

日本頭痛学会 平成 23 年度教育関連委員会の企画について
“ Dodick 先生を囲んで ”

日 時：平成 23 年 7 月 5 日（火）18 時 30 分～

会 場：京王プラザホテル 本館 42 階 武蔵

出席者：坂井文彦理事長、平田幸一委員長、海野佳子副委員長、清水利彦委員、永田栄一郎委員、古和久典委員、島津智一委員、柴田護委員、高橋祐二委員、西郷和真委員、北村重和委員（以上、教育関連委員会）、竹島多賀夫委員長、今井昇委員、浅野修一郎委員（以上、企画・広報委員会）

Professor David W. Dodick

テーマ：

- 1) 理事長挨拶
- 2) 教育関連委員会の課題について（平田委員長）
- 3) ディスカッション

Professor David W. Dodick のあいさつ

質疑応答

- (1) 日本での頭痛セミナー開催の可能性
eg) Scottsdale Symposium が参考になるか？
- (2) 欧米の頭痛教育資料の翻訳、掲載（ホームページ、学会誌）
- 4) 今年度の企画（企画・広報委員会との協力）
- 5) その他

坂井理事長 挨拶

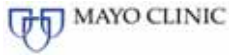
頭痛学会でいかに若手医師の育成をしてゆくかということが、重要な使命ではないかと考えます。そこで、今回、世界的に頭痛で有名な Professor David W. Dodick が、ベルリンから韓国での講演を機に、日本に立ち寄られるということもあり、本日、世界での頭痛学会のあり方および、若手育成についてお話が聞ければ、これからの頭痛学会にとってもよい参考になると思い、お招きしました。

また、皆様からも質問していただき、これから日本でも出来ることの糸口になればいい機会だと思います。

ディスカッション

Professor David W. Dodick の挨拶

質疑応答



Evaluation and Management of Headache at Mayo Clinic: The Benefits of Integrated Multidisciplinary Care

メイヨークリニックの頭痛診療の良さは
統合的、チーム医療的アプローチ

David W. Dodick M.D.

Professor

Department of Neurology, Mayo Clinic



Dr. David Dodick's Presentation:

Dr. David Dodick is the current president of the American Headache Society (AHS), and runs a neurology residency program and a headache treatment center at the Mayo Clinic Scottsdale in Arizona.

Truth be told, headache is underestimated in the US. Headache has the connotation of “annoying”. An “ache” like a “stomachache” or a “headache” is thought to be something transient, of little importance.

Consequently, there are very few headache centers, very few headache specialists, and very little funding for headache research and treatment.

Dr. Dodick is trying to change this, and has made significant progress in the past several years with the help of his colleagues, patients, and fellow members of the American Headache Society.

The problem is advertising. How do you change the way an entire country views a

disease, and prove to everyone the importance of treatment for this underestimated disability?

In America, money makes the world go round. Department chairs and even federal administration boards in charge of medicine and treatment are very stubborn and will not fund headache research and treatment – but these stubborn people change their minds when they hear that headache treatment makes lots of money.

Most headache patients are young (under 65) and thus do not have government health plans. This means that hospitals make lots of money from headache patients, whereas hospitals lose money from patients with ALS and Parkinson's and other such diseases.

So step one: convince people that headache treatment makes money.

To do this, Dr. Dodick's team hired several business experts from renowned universities to convince hospitals and universities that studying headache is a good idea.

Now that the hospitals want to treat headache, how do you make the doctors want to treat headache?

Doctors only want to treat headache if the patients want them to. But patients do not take headache seriously either, and they do not know where to go for help.

The American headache society hired several famous patients, including some very famous politicians, to talk about headache and migraine. They talk about how hard their life was when they had severe headaches and how much treatment helped them. Now patients and doctors take headache more seriously.

Also, efforts are being made to change the public image of the disease. Instead of headache, call it "migraine", "cephalalgia", or something more serious. Also, big programs like "Brainstorm" (a word with very positive connotations) are being held, and Dr. Dodick's team is making efforts to use Twitter, Facebook, and other popular media to advertise headache.

So step two: change the way people think of headache.

Now that people want to treat headache, how do the doctors learn how to do this?

Most hospitals and universities in America do not have a headache center or even any headache specialists at all. As a result, new students do not have a chance to learn about headache. Also, many general practitioners, or family doctors, do not want to learn about headache.

For these reasons, AHS holds big meetings and invites many people.

One meeting is the educational meeting in Scottsdale, Arizona. This is held at an old fashioned western resort, so many people want to come. Also, free travel and free room are given to many students, general practitioners, and doctors in fields other than neurology. Here, doctors can go for an update on the field of headache.

