MIPCA
MIGRAINE IN PRIMARY CARE ADVISORS
MIGRAINE ACTION
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Updated guidelines for the management of migraine by nurses

Overview

The most frequently encountered headaches are episodic tension-type headache (TTH), migraine and chronic primary headache (a pattern of headaches occurring on ≥15 days per month and lasting for more than 4 hours on average, which are often linked to medication overuse).[1] The most frequently encountered of these chronic headaches are chronic migraine (where there are a minimum of 8 migraine attacks per month[2]) and chronic TTH.

The MIPCA migraine management guidelines for use in primary care have been disseminated widely in the UK[3] and adapted for international use.[4] MIPCA advocates a multidisciplinary approach to migraine management, involving practice nurses implicitly in the process. Guidelines for the practice nurse were originally published in 2004 (MIPCA Newsletter No. 6).[5] This newsletter describes updated headache guidelines developed by MIPCA and Migraine Action (MA) for this audience.

Historically, the role of the practice nurse in headache management has tended to be one of advice, reassurance and referral to the GP for management, while primary care headache clinics are few and far between. The MIPCA guideline greatly expands the nurse's role in migraine management and promotes a multidisciplinary team approach that is well suited to implementation in primary care.

MIPCA recommends that the practice nurse forms the migraine patient's primary contact, conducting information gathering and routine assessments at screening and follow-up (Figure 1). The GP is then free to concentrate on diagnosis and provision of appropriate therapy. This process should allow the majority of migraine patients to be managed in primary care, and provide time- and cost-efficient care.

