

## Abstract

Post-traumatic headache (PTH) accounts for ~4% of all symptomatic headache disorders and is one of the most common sequelae of mild traumatic brain injury. In the International Classification of Headache Disorders (ICHD), PTH is considered a secondary headache defined by the onset of headache 'within seven days following trauma or injury, or within seven days after recovering consciousness and/or within seven days after recovering the ability to sense and report pain. The most common headache phenotypes in PTH are migraine-like headache and tension-type-like headache. Possible disease mechanisms of PTH include impaired descending modulation, neurometabolic changes and activation of the trigeminal sensory system. In my lecture I will review recent data on the role of calcitonin-gene related peptide (CGRP) in pathophysiology of PTH and discuss a possibility of using anti CGRP drugs in the management of PTH.