

Welcome to the latest MIPCA newsletter, which contains four main topics:

1.

Detailed information on the upcoming postgraduate courses on headache management in primary care, prepared by MIPCA and coordinated by us in conjunction with the University of Central Lancashire (UCLan). The courses provide fully-accepted academic qualifications and are designed for prospective GPs with a Special Interest (GPSIs) in headache,

as well as GPs and other healthcare professionals who want to improve their management skills. The text below and the attached fact sheet contain the latest information on the courses, which start in autumn 2007. Interested members should contact UCLan directly, who can provide further information and application forms.

2.

MIPCA has developed audits for headache to be run in primary care and the first audit is now complete. We provide a summary of the audit project and a summary of the audit data.

3.

MIPCA is setting up a research project to validate a new short-form headache diary, which should be rapid and easy to use in everyday clinical practice.

We provide information on the study and ask members to consider becoming investigators.

4.

MIPCA are holding a joint symposium with Primhe (Primary care mental health and education) entitled 'Wired for Health' at the upcoming RCGP Annual Conference at the Edinburgh International Conference Centre

on 3 October 2007. Attendance is free but prior booking is essential. Further information is included in this newsletter and we encourage all interested members to attend.

The postgraduate course on headache management in primary care

MIPCA is proud to announce a new Postgraduate Certificate for the Management of Headache in Primary Care, which is now enrolling students and is due to commence in autumn 2007 (see the enclosed fact sheet for further information). The course is being run by the Faculty of Health at the University of Central Lancashire (UCLan) at Preston in association with MIPCA and the Migraine Action Association (MAA).

This is the first postgraduate course designed for prospective GPSIs and it is hoped that it will provide a model for other disease areas. Interested professionals (GPs, nurses, pharmacists and other healthcare professionals with an interest in headache) are encouraged to contact UCLan for further information and an application pack by phone on 01772 893805 or by email at healthcourses@uclan.ac.uk.

Developing nurse-run headache audits in primary care

MIPCA (www.mipca.org.uk) has developed a series of headache audits for use in primary care (see Newsletter 13, 2005).¹ The audits cover the four Quality Outcomes Framework (QOF) areas outlined in the new NHS Contract: i.e. clinical indicators and patient experience for clinical management, education and training for professional development, and the effects on the practice. Headache audits are designed to be useful for patient

care, and to be straightforward and simple to conduct, suitable for management by nurses or support practice staff.

An initial headache audit of clinical indicators has recently been completed at the Bexley Primary Care Trust.² The audit collected data on clinical indicators relating to medical registers of headache patients, the diagnoses given and management practices used (Table 1).

1. Numbers of patients with diagnosis of migraine
2. Sub-categories of migraine as recorded
3. Cross reference of comorbidity: Diabetes mellitus; Depression; Ischaemic heart disease; Cerebrovascular accident; Hypertension; Asthma; Congestive cardiac failure; Atrial fibrillation; Chronic obstructive pulmonary disease (COPD); Premenstrual tension; Smoking; Irritable bowel syndrome (IBS)
4. Consultations and referrals for migraine
5. Pharmacy search of medications issued

Patients aged 16 to 60 only were included in the audit

Table 1. Data collected in the headache audit conducted at Bexley Care Trust

The headache audit was conducted during November 2006, covering details on 2,896 patients aged 16–60 years. The number and proportion of patients with diagnoses of migraine, tension-type headache (TTH) and cluster headache were recorded, using the appropriate computer read-codes. For migraine patients, the number and proportion of patients with comorbid conditions was recorded. Patients treated for migraine were analysed for the number and proportion who had consultations, specific treatments prescribed and those referred to secondary care.