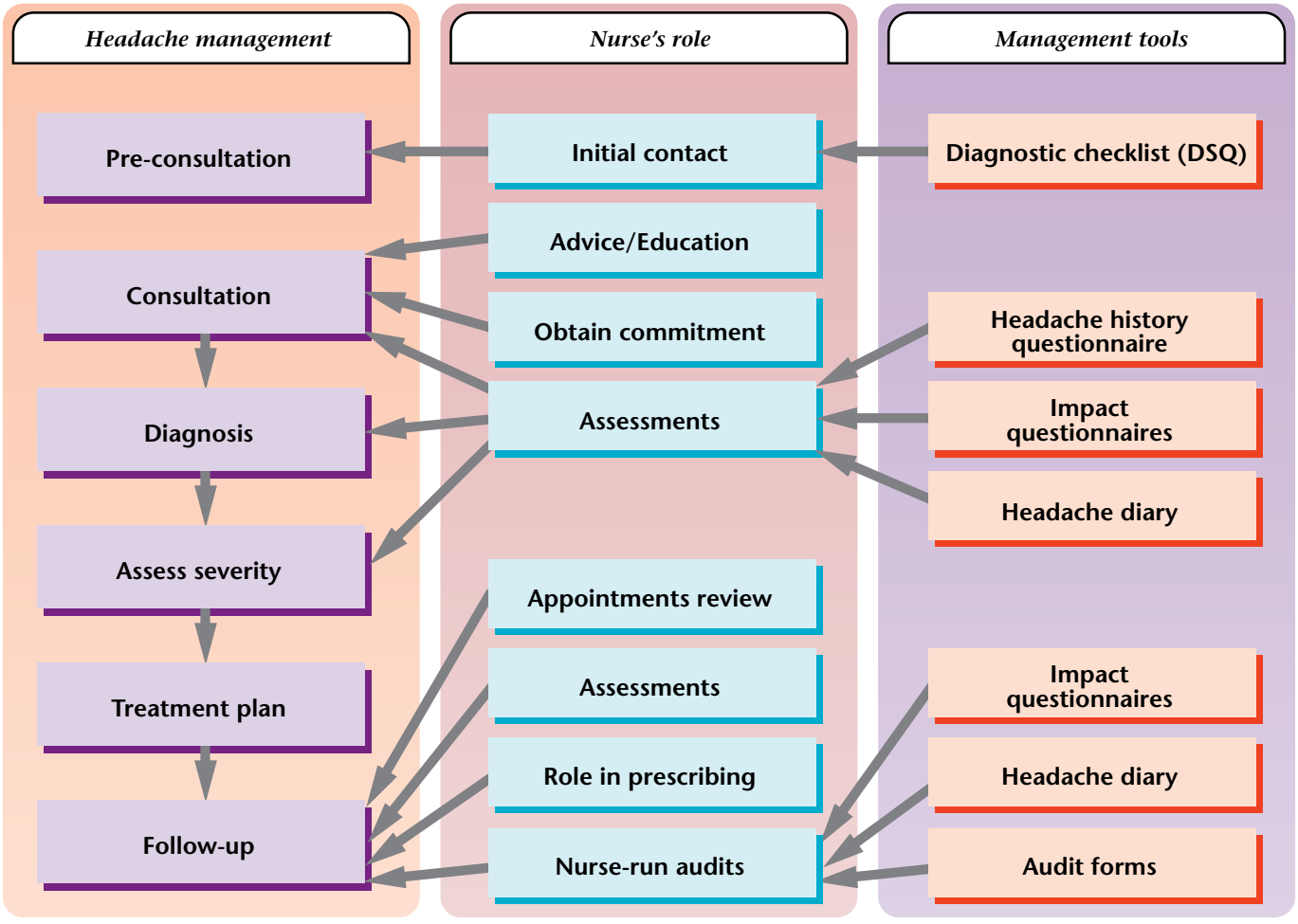

Figure 1. Roles of the practice nurse in the different phases of migraine management.

The MIPCA guidelines for the management of migraine

The MIPCA migraine guidelines are based on several care principles, which can be applied to the management of all headache subtypes. The principles incorporate screening, diagnosis, tailoring management to the needs of the individual patient and proactive long-term follow-up (Figure 2).[3]

