

Canadian Headache Society

National Neurology Resident HEADACHE COURSE

Course Syllabus
Oct 24th, 2026

Canadian Headache Society

AGENDA: SATURDAY, OCTOBER 24TH

PROGRAM CHAIRS

Dr. Tommy Chan

Dr. Meagan Guay

FACULTY

Dr. Farnaz Amoozegar

Dr. Tasjeel Ansari

Dr. Caitlin Christensen

Dr. Meagan Guay

Dr. Megan Hansen

Dr. James Im

Dr. Michael Kmeid

Dr. Marissa Lagman

Dr. Elizabeth Leroux

Dr. Francis L'Heureux

Dr. Ioana Medrea

Dr. Danny Monsour

Dr. Francois Perreault

Dr. Claire Sandoe

Dr. Catherine Sukhavitskaya

USA FACULTY

Dr. Kathleen Digre

Dr. David Dodick

Dr. Deborah Friedman

PLENARY 1	10:00 - 10:05 AM	Welcome & Opening Remarks	Dr. T. Chan, Dr. M. Guay
	10:05 - 10:40 AM	History, Diagnosis, and Pathophysiology	Dr. D. Dodick
	10:40 - 10:45 AM	Q&A	Dr. D. Dodick, Dr. T. Chan
	10:45 - 11:10 AM	SNOOP It Out! The Art of Detecting Secondary Headaches	Dr. E. Leroux
	11:10 - 11:15 AM	Q&A	Dr. E. Leroux, Dr. T. Chan
	11:15 - 11:30 AM	Panel Q&A	Dr. D. Dodick, Dr. E. Leroux, Dr. T. Chan
PLENARY 2	11:30 - 11:55 AM	Spontaneous Intracranial Hypotension	Dr. D. Friedman
	11:55 - 12:00 PM	Q&A	Dr. D. Friedman, Dr. M. Guay
	12:00 - 12:25 PM	Headache Disorders Related to Elevated Intracranial Pressure	Dr. K. Digre
	12:25 - 12:30 PM	Q&A	Dr. K. Digre, Dr. M. Guay
	12:30 - 12:45 PM	Panel Q&A	Dr. D. Friedman, Dr. K. Digre, Dr. M. Guay
	12:45 - 1:15 PM	*Lunch Break*	
PLENARY 3	1:15 - 1:40 PM	Acute Migraine Management	Dr. F. Amoozegar
	1:35 - 1:40 PM	Q&A	Dr. F. Amoozegar, Dr. T. Chan
	1:40 - 2:00 PM	Preventive Migraine Treatment	Dr. M. Guay
	2:00 - 2:05 PM	Q&A	Dr. M. Guay, Dr. T. Chan
	2:05 - 2:25 PM	Trigeminal Autonomic Cephalalgias (TACs)	Dr. I. Medrea
	2:25 - 2:30 PM	Q&A	Dr. I. Medrea, Dr. T. Chan
	2:30 - 2:50 PM	Pediatric Headache	Dr. M. Lagman
	2:55 - 2:55 PM	Q&A	Dr. M. Lagman, Dr. T. Chan
	2:55 - 3:15 PM	Hormones and Migraine	Dr. C. Sandoe
	3:15 - 3:20 PM	Q&A	Dr. C. Sandoe, Dr. T. Chan
	3:20 - 3:30 PM	*Break*	
WORKSHOPS	*Participants will rotate through all three workshops in assigned groups, with 5 minutes between sessions.*		
	Workshop 1 3:30 - 4:00 PM	Vestibular Migraine and Post Traumatic Headache	Dr. M. Hansen, Dr. F. Perreault Dr. F. L'Heureux
	Workshop 2 4:05 - 4:35 PM	Headache and Facial Pain	Dr. T. Ansari, Dr. D. Monsour
	Workshop 3 4:40 - 5:10 PM	Other Primary Headache Disorders	Dr. M. Kmeid, Dr. C. Sukhavitskaya
CASES	5:10-5:50 PM	Complex Case Rounds Discussion	Dr. C. Christensen, Dr. J. Im
	5:50 - 5:55 PM	Q&A	Dr. C. Christensen, Dr. J. Im, Dr. M. Guay
	5:55 PM	Closing Remarks	Dr. T. Chan, Dr. M. Guay

