MIPCA

MIGRAINE IN PRIMARY CARE ADVISORS

MIPCA launches new guidelines for the management of migraine in primary care

Following a year-long consultation process, MIPCA has recently launched new guidelines for the management of migraine in primary care.[1] These provide simple to use, rational, evidence-based guidelines designed for everyday use by primary healthcare professionals. New algorithms are included for the diagnosis and management of migraine, and a list of '10 Commandments of Headache' provides the dos and don'ts of migraine management at a glance.

The principles of the new MIPCA guidelines are:

- To conduct specific consultations for headache.
- To institute a system of detailed history taking, patient education and buy in at the outset of the consultation.
- To utilise a new screening algorithm for the differential diagnosis of headache, which can be confirmed by further questioning, if necessary.
- To institute a process of management that is individualised for each patient, using a new algorithm. Assessing the impact of headache on the patient's daily life is a key aspect of diagnosis and management.
- To prescribe only treatments that have objective evidence of favourable efficacy and tolerability.
- To utilise prospective follow-up procedures to monitor the success of treatment.
- To organise a team approach to headache management in primary care.

Diagnostic screening

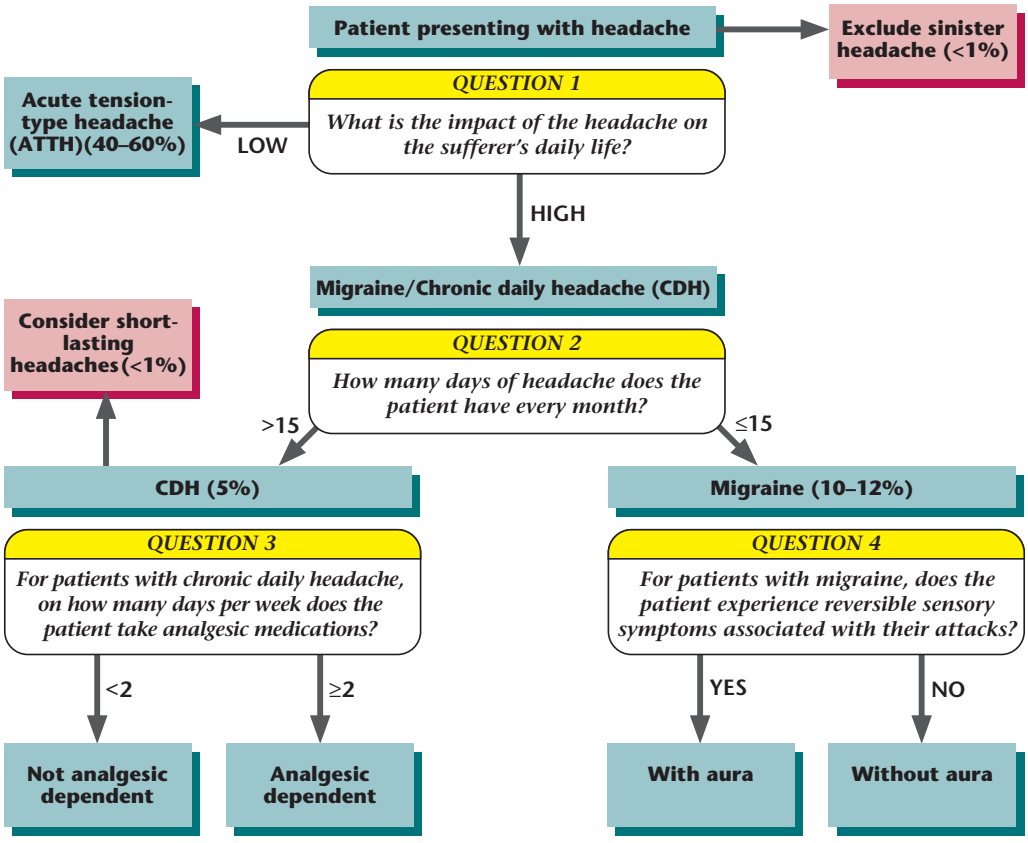
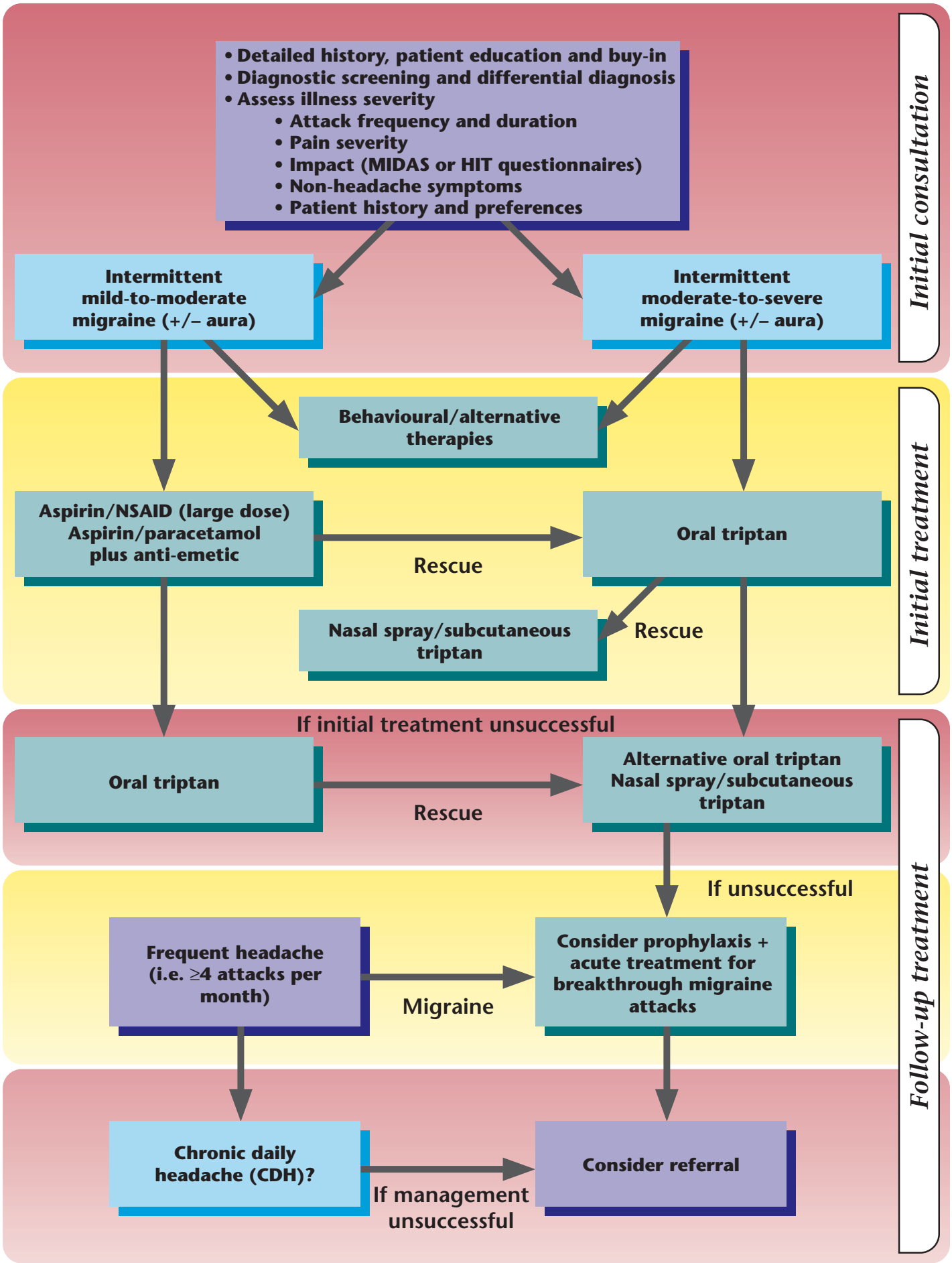