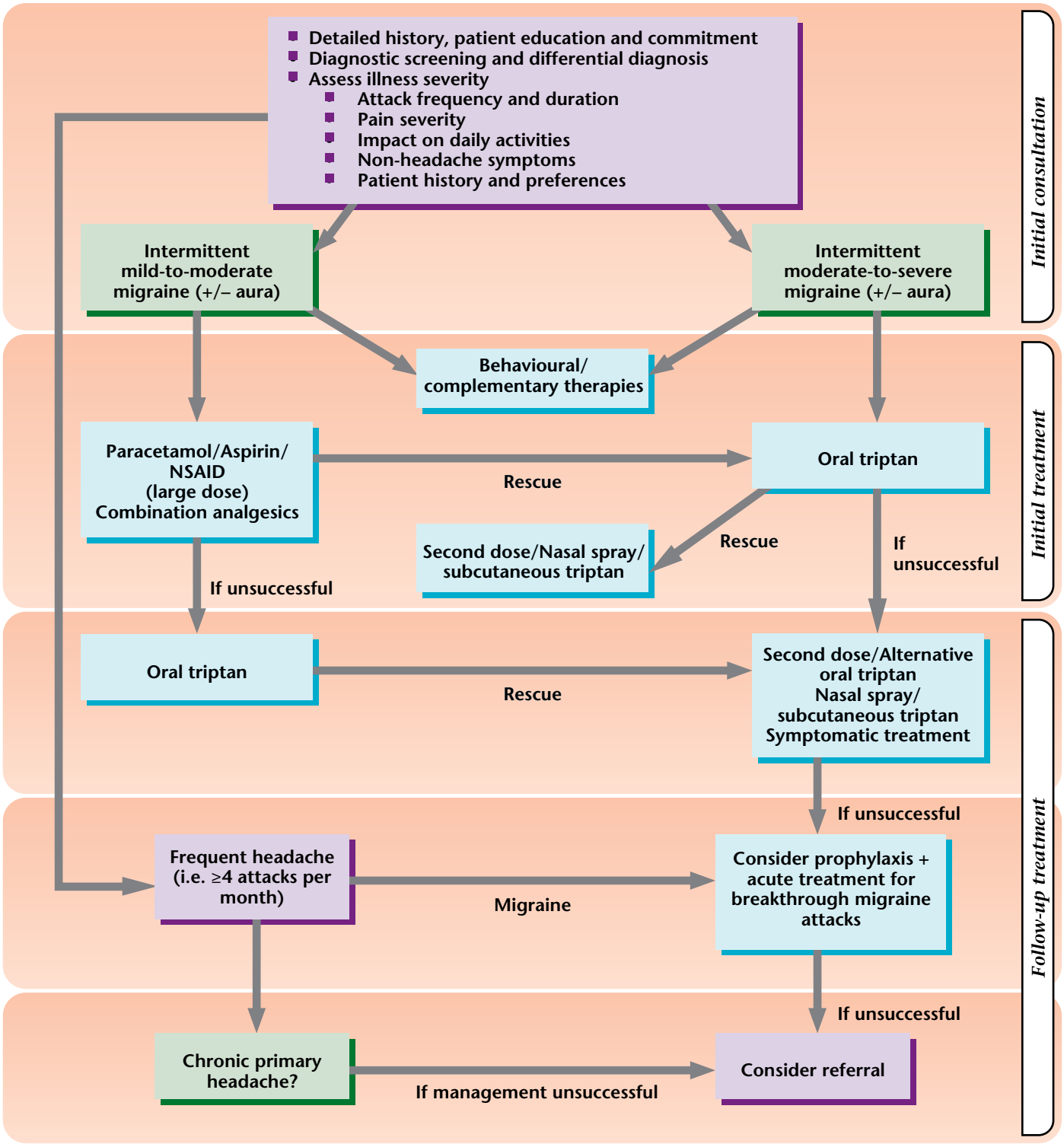

Figure 2. The MIPCA algorithm for migraine management in primary care.[3]

The role of the nurse in implementing the MIPCA guidelines

The MIPCA migraine guidelines are designed so that the GP and nurse have clearly defined roles, with the minimum of overlap in tasks. However, key individuals could merge the roles in practice. In general, the nurse is the primary point of contact for the patient, and conducts the history taking and routine assessments. The GP is then free to diagnose and treat the patient effectively. The two roles are complementary, each contributing to the other's strategies and tasks.

Why the practice nurse should be the primary contact for migraine management:

In our experience, patients often state that they feel they can talk more easily to the practice nurse than to the GP, and that the nurse has more time for them.

Pre-consultation

Nurses will encounter patients with headache quite often during their role in clinics and regular health checks, frequently even before the patient makes an appointment with their GP. Sometimes, this may occur serendipitously; patients presenting with other problems may mention headache or migraine and can be followed up. Alternatively, the nurse can ask directly about headaches during patient health checks, and follow-up if the answer is positive.

MIPCA and MA have developed a simple, eight-item, validated Diagnostic Screening Questionnaire (DSQ) for headache that differentiates between different headache subtypes and is designed for use when the patient first consults for headache (Table 1).[6] This is rapid to complete and is well-suited for use by the practice nurse.

1	Has the pattern of your headaches been generally stable (i.e. no change or only small changes in frequency and severity) over the past few months? (Yes / No)
2	Have you had headaches for longer than 6 months? (Yes / No)
3	Are you aged between 5 and 50 years? (Yes / No)
4	Does the headache interfere to a noticeable extent with your normal daily life (work, education and social activities)? (Yes / No)
5	On average, how many days with headache do you have per month? (Less than 1 / 1 / 1–4 / 5–15 / 15–30 / Every day)
6	On average, how long do your headaches last, if left untreated? (Less than 15 minutes / 15 minutes to 1 hour / 1–2 hours / 2–4 hours / Over 4 hours / My headaches are always there)
7	On average, on how many days per week do you take analgesic medications? (Less than 1 / 1 / Up to 2 / 2 or more / Every day)
8	Do changes in your senses (sight, taste, smell or touch) occur in the period immediately before the headache starts? (Yes / No)

Table 1. The MIPCA / MA 8-item headache Diagnostic Screening Questionnaire (DSQ).[6]

Diagnostic algorithm

- Possible sinister headache: A 'no' answer to any of Questions 1, 2 or 3 indicates the possibility of secondary (or sinister) headaches.
- TTH:
  - 'Yes' to Questions 1–3
  - 'No' answer to Question 4.