All times are in EDT

10:05 - 10:45 AM

History, Diagnosis, and Pathophysiology



David W. Dodick, MD, FAAN

Emeritus Professor of Neurology

Mayo Clinic Distinguished Investigator and Distinguished Educator

Chief Medical Officer, Atria Health Institute

Chief Science Officer, Atria Research and Global Health Institute

Authored more than 900 peer-reviewed manuscripts and abstracts and authored/edited 13 books

Immediate Past-Chair of the American Brain Foundation and Global Patient Advocacy Coalition for Headache

Co-chair of the World Federation of Neurology's Advocacy Committee and World Brain Day

Past Chair of the American Migraine Foundation

Former Editor-in-Chief of Cephalalgia

Past-President of the American Headache Society

Past-President of the International Headache Society

Chair of the International Brain Health Coalition David

Summary

Headache is the most common neurological complaint, yet it remains among the most frequently misdiagnosed. This session argues that the history is the most valuable diagnostic test: the clinician's first task is to exclude a secondary cause by systematically screening for red flags (SNOOP4), apply testing with precision based on the differential diagnosis, and once secondary causes are excluded, recognize that at least 90% of primary headache in clinical practice is migraine. We review the ICHD-3 criteria for migraine with and without aura and for chronic migraine, emphasizing that no single feature is required or sufficient, and we examine why migraine is so often mislabelled as tension-type or sinus headache. Green flags, features that favour a primary disorder, and practical approaches to communicating with patients, including validation, de-stigmatization, and clear framing of the diagnosis, complete the clinical section.

The second half traces the biology that legitimizes migraine as a neurological disease. Polygenic risk predicts familial aggregation, severity, and treatment response. Migraine is a disorder of sensory processing that is present interictally and evolves through distinct phases including prodrome, aura, headache, and postdrome. Functional imaging identifies the hypothalamus as the attack generator and a biomarker of treatment response, while evidence that cortical spreading depression does not initiate attacks reframes the aura debate. Descending facilitation, trigeminovascular activation, and structural and functional changes with increasing attack frequency explain progression and its risk factors. Finally, we survey emerging targets and consider how mechanistic understanding will improve diagnostic accuracy, treatment, and stigma.

Learning Objectives:

1. Take a focused headache history that screens for red flags and recognizes green flags, then apply ICHD-3 criteria to diagnose migraine, probable and chronic migraine, avoiding the tension-type and sinus misdiagnoses.
2. Explain migraine to patients as a neurological disease with a genetic and biological basis, using validation, de-stigmatization and a collaborative plan.
3. Describe the pathophysiology across the phases, from polygenic risk and hypothalamic attack initiation to aura, trigeminovascular activation, interictal change and progression, and how this is opening targets beyond CGRP.

References

1. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018;38(1):1–211.
2. Do TP, Remmers A, Schytz HW, Schankin C, Nelson SE, Obermann M, Hansen JM, Sinclair AJ, Gantenbein AR, Schoonman GG. Red and orange flags for secondary headaches in clinical practice: SNNOOP10 list. Neurology. 2019;92(3):134–144.
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10:45 - 11:15 AM

SNOOP It Out! The Art of Detecting Secondary Headaches



Elizabeth Leroux, MD, FRCPC

Brunswick Medical Center

Faculty Lecturer, McGill Neurology Department

Dr. Elizabeth Leroux is a neurologist and headache specialist. She currently practices at the Montreal Neurology Center. She is a Faculty Lecturer for McGill's Neurology Department. Dr. Leroux did her neurology training at University of Montreal and her Headache Fellowship in Paris, France. She directed the headache clinic of Centre Hospitalier de l'Université de Montréal (2010-2016), then the CHAMP multidisciplinary program of the University of Calgary (2017-2019).