Figure 1. New MIPCA screening questionnaire for the differential diagnosis of migraine

- Sinister headache should be excluded before asking the questions. Points indicating sinister headaches requiring referral include new-onset, acute headaches associated with a range of other symptoms (e.g. rash, neurological deficit, vomiting and pain or tenderness, accident or head injury, infection or hypertension) and neurological change/deficit does not disappear when the patient is pain-free between headache attacks.
- Once a pattern of chronic headaches is established (Question 2), the physician should investigate whether short-lasting headaches (e.g. cluster headache or short, sharp headaches) are the cause.

The new MIPCA algorithm for the management of migraine in primary care



Key features of the algorithm

History taking, patient education and buy-in

- Taking a careful history, providing patients with good headache education and obtaining their buy in are essential tasks of the first consultation. The use of a headache history questionnaire is recommended.

Individualised care

Assessment of illness severity

- Migraine attacks should be divided into mild-to-moderate and moderate-to-severe intensity.

Treatments

- All patients should be provided with behavioural and/or physical therapies, such as relaxation, biofeedback, stress reduction strategies, cervical manipulation, massage, exercise and the avoidance of migraine triggers.
- All patients should be provided with acute medications, including rescue medication if the initial therapy fails.
  - Aspirin and NSAIDs in large doses, paracetamol plus domperidone or aspirin or paracetamol plus metoclopramide are all recommended for mild to moderate migraine. These drugs should taken as early as possible before the headache develops, including during the aura.
  - Oral triptans are recommended for moderate to severe migraine, and should be taken as soon as possible after the headache starts, preferably when it is mild in intensity. They can also be used as rescue medications when analgesic-based therapies fail.
  - The oral triptans are suitable for most patients. However, patients who have unpredictable attacks may benefit from orally dispersible tablet formulations (although they are not absorbed in the mouth), or nasal spray formulations. Patients with particularly severe attacks, those with a need for rapid response and those with nausea and (especially) vomiting may require nasal spray or subcutaneous formulations.
- Prophylactic medications should be provided as additional medications for patients who have frequent high-impact migraine attacks (≥4 per month), and for those who do not achieve satisfactory treatment or cannot use acute medications.
- Recommended prophylactic therapies for migraine include:
  - Beta-blockers (propranolol, metoprolol, timolol or nadolol). These drugs may be started at low doses and escalated if necessary
  - Anticonvulsants, such as sodium valproate*
  - Antidepressants, such as amitriptyline*.

  *Have been shown to be effective but use with caution as these drugs are not licensed for migraine in the UK.
- Some complementary medications, including feverfew, magnesium, vitamin B2, acupuncture and, possibly, low-dose aspirin may be used *in addition to* (not instead of) the patient's existing acute and/or prophylactic therapies.

Follow-up procedures

- Proactive long-term follow-up procedures should be instigated for all migraine patients:
  - A headache diary should be used to capture the patient's pattern of headaches over time.
  - Impact questionnaires (MIDAS and HIT) can capture the impact of migraine over time and may also be useful in assessing the response to therapy.
- Patients who do not respond to repeated courses of acute and prophylactic medications should be referred to a neurologist or headache specialist for care.

The primary care headache team

Management of headache in primary care is best organised as a team together with other healthcare providers. The primary care physician, practice nurse and ancillary workers provide the core team, sometimes in association with a pharmacist. The practice nurse can optimise the physician's resources by conducting the initial history assessment, providing advice and information and reviewing patients' diaries and impact assessments during follow-up. Pharmacists, community nurses, opticians, dentists and complementary practitioners can all feed patients into the core team, while the physician can refer the patient to a specialist physician if necessary.

'Ten Commandments' of headache

As a memory aid, MIPCA has identified the following '10 Commandments' of headache management. These do not aim to be comprehensive, but provide some essential 'dos and don'ts' designed to help the healthcare professional to diagnose and manage migraine efficiently.

SCREENING/DIAGNOSIS

1. Almost all headaches are benign and should be managed in general practice.*
2. Use questions / a questionnaire assessing impact on daily living for diagnostic screening and to aid management decisions. *(Any episodic, high impact headache should be given a default diagnosis of migraine.)*

MANAGEMENT

3. Share migraine management between the doctor and patient. *(The patient taking control of their management and the doctor providing education and guidance.)*
4. Provide individualised care for migraine and encourage patients to treat themselves. *(Migraine attacks are highly variable in frequency, duration, symptomatology and impact.)*
5. Follow-up patients, preferably with migraine diaries. *(Invite the patient to return for further management and apply a proactive policy.)*
6. Adapt migraine management to changes that occur in the illness and its presentation over the years. *(For example, migraine may change to chronic daily headache over time.)*

TREATMENTS

7. Provide acute medication to all migraine patients and recommend it is taken as early as possible in the attack. *(Triptans are the most effective acute medications for migraine. Avoid the use of drugs that may cause analgesic-dependent headache, e.g. regular analgesics, codeine and ergotamine.)*
8. Prescribe prophylactic medications to patients who have four or more migraine attacks per month or who are resistant to acute medications. *(First-line prophylactic medications are beta-blockers, sodium valproate and amitriptyline.)*
9. Monitor prophylactic therapy regularly.
10. Ensure that the patient is comfortable with the treatment recommended and that it is practical for their lifestyle and headache presentation.

*Points indicating sinister headaches are shown on Page 1.

Reference

1 AJ Dowson, S Lipsombe, J Sender et al. New guidelines for the management of migraine in primary care. Curr Med Res Opin. 2002; in press.

Acknowledgements

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About MIPCA

MIPCA is an independent charity (Number 1092433) working through research and education to set standards for the care of headache sufferers. MIPCA is a group of physicians, nurses, pharmacists and other healthcare professionals dedicated to the improvement of headache management in primary care. If you are interested in joining MIPCA, please complete the enclosed questionnaire and send it to Maggie Adams, MIPCA Secretariat, Woodstock, Tilford Road, Hindhead, Surrey GU26 6SF Tel/Fax 01428 607 837.