

Dear Professor Olesen,

Re: International Classification of Headache Disorders (ICHD) – 3<sup>rd</sup> edition.

At the Conference for Controversies in Neurology in Vienna in 2012, I brought to your attention that the ICHD 2<sup>nd</sup> Edition criteria for the diagnosis of migraine were not supported by data. You will recall that you readily acknowledged this, and indicated that this deficiency would be addressed in the ICHD 3<sup>rd</sup> Edition. Indeed, in the preface to the ICHD 3 you state “For this edition, there has been a substantial body of evidence available for the classification work, in contrast to our previous editions”.

I am dismayed to find therefore, that in the ICHD 3, there is not a single reference containing data to support the choice of criteria for the diagnosis of migraine.

It is also of grave concern that two important references in the ICHD 2, one of which you authored, and the other which you co-authored, have been expunged from the ICHD 3. The paper that you authored contained data that contradict the inclusion of unilaterality or pulsating headache as criteria for migraine(1). In the other paper, which you co-authored, you stated “The IHS criteria were developed without the collection of empiric data”, and “The IHS criteria were based on opinions”.(2)

As Chairman of the Classification Committee of the International Headache Society since its inception 35 years ago, please be so kind as to address the following:

- 1) Where is the “body of evidence” that you refer to in the preface to the ICHD 3?
- 2) Why have the two important articles mentioned above (1, 2) been removed from the bibliography of the ICHD 3?
- 3) The migraine criteria appear still to be based on unsubstantiated opinions. If there is evidence to the contrary, please provide it.

Millions of dollars are poured into migraine research projects every year, in which the sample groups are selected according to the ICHD. The consequences of having diagnostic and classification criteria that run counter to the published medical data are incalculable.

On behalf of the countless numbers of migraine patients the world over, who deserve both accurate diagnosis and rational treatment, I respectfully request you to respond to the questions posed in this letter as a matter of urgency.

Yours sincerely,

Elliot Shevel

[1] Olesen J. Some clinical features of the acute migraine attack. An analysis of 750 patients. *Headache*. 1978;18:268-71.

[2] Olesen J, Lipton RB. Migraine classification and diagnosis. *International Headache Society criteria*. *Neurology*. 1994;44:S6-10.