Dr. Leroux is Past President of the Canadian Headache Society, the founder of Migraine Quebec and founder of Migraine Canada. She's a well-known speaker for all audiences interested to hear about headache medicine and science.

Dr. Leroux is passionate about education and advocacy for headache disorders. Particular interests include multidisciplinary and holistic approaches, impact of migraine in the workplace, vestibular migraine and cluster headache.

Summary

Learning Objectives:

1. Apply the SNOOP framework when evaluating secondary headache disorders.
2. Select appropriate investigations based on clinical presentation and examination findings.
3. Recognize common diagnostic pitfalls in headache assessment

This presentation will focus on the diagnosis of secondary headaches using the SNOOP4 mnemonic and clinical cases.

- Systemic signs or symptoms
- Neurological signs or symptoms
- Onset (suddent/thunderclap)
- Older (>50 years old)
- Progression
- Papilledema
- Precipitated
- Precipitated
- Pregnancy/puerperium
- Previous

The importance of a careful history, an attentive neurological examination and a targeted investigation will be underlined.

Common pitfalls leading to an overlooked diagnosis are summarized:

- Not taking the history from the start
- Assuming that a chronic headache is primary
- Missing subtle cognitive changes
- Focusing on "recent stress" to discard a secondary etiology
- Assuming the behavior of a patient is "normal" because they're in pain
- Jumping to a diagnosis of migraine too fast
- Forgetting the other secondary headaches associated with head and neck trauma
- Skipping the neurological examination
- Assuming the imaging report is accurate

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11:30 AM - 12:00 PM

Spontaneous Intracranial Hypotension



Deborah I. Friedman, MD, MPH, FAAN, FAHS

Dr. Friedman is a Neurologist specializing in Headache Medicine and Neuro-Ophthalmology and the owner of Yellow Rose Headache and Neuro-Ophthalmology in Dallas, Texas. She received her engineering degree from Georgia Tech and M.D. from Tulane University of Medicine. Prior to starting her private practice in 2024, she was a Professor of Neurology and Ophthalmology and the founding director of the Headache and Facial Pain Program and Cerebrospinal Fluid Dynamics Program at the University of Texas Southwestern Medical Center. She is Board Certified in Neurology and Headache Medicine and is a Fellow of the American Academy of Neurology, the American Headache Society (AHS), the American Neurological Association and the North American Neuro-Ophthalmology Society (NANOS). She served on the Board of Directors of AHS, is the President of the Southern Headache Society, was a Past-President of NANOS and was a member of the steering committee for the Idiopathic Intracranial Hypertension Treatment Trial. She has published over 155 articles in peer-reviewed journals and 30 book chapters. Her key interests are intracranial pressure disorders, cluster headache and migraine.

Summary

Spontaneous intracranial hypotension arises from a spinal CSF leak, either a dural defect or CSF venous fistula. It affects children and adults of all ages. While most patients experience orthostatic headache as their chief symptom, the presentation varies widely. Manifestations include cranial nerve involvement, movement disorders, neck, back and facial pain, cognitive dysfunction, dementia, photophobia, fatigue and others.

Many patients are misdiagnosed with delays in diagnosis for decades, having a marked impact on quality of life, including suicide. Despite rapid advances in radiologic techniques, neuroimaging findings are not always present, leading to multiple studies and procedures over time. Moreover, treatments may provide incomplete relief and do not always yield durable results.

A multidisciplinary team with a neurologist, neuroradiologist, neurosurgeon, working with other professionals is needed. This presentation will discuss etiology, pathogenesis, epidemiology, risk factors, headache characteristics, symptom prevalence, brain MRI findings, evaluation, treatment and prognosis of patients with suspected spinal CSF leaks.

A compassionate and knowledgeable neurologist guiding the patient through the journey of diagnosis and treatment is paramount to patient well-being and positive outcomes.

