Without Borders

From the Editor

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Interview with Dr. Timothy Steiner, Director of the Global Campaign Against Headache

In February, Without Borders published an interview with Dr. Steiner, Professor of Medicine (Headache and Global Public Health) in the Department of Neuroscience, Norwegian University of Science and Technology, outlining his important work with the WHO in his role as Director of the Global Campaign against Headache, a campaign he developed. For many, “Tim Steiner” is synonymous for “global advocacy to improve headache care.” Professor Steiner’s work pioneered epidemiologic methods for assessing headache that have transformed our epidemiologic framework for enumerating the global disease burden.

In the interview, Dr. Steiner noted, “Headache is the cause of more than three-quarters of all disability attributed to neurologic disorders. It’s also enormously costly. Economic analyses, based on our population data, indicate losses in countries around the world of up to 2% of GDP because of lost productivity. Yet despite this, headache remains underrecognized, underdiagnosed, undertreated throughout the world.”

Additional data indicate that headache is a larger global problem than previously recognized. In the interview, Dr. Steiner pointed out, “As we do these new population-based studies, all using standardized methodology, all of them are showing—with the single exception of China, which I’ll come back to in a moment—all of them are showing that the prevalence of migraine is substantially higher than the global mean estimate of 15%. We’re typically getting prevalences for migraine of between 20% and 25%, and in some countries even higher. In Nepal, for example, it’s very high. It’s above 30%...”

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Cerebral palsy in Africa

A January 2018 blog post discusses articles on cerebral palsy (CP) in Africa: one looked at Uganda the other Botswana, with the former considering prevalence of cerebral palsy and the latter noting risk factors. In Uganda, Kakooza-Mwesige et al. “...identified a prevalence rate of 3.1 per 1,000, exceeding that typically found in high-income settings.” But there is more to this statistic that needs to be considered. As mentioned by Kakooza-Mwesige et al., “It is notable that even this figure likely underestimates the burden of CP in rural Uganda given the ample indirect evidence in their data of high early mortality in children with severe CP as more severe forms were much less represented among older pediatric populations. In medically advanced settings such as the US, prematurity is a primary contributor to the burden of CP. In contrast, in Uganda, prematurity made only minuscule contributions to the burden of CP, likely because survival among preemies is largely predicated upon sophisticated life support and management. In the Ugandan work, at least 25% of CP was a result of early life infections, with cerebral malaria being one of the most prominent contributors to early brain injury and CP. Neurologic disabilities occur in approximately a third of cerebral malaria survivors and when the infection occurs before 2 years of age, the resulting motor impairment would be indicative of CP, though the adverse neurologic outcomes occur across the full age range of pediatric cerebral malaria survivors.”¹

Reference

1. Kakooza-Mwesige A, Andrews C, Peterson S, et al. Prevalence of cerebral palsy in Uganda: a population-based study. *Lancet Glob Health* 2017;5:e1275–e1282.

Blog

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