One hundred and eighty three patients (6.3%) were recorded with migraine, 44 (1.5%) with TTH and two (0.07%) with cluster headache. More than twice as many women (68%) as men (32%) had migraine. Common comorbid conditions associated with migraine included premenstrual tension, asthma, irritable bowel syndrome and hypertension. Thirty three of the 183 migraine patients (18.0%) consulted for migraine, of whom only three (9.1%) were referred to secondary care. Acute medications prescribed for migraine were mostly the combination of an analgesic plus an anti-emetic, or a triptan. Preventive medications prescribed included the serotonin antagonist pizotifen, the beta-blocker propranolol and clonidine.

This simple headache audit worked well and provided valuable information on headache epidemiology, diagnoses and management practices that could be used to inform future headache care. Reviewing patients' treatments and their effectiveness with patient surveys and during consultations may increase the proportion of patients consulting and improve the efficacy of medications prescribed.

Headache audits: the future

- The MIPCA headache audits are designed to be straightforward and simple to conduct, and suitable for management by nurses or support practice staff.
- The minimum necessary target audits for headache include the number of patients with headache in the practice and a register of patients using acute and preventive medications.

- Patient questionnaires are also a valuable source of information and generally elicit a good response rate.
- An 'audit toolbox' may be useful as a means of capturing the data required for the audits. This may include clinically relevant and valid questionnaires endorsed by MIPCA, e.g. a headache history questionnaire, a diagnostic checklist, headache diaries and impact questionnaires.
- Audit data should be prepared on generic templates for loading onto practice systems (e.g. the VISION and EMIS systems). Successful implementation will involve close liaison with clinical audit groups, practice managers and PCOs.

Challenges to successful headache audits

- Current audits can only search for documented information available on practice computer systems.
- Many subtypes of headache as defined by the International Headache Society (IHS)³ do not have relevant read-codes and therefore cannot be searched for (e.g. chronic daily headache [CDH] and sinister headaches caused by cancer, infection and other serious diseases). At present, CDH is likely to be confused with migraine.
- There were over 35 read-codes for headache on the computer system used, including some subtypes that may be ill-defined (e.g. psychogenic headache, abdominal migraine, drug-induced headache and sick headache).
- Several read-codes related to migraine and there was the potential for confusion in diagnosing the patient.
- Revisions and additions to the NHS read-code computer system are required so that they encompass all the headache subtypes likely to be encountered in everyday practice. Any new read-code system will need to be incorporated into practice computer programs.

References

1. Bland A, Bradford S, Watson D et al. Implications of the new GP contract to headache management. *Headache Care* 2005;2:213–21.
2. Leech J, Pyle C. Results of a headache audit conducted in UK primary care. *Headache Care* 2007; in press.
3. Headache Classification Committee of the International Headache Society. The international classification of headache disorders; 2ND Edition. Cephalalgia 2004;24(Suppl 1):1–160.

MIPCA research project: development of a short-form diary for use in everyday clinical practice

Headache diaries are important in evaluating the progress of headaches and their response to treatments. They provide the patient with a means to record their headaches on a daily basis and the physician with information to help them in their management decisions. MIPCA and the MAA have jointly developed a long-

form diary which has proved useful for committed patients and physicians, but which may be too complicated for regular use for at least some people (unpublished data). We have therefore developed a new short-form headache diary that is designed to be simple and rapid to complete for everyday use (Table 2).

Month								Year							
Date	Please complete this diary on every day you have a headache. Please complete all the boxes.														
Duration of headache (hours)															Monthly analysis
Peak severity*															
Medications taken for headache (Name and dose)															
Effectiveness of medications**															
Time lost from normal activities (hours)															

* None; Mild; Moderate; Severe; Excruciating.
** Excellent; Good; Reasonable; Poor; Nil.

Table 2. The MIPCA/MAA short-form daily headache diary

We are inviting MIPCA members to become investigators for the diary validation study (Figure 1).