Learning Objectives:

1. Identify common and uncommon manifestations of spinal CSF leaks
2. Plan the initial evaluation of a patient with a suspected spinal CSF leak
3. Describe the role and procedure of epidural blood patching

References

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12:00 - 12:30 PM

Headache Disorders Related to Elevated Intracranial Pressure



Kathleen B. Digre MD, Dr.h.c, FAHS, FNANOS, FAAN, FANA

Distinguished Professor Neurology Emerita

Professor Ophthalmology

Former Director, Division Headache and Neuro-ophthalmology

Former Director, Center of Excellence Women's Health

Moran Eye Center

University of Utah

Salt Lake City, Utah

Kathleen Digre is the Distinguished Professor of Neurology and Professor of Ophthalmology at the University of Utah. She is the Past-President of the American Headache Society and Past-President of the North American Neuro-ophthalmology Society. Her research focuses on clinical disorders of the eye and migraine and also optic disc, and increased intracranial pressure. She authored three hundred peer-reviewed articles, reviews and has authored several text books.

Awards include: Rosenblatt Award from the University of Utah, an honorary doctorate from the University of Zurich. She received a Lifetime Achievement Award in Headache Medicine from the American Headache Society. Dr. Digre is married with two adult daughters. Her hobbies include discussing books, cross country skiing, fishing, opera, hiking, and traveling.

Summary

The symptoms of headache and visual obscurations and the finding of papilledema characterize idiopathic intracranial hypertension. The first step is making the correct diagnosis. Imaging must rule out space occupying lesions in the brain or venous sinus thrombosis. While there are definitely imaging signs of intracranial hypertension including: empty sella, dilated nerve sheaths, flattening of the globe, enlarged Meckel's cave, transverse venous sinus stenosis, imaging alone does NOT make the diagnosis. Cerebrospinal fluid pressure properly performed in the lateral decubitus position and analysis of the CSF contents is essential to avoid the wrong diagnosis. Visual fields are essential to diagnose visual function.

Treatment is challenging. Initial medical therapy includes the use of acetazolamide at the correct dosage (usually 1-4 grams). Weight loss improves intracranial pressure and papilledema grade. The new GLP1 receptor agonists, promoted for diabetes prevention and weight loss, reduce weight and even reduce intracranial hypertension. Weight loss surgery has been shown to be helpful in reducing pressure and papilledema. Venous sinus stenting lowers intracranial pressure and can be effective in treating vision-threatening papilledema along with other surgical procedures like optic nerve sheath fenestration and ventricular peritoneal shunting. Headaches present one of the greatest challenges since headache may continue despite lowering intracranial pressure and achieving weight loss. Finally, idiopathic intracranial hypertension is a chronic disease with important implications for our patients for vision and future health including mortality.

Learning Objectives:

1. Recognize clinical features suggestive of elevated intracranial pressure syndromes.
2. Review diagnostic approaches for idiopathic intracranial hypertension and secondary causes.
3. Interpret common neuroimaging findings associated with raised intracranial pressure.
4. Understand principles of medical and procedural management.

References

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1:15 - 1:40 PM

Acute Migraine Management



Farnaz Amoozegar, MD, MSc, FRCPC

Clinical Associate Professor
University of Calgary
Neurologist
South Health Campus
Calgary, AB

Dr. Amoozegar is a neurologist and clinical associate professor at the University of Calgary. She completed undergraduate studies and her medical training at the University of Calgary, followed by a neurology residency at the University of Ottawa. Returning to Calgary she completed subspecialty training in Headache and Facial Pain with Dr. Werner Becker, followed by a master's degree in Clinical Epidemiology.

Dr. Amoozegar currently practices as a neurologist and headache specialist at the University of Calgary and the Calgary Headache Assessment and Management Program. In addition to clinical practice, she is heavily involved in clinical research, and education of colleagues, fellows, residents, and medical students in various settings.