  TTH is typified by a pattern of non-disabling headaches.
- Migraine:
  - 'Yes' to Questions 1–3
  - 'Yes' to Question 4
  - '<1'; '1'; '1–4' and '5–15' days to Question 5
  - '2–4 hours' and 'Over 4 hours' to Question 6 (those with headache duration ≤ 2 hours may have other types of episodic headache).
  - 'Yes' (migraine with aura) or 'No' (migraine without aura) to Question 8.

  This provides the typical disabling, episodic pattern of headache, with or without aura, seen in migraine patients.
- Chronic primary headache:
  - 'Yes' to Questions 1–3
  - 'Yes' to Question 4
  - '15–30 days'; and 'every day' to Question 5
  - 'Over 4 hours' and 'My headaches are always there' to Question 6 (those with headache duration ≤ 4 hours may have other types of chronic headache).

  This provides the typical disabling, chronic pattern of headache seen in patients with chronic primary headache.
- Medication overuse headache (MOH): Many patients with chronic primary headache overuse acute medications and have MOH, where the headache is directly related to the consumption of these drugs.
  - '<1'; '1'; 'up to 2' to Question 7 = no medication overuse
  - '2 or more' and 'every day' to Question 7 = with medication overuse.

The initial headache consultation

Patients may initially telephone the nurse for advice, or be advised to see the nurse by a receptionist. Nurses have key roles in patient screening, where they can:

- Provide the patient with information on migraine in the form of oral advice, leaflets, and contact details for websites and patient support organisations.
- Engage with the patient to ensure their commitment to the care management programme.
- Complete a series of assessments with the patient, using the following questionnaires:
  - Headache history questionnaire
  - Impact questionnaires:[7]
    - Migraine Disability Assessment (MIDAS) Questionnaire
    - Headache Impact Test (HIT)
  - Give out and brief the patient on the use of daily headache diaries to monitor their headaches. Table 2 shows the questions used in a simple daily headache diary that was developed by MIPCA and MA (for more information see MIPCA Newsletter No. 16, July 2007, available to download from the MIPCA website: www.mipca.org.uk).

1.	Duration of headache (hours)
2.	Peak severity (None; Mild; Moderate; Severe; Excruciating)
3.	Medications taken for headache (name and dose)
4.	Effectiveness of medications (Excellent; Good; Reasonable; Poor; Ineffective)
5.	Time lost from normal activities (hours)

Table 2. MIPCA/MA short-form diary for use in primary care

Armed with this information, the GP can then conduct a headache diagnosis and prescribe appropriate acute or prophylactic therapy (Figure 2). Of relevance to the practice nurse is the probability that patients will have already self-treated with simple analgesics (e.g. paracetamol, aspirin, NSAIDs) either on their own or in combination with an anti-emetic, or with oral Imigran 50 mg tablets (available only from the pharmacist). Many patients may have already failed on one or more of these medications before attending the surgery. Nurses should be on the lookout for patients that use codeine-containing analgesics frequently (>1 day per week), due to the associated risk of developing chronic headaches.

Follow-up

Nurses also have key roles at follow-up:

- They can manage the patient's appointments, encouraging them to attend follow-up appointments and chasing them if they start to lapse from care.
- The nurse should monitor the patient's illness progress and treatment outcome, by reviewing headache diaries and impact questionnaires (both invaluable aids to follow up), before the patient sees the GP. In uncomplicated cases, it may be possible for the nurse to conduct follow-up over the telephone.
- Historically, nurses were restricted to advice on and 'prescription' of available over-the counter medications within the confines of the existing extended nurse formulary. Nurse prescribers are now able to deal with many other migraine patients at follow-up without them needing to see the GP. Patients who report effective relief with their existing therapy may be given a repeat prescription by the nurse, with the GP only reviewing those patients whose treatment is ineffective or is associated with side effects.
- MIPCA has developed a series of headache audits for use in primary care, which are eminently suited for management by nurses (see MIPCA Newsletter No. 16, 2007, for more information). The audits cover the four Quality Outcomes Framework (QOF) areas outlined in the most recent NHS Contract.[8] An initial headache audit developed by MIPCA is shown in Table 3 and similar ones can be developed on a practice- or project-specific basis.

