

# Cephalalgia reports: Advancing science while bridging global disparities in headache research and care

*Cephalalgia Reports*

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Migraine is the most disabling neurological disease among children and adolescents, and the second most disabling among adults after stroke.<sup>1,2</sup> Driven by culture, faith, poverty, sex, poor education, healthcare facilities and availability of trained healthcare professionals and headache-specific medication, however, the burden of headache varies greatly across the many different regions of the world.<sup>3</sup> Defining causes of burden, hurdles to access to headache care, gaps in education of healthcare professional, and affordability and availability of headache-specific drugs are essential for bringing care to the hundreds of millions of patients who suffer from headache around world – one of the most important mission of the International Headache Society (IHS).

Over the past years, *Cephalalgia* has continued its commitment to represent and give voice to these diversities.<sup>4–10</sup> Despite this, many valuable submissions addressing region-specific issues could not be accommodated, underscoring the need for a dedicated platform. Furthermore, while advances in migraine treatment offer hope and treatment options for the few who are lucky enough to live in high-income countries, they also emphasize the growing gap with underserved communities around the world.<sup>11</sup> While new (e.g. drugs acting on the calcitonin gene-related peptide pathway) and old (e.g. triptans, a class of antimigraine drugs included in the World Health Organization list of essential medicines) therapies are registered in many countries,<sup>12</sup> they are only available to the very few who can afford them – thus leaving nearly all patients without access to even the most basic care.

Recognizing the multifactorial barriers that fuel global disparities is critical to our ability to eventually influence policies, legislations, education, awareness and availability of medications for those living in underserved

communities. To help with this mission, we are thrilled to introduce the broadened scope of *Cephalalgia Reports*. (<https://journals.sagepub.com/overview-metric/REP>)

*Cephalalgia Reports*, traditionally dedicated to advancing the understanding and management of headache and facial pain disorders, is expanding its mission to incorporate a stronger focus on regional practices, educational initiatives, and the diverse realities of healthcare settings worldwide. As a complementary publication to *Cephalalgia*, but not overlapping it, *Cephalalgia Reports* serves as an essential platform for showcasing findings from smaller-scale studies, observational research, case reports, case series, study protocols, and investigations with negative results that can provide valuable insights into the varied landscape of headache care. While the journal remains committed to publishing innovative science, we are broadening our scope to configure *Cephalalgia Reports* as the platform for regional advancements and perspectives in headache and facial pain disorders. This evolution reflects the IHS dedication to fostering inclusivity and promoting knowledge exchange across diverse communities and healthcare environments.

## Core aims and focus areas

At the heart of this redefined vision is a strong IHS commitment to promote equality (treating everyone the same), diversity (recognize presence of different backgrounds, conditions and realities), and inclusivity (encourage diverse perspectives by making everyone feel included and respected for the importance of their work) via the amplification of regional voices, and the acknowledgement of the cultural, societal and economic factors shaping headache diagnosis, treatment, and management globally.



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In addition to the existing topics outlined in the journal's Aim and Scope, available on the *Cephalalgia Reports* website (<https://journals.sagepub.com/overview-metric/REP>), this editorial highlights four new core areas of focus.

1. Regional Variations in Headache Burden, Knowledge, Diagnosis, and Management: Studies and reports addressing region-specific approaches, challenges, and insights in headache and facial pain disorders.
2. Regional Adaptation of Official Guidance Documents: Customization of International Headache Society (IHS) guidelines, practice recommendations, and position statements to align with the specific needs, resources, and healthcare systems of different regions or countries, ensuring effective implementation of global standards.
3. Culture and Society: Exploration of transcultural aspects, historical perspectives, social determinants of health, and inequities in headache research and management.
4. Headache and Humanities: Contributions that examine the history of headache medicine, intersections of headache with the arts, and sociological dimensions of headache.

### **Elevating regional voices – a platform for global impact**

While many journals prioritize groundbreaking discoveries, *Cephalalgia Reports* is uniquely positioned to emphasize also the depth of regional data and localized expertise. The IHS aims to bridge the gap between global scientific progress and regional realities, recognizing that transformative insights often emerge from local contexts.

We acknowledge the barriers authors face when publishing studies on local perspectives - particularly those from underrepresented regions, lower-income countries, or institutions with limited global recognition. Studies have shown that citations and publication opportunities often depend on affiliations with prestigious institutions or trending research topics.<sup>13,14</sup> *Cephalalgia Reports* seeks to dismantle these barriers by offering a dedicated space to amplify voices that contribute to a more inclusive understanding of headache disorders.