Summary

This session discusses the management of acute migraine headache attacks. It provides information on available medications in Canada for acute treatment, including the traditional options that have been available for some time, as well as newer therapies, the "gepants" or small molecule calcitonin-gene related peptide (CGRP) receptor antagonists.

It provides information on the mechanisms, efficacy, and side effect profile of the triptans and gepants and gives an approach to acute migraine management. It discusses key principles to optimize acute treatment by taking into account various factors related to individual headache attacks as well as individual patient factors, such as comorbidities. Medication overuse headache and prodrome are also briefly discussed. An illustrative case brings together many of the concepts discussed.

Learning Objectives:

1. Develop an evidence-based approach to acute migraine management.
2. Compare mechanisms, indications, and contraindications of commonly used acute therapies.
3. Tailor acute treatment plans based on patient comorbidities and migraine severity.

References

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1:40 - 2:05 PM

Preventative Migraine Treatment



Meagan Guay MD, BSc, FRCPC

Assistant Professor of Neurology
McMaster University
Hamilton, ON

Dr. Meagan Guay is an Assistant Professor in the Division of Neurology at McMaster University and a neurologist at St. Joseph's Healthcare Hamilton, where she specializes in headache medicine. She completed fellowship training in Headache Medicine at Women's College Hospital in Toronto.

Dr. Guay is an active member of the Canadian Headache Society and contributed to the development of the 2024 Canadian Headache Society guideline recommendations for preventive migraine treatment. Her academic interests include migraine and headache disorders, and she has authored several publications in the field of headache medicine.

She is also actively involved in undergraduate and postgraduate medical education and is a leader in the McMaster University Neurology Residency Headache Rotation, where she helps develop and deliver headache education for neurology residents.

Summary

Migraine prevention is multifactorial and should be individualized based on migraine frequency and disability, comorbidities, lifestyle factors, previous treatment response, medication side effects, and patient preference. Management includes lifestyle strategies, nutraceuticals and established medications such as beta blockers, tricyclic antidepressants and candesartan.

The updated Canadian Headache Society Preventive Guidelines provide an evidence-based approach to selecting and using these therapies in clinical practice. Importantly, the guidelines include the newer CGRP-targeted treatments, including the CGRP monoclonal antibodies and gepants. These targeted therapies have expanded the preventive treatment landscape and should be considered as first line treatments in patients with chronic migraine and specific patients with high frequency episodic migraine.

Learning Objectives:

1. Identify appropriate candidates for preventive migraine therapy based on the updated 2024 CHS guidelines.
2. Develop individualized preventive treatment strategies based on patient factors and comorbidities.
3. Review CGRP targeted therapies for preventative migraine management.

References

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2:05 - 2:30 PM

Trigeminal Autonomic Cephalalgias (TACs)



Ioana Medrea, MD

Assistant Professor of Medicine (Neurology)

University of Toronto

Toronto, ON

Dr. Medrea has received her medical degree from McGill University and has completed a neurology residency at the University of Ottawa. She subsequently completed a research headache fellowship at the University of Ottawa, and during this time she completed a master's degree in clinical epidemiology at the Ottawa University Methods Centre. Subsequently, she did a headache fellowship at Dartmouth University in New Hampshire. She previously worked as a headache neurologist and assistant professor at SUNY Upstate Medical University in Syracuse, and is currently at the University of Toronto as a clinician-investigator at Women's College.

Summary

This session introduces the trigeminal autonomic cephalalgias (TACs), a group of rare but disabling primary headache disorders characterized by unilateral head pain and cranial autonomic features. Using case-based examples, we will explore the diagnostic challenges and distinguishing clinical features of cluster headache, hemicrania continua, and SUNCT/SUNA. Special attention will be given to misdiagnosis with migraine and the importance of recognizing restlessness, circadian patterns, and treatment responses (e.g., indomethacin trial).

The session will also cover appropriate diagnostic work-up, including MRI with pituitary views and vascular imaging, and when to consider adjunctive investigations. Evidence-based management strategies will be reviewed, including firstline therapies (oxygen, triptans, indomethacin), transitional and preventive strategies (verapamil, corticosteroids, nerve blocks), and novel approaches such as neuromodulation. Emphasis will be placed on patient selection, practical clinical pearls, and emerging updates in classification.