1.	Numbers of patients with diagnosis of migraine
2.	Sub-categories of migraine as recorded
3.	Cross reference of co-morbidities
4.	Consultations and referrals for migraine
5.	Pharmacy search of medications issued.

Table 3. Data collected in a headache audit conducted at Bexley Care Trust.

The use of questionnaires

- Headache history questionnaires are ideal for initial screening assessments.
- Impact questionnaires assess how the headache affects the patient's ability to function in employment, education, unpaid work and family and leisure activities. MIDAS assesses the days lost from these daily activities, while HIT assesses a global measure of several different measures.[7] Use of these questionnaires can aid in diagnosis, assessing illness severity and follow-up.

Managing headache in the clinic

MIPCA advocates that migraine is optimally managed by a multidisciplinary headache team (Figure 3). The GP, practice nurse, ancillary staff and practice pharmacist (where available) form the core team. Other healthcare professionals, such as community pharmacists and nurses, opticians, dentists and complementary practitioners can all feed patients into the core team, and form associate team members.[1] The patient can access care from any of these sources, and be referred, if necessary, to the core team. The specialist secondary care clinicians (physicians, nurses or pharmacists may be based in primary or secondary care) form an additional resource for the core team. Refractory patients may need to be referred to the few tertiary care centres in the country that deal with headache, where special services may be available, e.g. inpatient treatment, Greater Occipital Nerve Stimulation (GONS) and Transcranial Magnetic Stimulation (TMS).

