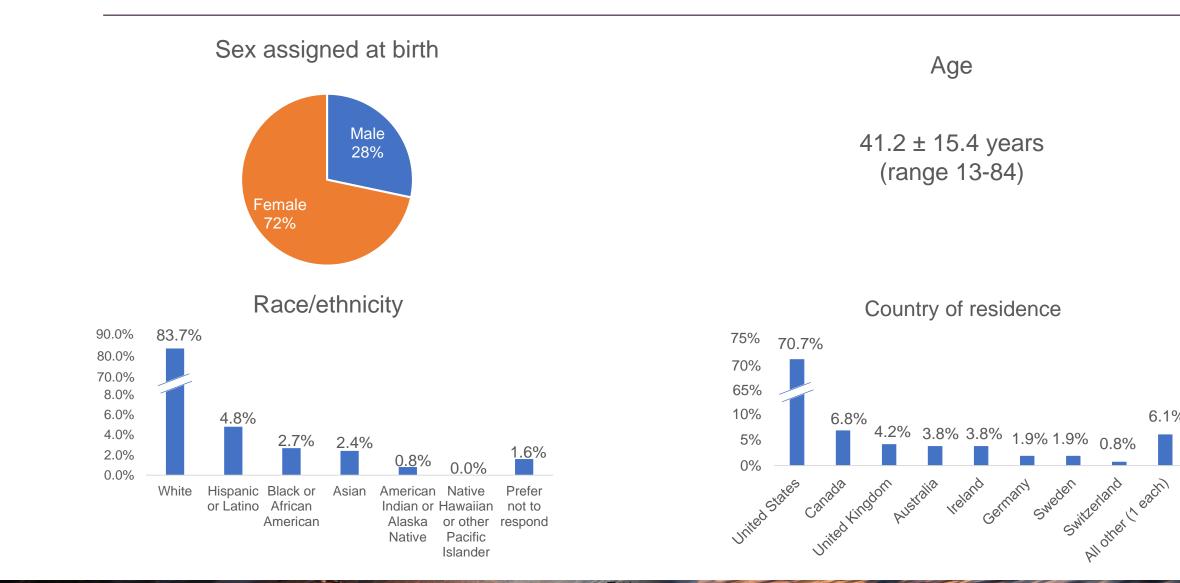




Survey information



Demographics

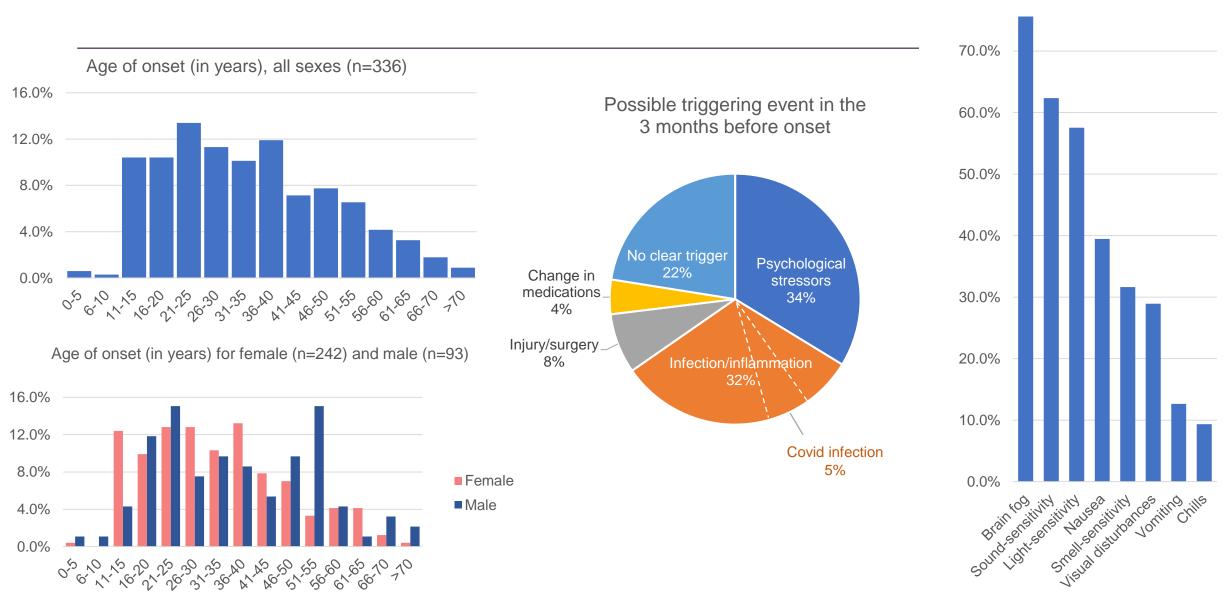


6.1%

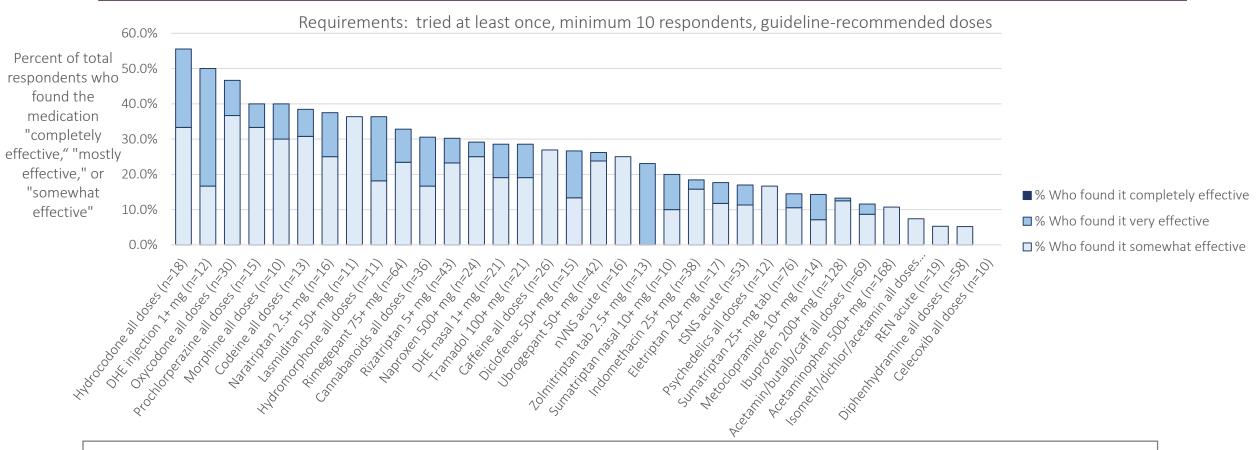
Headache onset

Associated features

80.0%



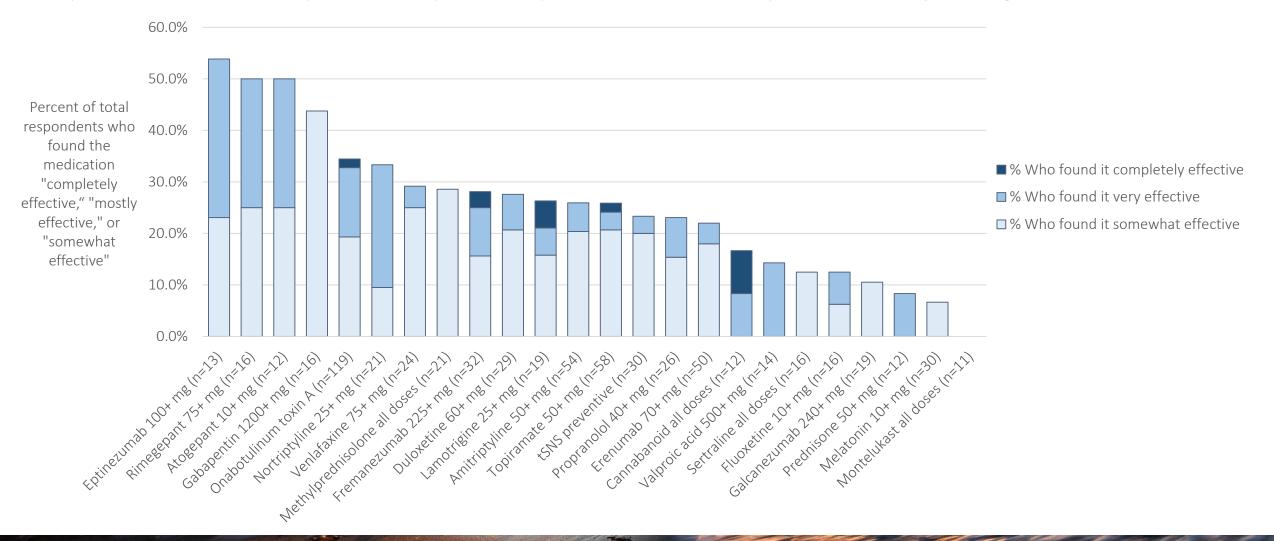
Acute treatment



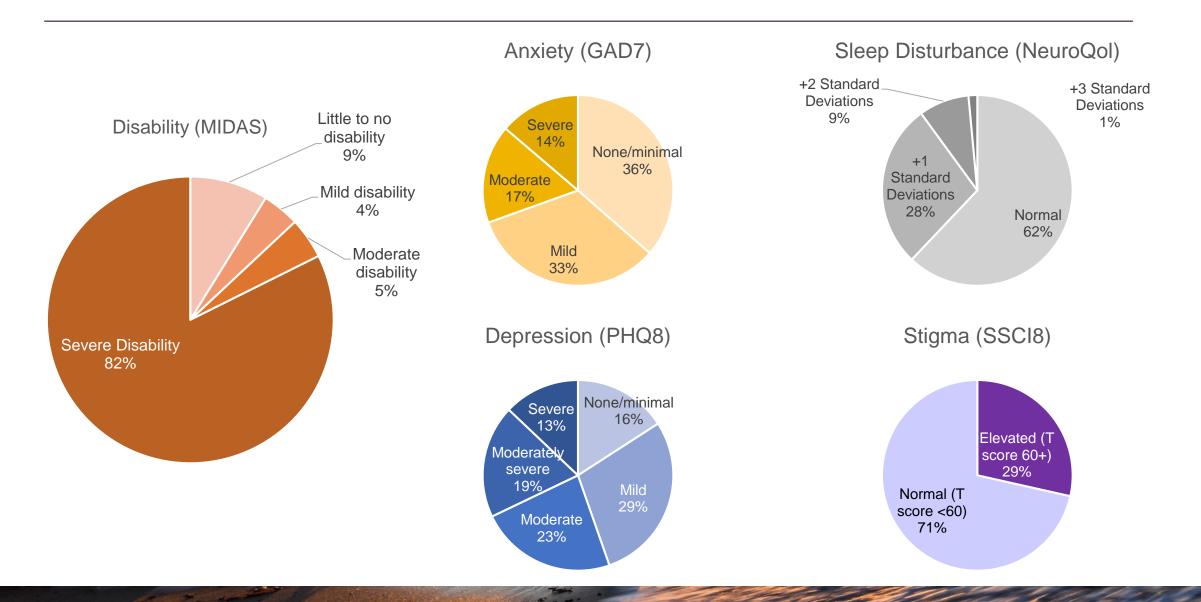
Abbreviations	
Acetamin/butalb/caff: acetaminophen/butalbital/caffeine	nVNS: non-invasive vagus nerve stimulation
DHE: dihydroergotamine	REN: remote electrical neuromodulation
Isometh/dichlor/acetamin: isometheptene/dichloralphenazone/acetaminophen	tSNS: transcutaneous supraorbital nerve stimulation

Preventive treatment

Requirements: tried for 2 months (most treatments) or 3 months (CGRP + Onabotulinum Toxin A), minimum n=10 respondents, guideline-recommended doses



Disability, mood, sleep, and stigma



Conclusions

- Onset peaks between 11-40 years of age
- The most common potential triggers are stressors and inflammation
- The most common associated feature is brain fog
- The most effective acute treatments are opioids
- The most effective preventive treatments are CGRP antagonists
- More than 4 in 5 respondents had severe disability



Thanks!

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