References

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2:30 - 2:55 PM

Paediatric Headache



Marissa Lagman, MD, FRCPC, FAHS

Associate Professor in Pediatrics (Neurology) & Clinical Neurological Sciences

Schulich School of Medicine and Dentistry,

University of Western Ontario

Director, Comprehensive Pediatric Headache Center

Director, Education Program, Division of Pediatric Neurology

Children's Hospital, London Health Science Center

Dr. Marissa Lagman is a Fellow of the American Headache Society and UCNS Diplomate in Headache Medicine. She is an Associate Professor in Pediatrics (Neurology) and Clinical Neurological Sciences (CNS), Schulich School of Medicine & Dentistry, Western University in London, Ontario. She is the Director of the Comprehensive Pediatric Headache Center and the Education Program of the Division of Pediatric Neurology at the Children's Hospital in London Health Sciences Centre. She continues to be a faculty staff at the University of Toronto doing research projects in the Centre for Headache, Women's College Hospital, University of Toronto.

She serves on the Board of Directors for the Canadian Headache Society and as a co-leader of the Pediatric Canadian Headache Network (PeCaHN).

Summary

Headache is a common disabling condition in children and adolescents, with migraine representing a major cause of neurological disability in young people. This session will provide a practical, case-based approach to the evaluation and diagnosis of paediatric headache, emphasizing age-specific clinical features, recognition of red flags, and appropriate use of neuroimaging. Participants will review common primary headache disorders, with a focus on distinguishing migraine from tension-type headache and recognizing chronic headache patterns.

The session will also provide an update on paediatric migraine treatment, including lifestyle and behavioural strategies, acute therapies, preventive medications, and individualized approaches based on headache frequency, severity, comorbidities, and treatment goals. Emerging therapies will be discussed, including calcitonin gene-related peptide (CGRP)-targeted treatments, neuromodulation devices, and other novel preventive and acute options, with consideration of the evolving evidence base, age-specific safety and regulatory considerations, access, and the role of specialist care. The presentation will emphasize early diagnosis, shared decision-making, and tailored management to reduce headache-related disability and improve quality of life.

References

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2:55 - 3:20 PM

Hormones and Migraine



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Dr. Claire Sandoe is an Assistant Professor of Medicine (Neurology) at the University of Toronto and a headache neurologist at the Women's College Hospital Centre for Headache, where she directs the City-Wide Headache Medicine Fellowship.

She serves on the boards of the Canadian Headache Society and the American Migraine Foundation, the Education Committees of the International Headache Society and the American Headache Society, and is past co-chair of the Canadian Headache Society National Neurology Resident Headache Course and current co-chair of the American Headache Society's Mastering Migraine Therapies program. She is co-chair of the American Migraine Foundation editorial board. She is passionate about improving awareness, understanding, and treatment options for people living with migraine, and hopes to help work towards a more migraine- friendly world.

Summary

Hormone changes can strongly impact migraine, and several hormone shifts over a woman's lifespan are important for their impact on both migraine and its treatment. These changes can include more discrete biological changes such as menarche and menopause, monthly hormone fluctuations of menstrual periods, pregnancy and lactation, and exogenous hormone use as with hormonal contraception or menopausal hormone therapy.

Estrogen fluctuations in particular are thought to lead to the higher prevalence of migraine in women after menarche, and the estrogen drop before menstrual periods is thought to be the trigger for menstrually-related attacks. Estrogen fluctuations are often pronounced in the earlier stages of pregnancy, when migraine can worsen, but for most women these fluctuations decrease in the 2nd and 3rd trimester and most women with migraine improve during this time. Lactational amenorrhea may be protective against migraine attacks. The perimenopausal period is a time of frequent and irregular hormone changes, and many women find their migraine to be worse during this transition, but migraine commonly improves once these fluctuations reduce after menopause.

