Headache

The Pharmacist’s Role in Assessment & Management

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University of British Columbia

Primary Headache Disorders

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<th>Migraine</th>
<th>Cluster</th>
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- **Tension-Type**: The prevalence of tension-type headaches is approximately 38% of adults, with mild-moderate pain and low disability.
- **Migraine**: The prevalence of migraines is around 12% of adults, with moderate-severe pain and moderate-high disability.
- **Cluster**: The prevalence of cluster headaches is less than 0.1% of adults, with severe pain and high disability.
The Truth Hurts
- 12% prevalence in North America (18% in Females, 6% in Males)
- 50% have never sought physician advice
- Among those who do seek physician advice:
  - 50% are misdiagnosed as tension-type or "sinus headaches"
- Only 62% of Fam Prac Residency grads feel "very prepared" to manage
- 97% self-diagnosed with "sinus headache" have migraine

MAZE, Headache 2003;43:19
Kaniecki R, JAMA 2003;289:1430-3

Painful Facts...
- Among migraineurs...
  - 60-80% have severe or extremely severe attacks
  - 24% have sought emergency room care for an attack
  - ~60% say that attacks cut their work/school/housework productivity at least 50 percent
- Migraine attacks in 1998 (USA):
  - 112 million days in bed
  - $13 billion in lost productivity + health care costs

American Migraine Study II, Headache 2001;41:638-645

Aching Facts About Migraine Management
- 95% of migraineurs use medications
  - 21-50% are "satisfied"
- 57% use only OTC's
- Pharmacists recommend OTCs for headache more than any other product category
- In 2001, US pharmacists recommended OTCs for headache over 53,000 times a day

Pharmacy Times Oct 2001
Aching Facts About Migraine Management

- Chronic Daily Headache: 4% prevalence (>1 million Canadians)
  - 82% of these have Medication-Induced Headache

Pharmacist Education about Headache

- 65 US pharmacy schools in 2000-01:

  1 hour of course contact per year

Pharmacist Roles in Headache Management

1. Identify migraineurs
2. Assess burden of illness as a guide to appropriate therapy
3. Identify & prevent Chronic Daily Headache / Medication Induced Headache (MIH)
4. Identify prophylaxis candidates, educate, guide therapy
5. Provide support & reassurance
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Brief Headache Screen

1. How often do you get severe headaches (i.e., without treatment it's difficult to function)?
2. How often do you get other (milder) headaches?
3. How often do you take headache relievers or pain pills?
4. Has there been any recent change in your headaches?
5. How often do you miss work or leisure activities because of headaches?
6. Are you satisfied with your current headache medicine?
7. Are you on a preventative medicine for headache? If not, would you like to be?

Primary Care Network Instrument (Modification of BHS)

1. How much do headaches interfere with your life? (diagnosis, degree of disability)
2. How frequently do you have headaches of any type? (frequency)
3. Any change in headache pattern over last 6 months? (secondary signs, COH/MIH)
4. How often and how effectively do you use medication to treat headaches? (satisfaction, CDH/MIH)

Maizels M. Headache 2000;40:419
www.aan.com/professionals/patient/habit/

Prim Care Network Advisory Cttee 2000
“Red Flags” for 2ndary Headache Disorders

- Change in pattern
- First or Worst
- Abrupt or upon awakening
- Neurological symptoms for >1 hour
- New headache in
  - <5 or >50 y/o
  - Pregnancy
  - Cancer
  - Immunossupression
- Loss of consciousness
- Triggered by exertion, sexual activity, Valsalva maneuver

Kaniecki R. JAMA 2003;289:1430-3

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www.midas-migraine.net

MIDAS Questionnaire

INSTRUCTIONS: Please answer the following questions about all your headaches you have had over the last 3 months. Write zero if you did not do the activity in the last 3 months.

1. How many days in the last 3 months did you miss work or school because of your headaches? [ ] days
2. How many days in the last 3 months did you do productive work or school industry half or more because of your headaches? Do not include days you counted in question 1 when you missed work or school? [ ] days
3. How many days in the last 3 months did you not do household work because of your headaches? [ ] days
4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? Do not include days you counted in question 3 when you did not do household work? [ ] days
5. How many days in the last 3 months did you miss leisure, social or leisure activities because of your headaches? [ ] days

TOTAL [ ] days
The MIDAS Approach
Stratified care

<table>
<thead>
<tr>
<th>MIDAS score</th>
<th>Grade</th>
<th>Disability</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>I</td>
<td>Minimal, infrequent</td>
<td>Simple analgesics</td>
</tr>
<tr>
<td>6-10</td>
<td>II</td>
<td>Mild, infrequent</td>
<td>Analgesic combinations</td>
</tr>
<tr>
<td>11-20</td>
<td>III</td>
<td>Moderate</td>
<td>Migraine-specific</td>
</tr>
<tr>
<td>21+</td>
<td>IV</td>
<td>Severe</td>
<td>Migraine-specific</td>
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MIH Features
1. Daily or near daily headache (>15 days/month)
2. Headache worse in AM upon awakening
3. Headache worsened by slightest physical or intellectual effort
4. Headache worsens upon drug withdrawal

Lipton RB et al. JAMA 2000;284:2599-2605
Medication-Induced Headache

• Also known as...
  – Rebound Headache
  – Transformed Migraine
  – Medication Overuse Headache

Principles of MIH Management

• Total discontinuation of overused medications x 12 weeks required
• "Bridging therapies": steroids, triptans, tizanidine, NSAIDs, ?antiemetics, ?anxiolytics
• DHE
• Start prophylaxis
• Educate & support to prevent relapse

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Who is a candidate for prophylaxis?

- Recurring migraines which significantly interfere with daily routines, despite acute treatment
- Frequent headaches
- Contraindication to, failure of, or overuse of acute treatments
- Adverse effects with acute treatments
- Patient preference


Goals of Migraine Prevention

1. Reduce frequency, severity and duration of attacks.
2. Improve responsiveness to acute treatments.
3. Improve function and reduce disability.


Principles of Pharmacologic Prevention

- Avoid trigger factors
- Use lowest effective doses
- May take 2-4 months for effect
- Educate (goals, likely adverse effects)
- Discuss expectations
- Design formal management plan (including rescue plan)
- Headache diaries
  - frequency, trigger, severity, duration, disability, treatment response, adverse effects
Bottom line message on drugs for migraine prevention:

Regardless of which drug we choose...

Over the next 3-6 months,

You have a **50% chance** of a **>50% reduction** in

- Frequency OR
- Severity OR
- Duration

of your migraine headaches.

...**10%** become headache-free.

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Consider these...

- Riboflavin (B₂) 400 mg/d
- Feverfew 50-82 mg/d
- Magnesium (trimagnesium dicitrate) 400-600 mg (16-24mmol)/d

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Choosing therapies...

- Concurrent conditions
- Adverse effects
- Convenience
- Cost
- Formulations
- Patient preference
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What patients REALLY want...

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<thead>
<tr>
<th></th>
<th>What physicians believe patients want:</th>
<th>What patients want:</th>
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<tbody>
<tr>
<td>Pain relief</td>
<td>66%</td>
<td>31%</td>
</tr>
<tr>
<td>Explanation about cause of pain</td>
<td>22%</td>
<td>46%</td>
</tr>
<tr>
<td>Medication</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Time to ask questions</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Neuro examination</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Explain medication</td>
<td>0%</td>
<td>3%</td>
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Neurology 1997;48(suppl3):S16-20

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