By all indications, 2018 should prove to be a banner year for headache medicine. Many exciting changes are upon us, most notably the pending launch of the calcitonin gene-related peptide (CGRP) blocking monoclonal antibodies. Their (almost certain) approval this summer will truly be a watershed event: marking the first release of a preventive treatment specifically designed to target known migraine pathophysiology.

But lest we focus solely on CGRP, there are many other exciting changes in headache medicine afoot. In this issue of *Practical Neurology*, we have assembled a superb group of thought leaders from around the country to review topics of interest to headache specialists and general neurologists alike. We begin, of course, with an update of the CGRP trials by Simy K. Parikh, MD and Stephen Silberstein, MD. Following this, Dr. Silberstein’s colleague at Jefferson Headache Center, William B. Young, MD, discusses the stigma of migraine.

OnabotulinumtoxinA therapy has become a mainstay for preventive treatment of chronic migraine. “Botox: Tips and Tricks with Andrew M. Blumenfeld, MD” provides practical, sage advice on getting the injections—and patient perceptions—just right.

Timothy T. Houle, PhD, and his group from Harvard cover groundbreaking territory with their thought-provoking article on perceived migraine triggers. Following this, Dartmouth’s Stewart J. Tepper, MD, FAHS and Deborah E. Tepper, MD, FAHS guide us through a concise review of the emerging world of neuromodulation in headache medicine. Finally, Robert P. Cowan, MD, from Stanford University, waxes philosophical with an essay on the knowns and unknowns in headache medicine titled “What Might the Migraine Landscape Look Like Post-CGRP?”

The world of headache medicine continues to grow and change. It is my hope that these excellent articles will stimulate neurologists to understand these changes to better help the 38 million Americans with migraine and other headache disorders. I hope you enjoy this issue of *Practical Neurology.*

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