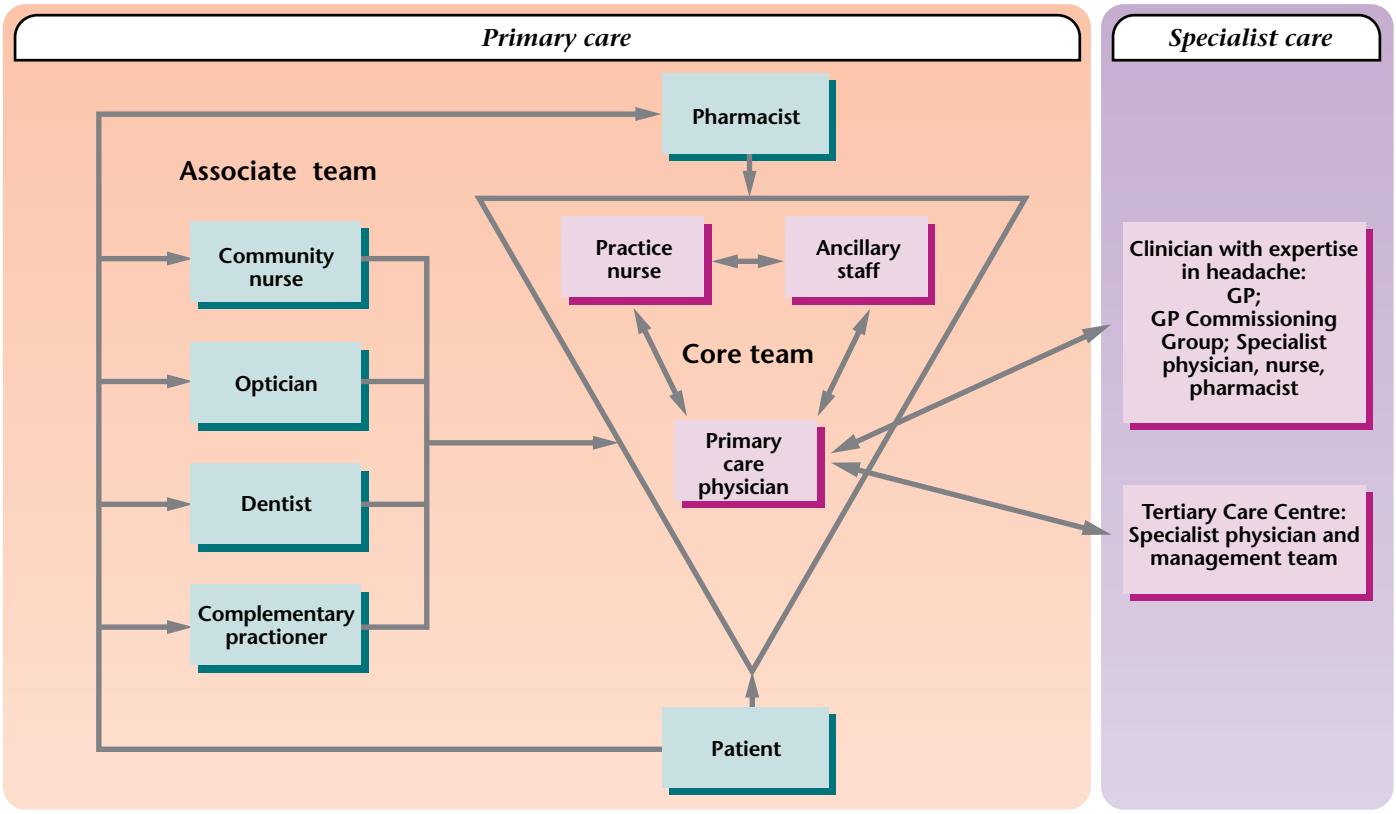

Figure 3. MIPCA algorithm for the organisation of headache services in primary care.[2]

Training for practice nurses

For this system of headache management to work, there must be commitment from the GP and practice nurse, and time to set up and maintain a headache clinic. Diploma courses on headache management should be made available for both GPs and nurses who are interested in headache. New courses need to be developed, and one such is in preparation from the Department of Anaesthesia and Pain Medicine at the University of Edinburgh (visit www.anaes.med.ed.ac.uk/univ/HeadacheMedicine.html for more details).

The practice nurse should also have a support group available. Nurse education could be easily cascaded through GP Commissioning Groups if key nurses were educated who had an interest in headache and were willing and able to teach others. This could possibly be provided in locally organised workshops by the specialist nurses who currently work in primary care- and hospital-based specialist headache clinics.

References

1. Headache Classification Committee of the International Headache Society. The international classification of headache disorders; 2nd Edition. Cephalalgia 2004;24(Suppl 1):1–160.
2. Olesen J, Bousser M-G, Diener H-C et al. New Appendix Criteria open for a broader concept of chronic migraine. Cephalalgia 2006;26:742-746.
3. Dowson AJ, Lipscombe S, Sender J et al. New guidelines for the management of migraine in primary care. Curr Med Res Opin 2002;18:414–39.
4. Dowson AJ, Sender J, Lipscombe S et al. Establishing principles for migraine management in primary care. Int J Clin Pract 2003;57:493–507.
5. MacBean H, Leech J, Dungay J et al. New guidelines for the management of migraine by nurses. Practice Nursing 2004;15:346-50.
6. Dowson AJ, Turner A, Kilminster S et al. Development and validation of the headache Diagnostic Screening Questionnaire (DSQ): a new questionnaire for the differential diagnosis of headache for use in primary care. Headache Care 2005;2:111–18.
7. Dowson AJ. Assessing the impact of migraine. Curr Med Res Opin 2001;17:298–309.
8. Bland A, Bradford S, Watson D et al. Implications of the new GP contract to headache management. Headache Care 2005;2:213-21.

Further reading and support organisations

The two books below are aimed at a primary care audience.

1. Dowson AJ, Cady RK (2002) Rapid Reference to Migraine. London: Mosby.
2. Dowson AJ (2003) Your questions answered: Migraine and other headaches. Edinburgh: Churchill Livingstone.

The two UK organisations below provide practical and useful information on migraine and other headaches for healthcare professionals and patients:

Migraine in Primary Care Advisors

Address:
Surrey Headache Service,
Merrow Park Surgery,
Kingfisher Drive,
Merrow,
Guildford
GU4 7EP

Telephone / Fax:
01483 450755

Website:
www.mipca.org.uk
N.B. All MIPCA newsletters are available to download from the website.

E-mail:
info@mipca.org.uk

Contacts:
Dr AJ Dowson (Chairman); Ms Rebecca Salt (Secretary).

Audience:
Physicians, nurses, pharmacists and other healthcare professionals.

Registered charity number:
1092433

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Facebook:
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Twitter:
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E-mail:
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Audience:
Patients.

Registered charity number:
207783

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