Exogenous hormones carry their own risks, in particular stroke risk with exogenous estrogen use, and these risks should be weighed against their benefits since migraine (especially migraine with aura) is itself associated with an increased risk of stroke. Migraine-targeted treatment is typically preferred to treat migraine before considering hormone manipulation, as it has better evidence for this indication, regardless of lifestage.

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3:30 - 5:10 PM

Workshop: Vestibular Migraine and Post-Traumatic Headache



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Dr. Megan Hansen completed her Neurology residency at the University of Alberta in June 2026. She is currently completing a Headache Medicine Fellowship at the University of Calgary. Following fellowship, she plans to practice both general neurology and headache medicine.



Francois Perreault, MD, M.ED

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Dr. François Perreault is a neurologist and headache specialist. He has been a member of the CHUM Headache Clinic team since 2023. He completed his neurology residency at the University of Montreal. From 2021 to 2023, he pursued postgraduate training in medical education and headache medicine at the University of Ottawa. During the same period, he also completed a master's degree in Education, with a specialization in Health Sciences Education, at the University of Montréal.



Francis L'Heureux MD, MSc

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Dr. L'Heureux is a headache fellow at Université de Montréal. He completed a bachelor's and master's degree in neuroscience, followed by medical school, all at Université de Montréal, before training in neurology at Université Laval, where he served as chief resident. Following his fellowship, he plans to establish a headache-focused practice in Quebec City and remain active in clinical research.

Summary

Dizziness and post-traumatic headache are common and often hard to manage in neurology practice. This case-based workshop gives a practical approach to both. Participants will work through two interactive clinical vignettes and use the ICHD-3 diagnostic criteria to make diagnoses and treatment decisions in real time. The session ends with an open Q&A.

Learning Objectives

1. Recognize clinical features of post traumatic headache disorder and persistent post concussive symptoms.
2. Differentiate vestibular migraine, cervicogenic dizziness, and other dizziness related presentations.
3. Review practical assessment strategies in patients with headache and dizziness.

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3:30 - 5:10 PM

Workshop: Headache and Facial Pain



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Dr. Ansari is dual board-certified in neurology by the Royal College of Physicians and Surgeons of Canada and the American Board of Psychiatry and Neurology. He completed his neurology residency and the Canadian Headache Society Fellowship in Headache Medicine at the University of Toronto.

He is currently an Assistant Clinical Professor (Adjunct) at McMaster University. Additionally, he serves on the fellowship committee for the Canadian Headache Society Fellowship program. Dr. Ansari is also a member of the Canadian Headache Society, the American Headache Society, and the International Headache Society.



Danny Adel Monsour, MD, FRCPC

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Dr. Monsour is a neurologist specializing in headache medicine. He completed his neurology residency and the Canadian Headache Society Fellowship in Headache Medicine at the University of Toronto. He is currently an Assistant Clinical Professor (Adjunct) at McMaster University and the Director of the Axon Institute for Headache and Neurological Sciences in Oakville, Ontario. Dr. Monsour serves as the consultant neurologist for the University Health Network's Intracranial Hypotension Program and is an active member of the Ontario Headache Consortium, and Canadian Headache Society. He also contributes to Spinal CSF Leak Canada as a member of its Medical Advisory Board.

Summary

This interactive, case-based workshop focuses on the clinical assessment, diagnosis, and management of common cranial neuralgias and facial pain syndromes. Participants will review the distinguishing clinical features of trigeminal neuralgia, painful trigeminal neuropathies, SUNCT/SUNA, and glossopharyngeal neuralgia, with an emphasis on recognizing secondary causes and clinical red flags. Through clinical cases and group discussions, the workshop will explore appropriate diagnostic investigations, including neuroimaging, as well as evidence-based pharmacological and procedural treatment options.

Learning Objectives:

1. Differentiate common facial pain syndromes from primary headache disorders.
2. Recognize key features of trigeminal neuralgia and painful trigeminal neuropathies.
3. Understand practical pharmacologic and procedural treatment strategies.

