

THE LIGURIAN HEADACHE NETWORK: A SURVEY OF NINE HEADACHE CENTRES, RESOURCES AND CHALLENGES

M. Grazzini[1], M. Del Sette[1], A. Schenone[2], M. Bandettini[2], F. Bandini[3], F. Valguarnera[4], A. Assini[5], C. Solaro[5], G. Silvestrelli[6], E. Viani[6], A. Sugo[7], A. Coccia[7], S. Nassani[8], G. Sivori[8], L. Benedetti[9], E. Giorli[9], E. Arena[10], C. Finocchi[10]

[1]Department of Neurology, IRCCS AOM San Martino Hospital, Genoa, Italy; [2]Neurological Clinic DINOGMI, IRCCS AOM San Martino Hospital, Genoa, Italy; [3]Department of Neurology, IRCCS AOM Villa Scassi, Genoa, Italy; [4]Department of Neurology, Antero Micone Hospital, ATS liguriaArea 3, Head of the Headache Centre, Genoa, Italy; [5]Department of Neurology, Ospedali Galliera, Genoa, Italy; [6]Clinical Neurology and Stroke Centre, Emergency Department, Imperia Hospital, Italy; [7]Department of Neurology, Santa Corona Hospital, Pietra Ligure, Italy; [8]Department of Neurology, Tigullio Hospital, Lavagna, Italy; [9]Department of Neurology, Sant'Andrea Hospital, La Spezia, Italy; [10]Department of Neurology, San Paolo Hospital, Savona, Italy

Background. Chronic migraine represents a major cause of disability as well as a significant and growing burden for the National healthcare systems. Structured and integrated models of headache care have been proposed to optimize headache management. New targeted therapies for migraine highlight the need for integrated healthcare service models capable of ensuring equity and sustainability. This study aimed to assess the organisational characteristics, clinical workload, and unmet healthcare needs of the regional headache network in Liguria.

Methods. In April 2025, all nine headache centres operating in Liguria completed a structured survey, investigating organisational models, clinical workload, available resources, waiting times and pathways for patient access. Monthly outpatient clinical resources available werw mapped across headache centres by exploring scheduled consultation slots.

Results. Overall, during a representative month 543 consultation were reported by the centres, including 119 first visits (21.9%), 376 follow-up visits (69.2%), and 46 urgent consultations (8.5%), with a predominance of follow-up consultations. Three centres accounted for 55.6% of the overall workload. The overall no-show rate was 6.3%, with a relevant inter-centre variability (2.0 - 13.8%). Mean consultation duration was 27 minutes. Informal clinical activity (i.e., telephone and email consultations) not captured within administrative records represented considerable workload. First consultations waiting times ranged from 6 to 12 months in most centres, whereas patient-reported data were shorter but highly heterogeneous; suggesting coexistence of informal access pathways. Organisational heterogeneity emerged regarding referral systems, urgent-access pathways, availability of anti-CGRP therapies and botulinumtoxin administration, as well as for integration between secondary and tertiary care. Only three centres reported structured integration between different levels of headache care. Limited availability of multidisciplinary professionals and restricted access to diagnostic resources were also observed.

Conclusions. The predominance of follow-up activity suggests progressive overload of tertiary headache centres in the absence of structured referral-back pathways toward community-based care.The main critical issue within the Ligurian headache network is the limited integration between hospital- and community-based care rather than the absolute volume of clinical activity. Strengthening shared clinical pathways, telemedicine, technological integration, and coordinated multilevel care models may improve sustainability, accessibility, and management of chronic headache disorders.