### **A journal at the service of the IHS mission**

By spotlighting regional insights and the work of researchers from underrepresented and underserved areas, *Cephalalgia Reports* strengthens the global headache community, providing a home for critical insights that might otherwise remain unpublished or fragmented across smaller platforms. Guided by fairness, equal representation for all, and welcoming platform for differences, this initiative directly aligns with the IHS mission to increase access to headache care by promoting adequate education for

healthcare professional, patients' awareness, and treatment guidelines that meet realities in each of the many different regions of the world. The IHS has launched several initiatives to reduce disparities and improve headache care across regions<sup>15-17</sup> and other initiatives are in the pipeline and will follow soon.

### **Equitable access and capacity building**

A core goal of *Cephalalgia Reports* is to ensure that advancements in headache care reflect the needs of all patients - irrespective of geography or economic standing. Equitable representation enriches the field, fostering globally informed solutions.

The journal also supports the mission of the IHS to provide a training ground for researchers by providing opportunities to develop scientific writing skills, engage in peer collaboration, and receive mentorship. This is particularly crucial in regions where formal mentorship and structured academic pathways are limited.<sup>18-20</sup> Inequity in resources for article processing charges (APCs) will be managed by dedicated waivers for this purpose and it is also worth mentioning that we partner with the Research4Life initiative offering support to cover full or part of the APCs in selected low resources countries (for more information Gold Open Access Article Processing Charge Waivers | SAGE Publications Ltd).

Through meaningful engagement with reviewers and mentors, the IHS with *Cephalalgia Reports* nurtures the next generation of headache specialists, building scientific capacity and strengthening the future of headache research worldwide.

### **Dissemination and community engagement**

Authors publishing in *Cephalalgia Reports* can join a global community linked to IHS. Publications are widely disseminated through IHS's robust social media channels, ensuring that the published research reaches diverse audiences across the headache community.

Additionally, the journal will incorporate graphical abstracts, as adopted by *Cephalalgia*,<sup>21</sup> enhancing accessibility and broadening the reach of published work. These efforts, supported by the journal's social media team, maximize the impact of each contribution.

### **A call to action – join the global movement**

As we embark on this exciting new chapter, we invite researchers, clinicians, and scholars worldwide to contribute their insights and innovations. By fostering regional research and addressing local challenges, we aim to shape a journal that collects, mirrors and emphasizes the diverse realities of headache care globally.

*Cephalalgia Reports* is already cited in Scopus and is meant to enter the arena of indexed journals, where it will contribute to compose the global vision necessary to improve the lives of those suffering from headache all over the world.

We look forward to building this future with you.

## Conflicts of interest

Simona Sacco has received personal fees as speaker or advisor from Abbott, Allergan-AbbVie, Astra-Zeneca, Bayer, Boehringer, Eli Lilly, Lundbeck, Novartis, NovoNordisk, Pfizer, Teva; research grants from Novartis, Uriach; she is president elect European Stroke Organisation, editor-in-chief *Cephalalgia* and *Cephalalgia Reports*, assistant editor for *Stroke*.

Mario F. P. Peres has received honoraria as a consultant and speaker from Ache, Allergan-AbbVie, Eli-Lilly, Eurofarma, Libbs, Lundbeck, Novartis, Pfizer, Sanofi, Teva. He is President-Elect of the International Headache Society.

Cristina Tassorelli has received personal fees for participating in advisory boards or for lecturing at sponsored symposia for AbbVie, Dompé, Eli Lilly, Ipsen, Lundbeck, Medscape, Pfizer and Teva. She is principal investigator or collaborator in clinical trials sponsored by AbbVie, Eli Lilly, Ipsen, Lundbeck, Pfizer and Teva. She has received research grants from the European Commission, the Italian Ministry of Health, the Italian Ministry of University, the Migraine Research Foundation, and the Italian Multiple Sclerosis Foundation.

Rami Burstein has received research support from Allergan, Dr Reddy, Eli Lilly, the Migraine Research Foundation, the National Institutes of Health, Teva Pharmaceuticals and Trigemina. He is a reviewer for the National Institute of Neurological Disorders and Stroke; holds stock options in AllayLampand Percept; serves as a consultant, advisory board member or has received honoraria from Alder, Allergan, Amgen, Autonomic Technologies, Avanir, Biohaven, CGRP Diagnostic, Dr Reddy's Laboratory, ElectroCore, Eli Lilly, GlaxoSmithKline, Merck, Pernix, Theranica, Teva Pharmaceuticals and Trigemina; has received CME fees from Healthlogix, Medlogix, and WebMD/Medscape; and is named on patents 9061025, 11732265.1, 10806890, US2021-0015908, WO21007165, US2021-0128724 and WO21005497.

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