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3:30 - 5:10 PM

Workshop: Other Primary Headache Disorders



Michael Kmeid, MD

Ottawa, ON

Originally from Montreal, QC, Dr. Michael Kmeid is a board-certified neurologist with a diverse medical and academic background. He pursued his medical degree at St. George's University before completing his Neurology residency at SUNY Upstate Medical University in Syracuse. During residency, he developed a particular interest in headache medicine while also contributing to research, teaching, and quality improvement initiatives. He then returned to Canada to complete a fellowship in Headache Medicine at the University of Ottawa, where he received specialized training in the diagnosis and management of complex headache disorders, with a particular interest in helping patients achieve meaningful improvements in their quality of life.



Catherine Sukhavitskaya, MD, FRCPC (Neurology)

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Dr. Catherine Sukhavitskaya graduated from the Belarusian State Medical University (BSMU), and completed Neurology Residency Program at the BSMU, and Adult Neurology Residency program at the University of Toronto, followed by Headache Medicine Fellowship (Adults and Children) at the University of Western Ontario through the Canadian Headache Society. Dr. Catherine Sukhavitskaya is a member of various professional organizations, including the Canadian Headache Society, the American Headache Society and the International Headache Society. She is actively involved in teaching and research, and very passionate about helping patients of various ages living with headache, and fighting the stigma.

Summary

This interactive, case-based workshop covers the less common primary headache disorders of ICHD-3 chapter 4. Each disorder is defined partly by what it is not, so recognizing the clinical pattern goes hand in hand with ruling out secondary causes. Through clinical cases, pre-course poll questions, rapid-fire vignettes and small-group discussion, residents will build a practical approach to diagnosis, investigation and treatment.

Learning objectives:

1. Recognize less common primary headache disorders encountered in clinical practice.
2. Review diagnostic criteria and indications for investigation.
3. Develop practical treatment approaches for uncommon primary headache syndromes.
4. Recognize the indomethacin-responsive family of headache disorders.

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5:10 - 5:55 PM

Complex Case Rounds Discussion



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Dr. Caitlin Christensen is a neurologist specializing in headache medicine, currently practicing in Victoria, BC, where she established and directs the first neurology-based headache subspecialty clinic in the region. She completed her medical degree at the University of Calgary, followed by residency training in neurology at the University of Alberta in Edmonton, and a fellowship in headache medicine at the University of Calgary.

In addition to her clinical practice, Dr. Christensen serves as a Clinical Assistant Professor at the University of British Columbia. Her clinical focus includes the diagnosis and management of a variety of primary and secondary headache disorders, including migraine, TACs, and SIH. She is committed to bringing specialized, evidence-based headache care to patients on Vancouver Island and promoting education in the field of headache medicine.



James Im, MD, FRCPC

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Dr. James Im is an Adult Neurologist from the University of Toronto with additional fellowship training in Headache Medicine from Women's College Hospital and Sunnybrook Health Sciences Centre. He is currently completing a master's degree in Quality Improvement and Patient Safety at the University of Toronto. His clinical and academic interests include the intersection of sleep and migraine, as well as the evaluation and management of post-stroke headache.

Summary

Through four interactive clinical cases, this session will explore challenging headache presentations, including spontaneous intracranial hypotension, acute migraine management, and the differentiation of migraine aura from epileptic seizures and cerebrovascular conditions. Participants will review key diagnostic considerations, current treatment recommendations, and practical approaches to managing complex headache disorders and associated comorbidities.

Learning Objectives:

1. Apply evidence-based diagnostic frameworks to evaluate complex and atypical headache presentations, including differentiating primary headache disorders from neurological and vascular conditions.
2. Interpret clinical features and relevant investigations to support differential diagnosis and clinical decision-making in challenging headache cases.
3. Develop individualized management strategies for patients with complex or refractory headache disorders, considering comorbidities, treatment safety, and multidisciplinary approaches.

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