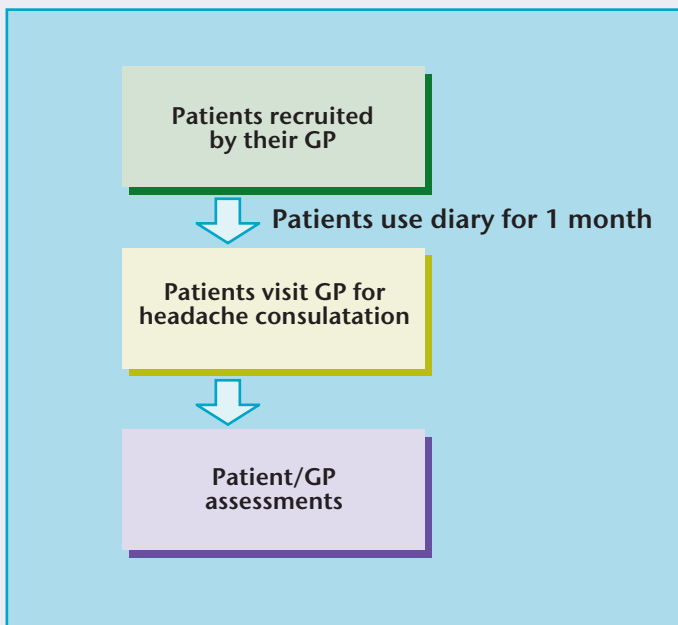


Figure 1. Flow plan of the MIPCA/MAA diary validation study

1. The study aims to investigate how useful the new diary is clinically and how easy it is to use.
2. Investigators enroll 10 new migraine patients and give them the diary to try for 1 month. Patients complete a *patient information questionnaire* and sign a *consent form* before they enter the study. An appointment is made to see the GP 1 month later.
3. Patients complete the *daily diary* for 1 month on every day they have a headache. Patients are told to answer all the questions that are relevant to them.
4. At the end of the month, patients visit the GP, taking the completed diary with them. The GP discusses the patient's headaches and helps them to complete three short questionnaires about the headache medications used and opinions on the diary.

If you are interested in taking part in this investigation, please contact Dr Andrew Dowson by email at dr.dowson@btconnect.com for further information and to receive the study documentation.

Royal College of General Practitioners
Annual National Primary Care Conference

Edinburgh International Conference Centre October 4–6 2007

MIPCA (Migraine in Primary Care Advisors) together with
Primhe (Primary care mental health and education)
will be delivering a Satellite Symposium on Wednesday 3rd October between 1 and 5pm

'Wired for Health'

Dr Andy Dowson and Dr Chris Manning warmly invite you to take a detailed look at the evidence for "Dumping Descartes" and the effectiveness of whole systems approaches in the delivery of optimal care as well as an opportunity to acquire new skills, including CBT, to deliver best outcomes.

Speakers include:

Prof. Chris Williams: "Living Life to the Full" and Computerised CBT

Dr Mark Ashworth: Psychlops - a new psychometric instrument for Primary Care

Dr Alastair Dobbin: Positive Mental Training

Dr Declan Fox: CBT in 10 minutes

Dr John Mellor Clark: Measuring Outcomes: Using CORE in General Practice

Dr Ian Walton: Human Givens

For those of you wishing to attend the Conference, the Edinburgh Convention Bureau can arrange your accommodation. Such additional expenses that you incur personally are not the responsibility of either MIPCA or Primhe. The programme and speakers may change subject to the usual conditions.

Hotel listings: <http://tinyurl.com/3782eo>

Online booking: <http://tinyurl.com/3deajv>

Full details of the Main Conference can be obtained from:
Sue Elcock, Conference Director,
Profile Productions Ltd, Northumberland House,
11 The Pavement, Popes Lane, London W5 4NG.
Phone: 020 8832 7300; Fax: 020 8832 7301; Mobile: 07973 189187

If you are interested in joining MIPCA please visit www.mipca.org.uk or contact Ms Rebecca Salt, Merrow Park Surgery, Kingfisher Drive, Merrow, Guildford GU4 7EP: Tel 01483 450755; Fax 01483 456740.

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