Another meeting is the scientific meeting, which is in a different place every year. Here, experts from around the world go to present, and special passes are given to young students who are willing to present their work. The students have to enter a competition to get the special pass, and the competition inspires students to study headache.

Pharmaceutical companies realize that headache is a big, money-making market, so they usually want to help the doctors. But people do not always trust pharmaceutical companies. So, AHS likes to ask pharmaceutical companies as well as non-profit organizations and generous donors to help put together its programs and meetings. This way, people like the AHS better.

So step 3: make good meetings to educate the public.

So, by making big meetings, changing the public image, and making special business plans, Dr. Dodick and his colleagues at the headache centers and in AHS have gotten the public, the doctors, and even the business people to start taking headache more seriously. There are still very few headache specialists in America and very little government funding, but as headache patients and headache doctors become stronger, this will hopefully change.

Samson Dodick's interpretation of Japan's headache issues, in relation to Dr. Dodick's presentation:

Japan faces similar problems, though they are slightly different. There are already more headache specialists in Japan, and Japanese citizens tend to take headache slightly more seriously, though there are probably many people who want to endure the pain and not see a doctor.

Also, it seems that other types of headache, like cluster and tension type headaches, are a more serious issue than migraine in Japan. This could have an impact on the way headache should be marketed in Japan.

In Japan, those who suffer from headache need to understand that headache is a serious issue and their way of life can benefit from treatment. Also, family doctors and other pain specialists need to know where to go to help their patients with headache, and they need to be educated in the basics of headache so they can recognize their patients' problems.

Also, something should be said about the role of the government, companies, and the pharmaceutical industry. In America, companies are not trusted, and they are limited in the range of programs they can be involved in. So America cannot turn to companies – often, not even pharmaceutical companies. Instead, doctors and businesspeople have to convince the government to give them funding.

In Japan, companies are extraordinarily powerful – companies can, say, own a baseball team, a department store, and a railroad company all at the same time. Also, these companies tend to be trusted, and are often willing to help the community. These big companies could potentially be excellent partners in advertising headache as well as funding research. Convincing the pharmaceutical companies to help is also important, of course, but doctors, researchers, and hospital administrators must be careful not to betray the trust of their patients and other sponsors.

平田先生

Professor David W. Dodick からお話を伺い、よくわかったこととして、

- ・ アメリカにおける頭痛センターの知名度が違う。
- ・ 頭痛学会のお金の集金力、特に研究費（科研費など）の金額のケタが違う。

以上からも、日本とアメリカでは同じ頭痛学会としても、おかれている状況が違うということを思い知らされました。

これまで、頭痛の診療に関して、きちんとした教育プログラムが日本の医師に対して行われてこなかったことを考えると、今後の頭痛の教育を我々が行っていくことを考えると、ある意味では非常に多難な前途が待ち受けているわけですが、

逆に、希望的観測でいえば、今回坂井先生の御発案で発足したわけで、これまで全くやっていなかったというのが現状です。

そこで、自由な発想でこれまでにない方法を検討して試してゆくことでいいのではないかと思います。

たとえば、Professor David W. Dodick のお話にもあった、製薬会社からのバックアップだけではなく、クリーンなお金で、新たな試みとして若手育成を学会として行ってゆくなどでしょうか。

欧米の頭痛教育資料の翻訳、およびその掲載（ホームページ、学会誌）について Professor David W. Dodick から承諾が得られました。

よって、その資料を用いて、全国の医大にて頭痛の教育を行っていくわけですが、どの程度出来るか今の時点ではよくわかりませんが、この会で担っていかなくてはならないと思います。

本日の meeting における決定・提案事項：

- ・ 本委員会のメールリストを作る。（担当 竹島先生）
- ・ アメリカの頭痛学会の解説集を教育に使用してゆく。

- ・ 情報を共有するという点で広報委員会は、とても大切な役割をになっており。今後 Facebook などのメディアを使っていくとさらに役割が多くなるでしょう。
- ・ まずは、1年くらいで成果をだしたいと思います。
- ・ 教育のリソースのスライドなどを国際頭痛学会のホームページからお借りして英語版 あるいは 翻訳版をダウンロード可能にしては？
- ・ 教育講演のスライドをホームページに掲載することを検討しては？
- ・ 頭痛学会で行われる教育頭痛セミナーをスライドだけでなく動画を撮影して Web 上で閲覧出来るようにしてはどうか？
- ・ 教育講演をビデオで撮れれば、それを Web 上で聞かないとポイントが取れない E-learning 形式を専門医ポイント制に導入しては？
- ・ You Tube に教育講演をアップロードするということは？

以上

議事録作成：島津智一（埼玉精神神経センター 神経内科）