



Editors' Note: The American Board of Psychiatry and Neurology (ABPN) certification deadline date may explain why some neurology residents opt not to take the board examination directly after graduation, according to Tian and Gilbert. As a solution, they suggest more family-friendly ABPN policies. In response to Meng and Zhang, Schoenen et al. explain that transcutaneous supraorbital stimulation with the Cefaly device is not invasive. They add that patients can rent the device and test it for efficacy before deciding to buy it.

Chafic Karam, MD, and Robert C. Griggs, MD

ASSOCIATION BETWEEN PERFORMANCE ON NEUROLOGY IN-TRAINING AND CERTIFICATION EXAMINATIONS

Cuixia Tian, Donald L. Gilbert, Cincinnati: The correlation of the scores from Resident In-service Training Examination (RITE) and ABPN board-certifying examinations by Juul et al.¹ was reassuring. However, there is a large drop off from the seniors who took RITE to graduates who took the ABPN certification examination.

Approximately 50%–63% of the seniors who took RITE prior to graduation took the ABPN certification examination the same year. The authors speculate that “reasons for delaying certification may include failure to successfully complete the residency on time; participation in fellowship training, relocation, financial, or other personal hardship; lack of confidence; or simply choosing not to become board certified.” It is possible that “failure to successfully complete the residency on time” could mean maternity, medical, or family-related leave.

We speculate that the ABPN's July 31 deadline plays a large role. This ABPN requirement may disproportionately affect residents who start a family during training and may also influence the decision of women in neurology residency to take shorter maternity leave. If the ABPN were to evolve toward more family-friendly policies like our colleagues in pediatrics,² family medicine,³ and pathology,⁴ this might have positive results for our trainees and our workforce.

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1. Juul D, Flynn FG, Gutmann L, et al. Association between performance on Neurology In-Training and Certification Examinations. *Neurology* 2013;80:206–209.

2. Admission requirements for general pediatrics certification exams. Available at: <https://www.abp.org>. Accessed February 10, 2013.
3. Deadline for completion of training for initial certification. Available at: <https://www.theabfm.org>. Accessed February 10, 2013.
4. Primary certification requirements. Available at: <http://www.abpath.org>. Accessed February 10, 2013.

MIGRAINE PREVENTION WITH A SUPRAORBITAL TRANSCUTANEOUS STIMULATOR: A RANDOMIZED CONTROLLED TRIAL

Fan-gang Meng, Jian-guo Zhang, Beijing, China:

Schoenen et al.¹ provided evidence that trigeminal neurostimulation with a supraorbital transcutaneous stimulator (STS) is effective for migraine. STS involves the application of electrodes and stimulator via an invasive surgical procedure that includes expensive medical consumables and possible complications. Only 70.6% of patients are very satisfied or moderately satisfied and approximately 1 out of 5 was not satisfied after STS effective neurostimulation.¹ This means that 20%–30% of patients were dissatisfied with the procedure. Unfortunately, there is no way to preoperatively predict which patients will respond to the stimulation. STS has a sedative effect via a change in CNS activity.¹ Acupuncture (e.g., somatic acupuncture, ear acupuncture, or electroacupuncture) has been successfully used for migraine^{2,3} and reduces sympathetic nerve activity.⁴ Based on those data, we propose that acupuncture can predict the efficacy of STS: if acupuncture is effective, STS will also be effective. For migraineurs, inexpensive and minimally invasive acupuncture can be performed before the STS. If acupuncture is efficient, STS may also be efficient and worth performing.

Author Response: Jean Schoenen, Liege; Bart Vandersmissen, Brussels; Luc Herroelen, Leuven; Michel Vandenheede, Pascale Gerard, Delphine Magis, Liege, Belgium:

We disagree with the statement by Meng et al. regarding the Cefaly device. Transcutaneous supraorbital stimulation with the Cefaly device is not invasive: the stimulation is via surface electrodes, not implanted electrodes. For this reason, there is no need to test a method that would

predict efficacy aside from the device itself. In practice, patients in several countries can rent the device for 2–4 months to test its efficacy before deciding to buy it. In a recent survey to be presented at the upcoming International Headache Congress, 53% of 2,313 patients were satisfied with the device after the test period and decided to buy it, while 46.6% considered it unhelpful.⁵

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1. Schoenen J, Vandersmissen B, Jeanette S, et al. Migraine prevention with a supraorbital transcutaneous stimulator: a randomized controlled trial. *Neurology* 2013;80:697–704.
2. Ceccherelli F, Lovato A, Piana E, Gagliardi G, Roveri A. Somatic acupuncture versus ear acupuncture in migraine therapy: a randomized, controlled, blind study. *Acupunct Electrother Res* 2012;37:277–293.
3. Jia CS, Ma XS, Shi J, et al. Electroacupuncture at Qiuxu (GB 40) for treatment of migraine: a clinical multicenter random controlled study. *J Tradit Chin Med* 2009;29:43–49.
4. Backer M, Grossman P, Schneider J, et al. Acupuncture in migraine: investigation of autonomic effects. *Clin J Pain* 2008;24:106–115.
5. Magis D, Rigaux P, Mignolet JY, Sava SL, Sasso D'Elia T, Schoenen J. Safety and efficiency of supraorbital transcutaneous neurostimulation with the Cefaly device for headache treatment: outcome of a prospective registry on 2,313 patients. *Cephalalgia* 2013;33(8 suppl):99. Abstract.

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Migraine prevention with a supraorbital transcutaneous stimulator: A randomized controlled trial

Fan-gang Meng, Jean Schoenen, Jian-guo Zhang, et al.

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