

New guidelines for the management of migraine by nurses

Overview

Migraine management in primary care has recently been transformed by the publication of evidence-based guidelines in the USA and the UK. The UK guidelines (developed by MIPCA)¹ have been disseminated widely and have been adapted for international use.² MIPCA advocates a multidisciplinary approach to migraine management, involving practice nurses implicitly in the process. The role of the practice nurse in migraine management was addressed in a MIPCA advisory board meeting held in London on 8 December 2002, and a review article is now in press.³

Currently, the role of the practice nurse in headache management tends to be one of advice, reassurance and referral to the GP for management. Primary care headache clinics are few and far between. The scheme proposed here 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.

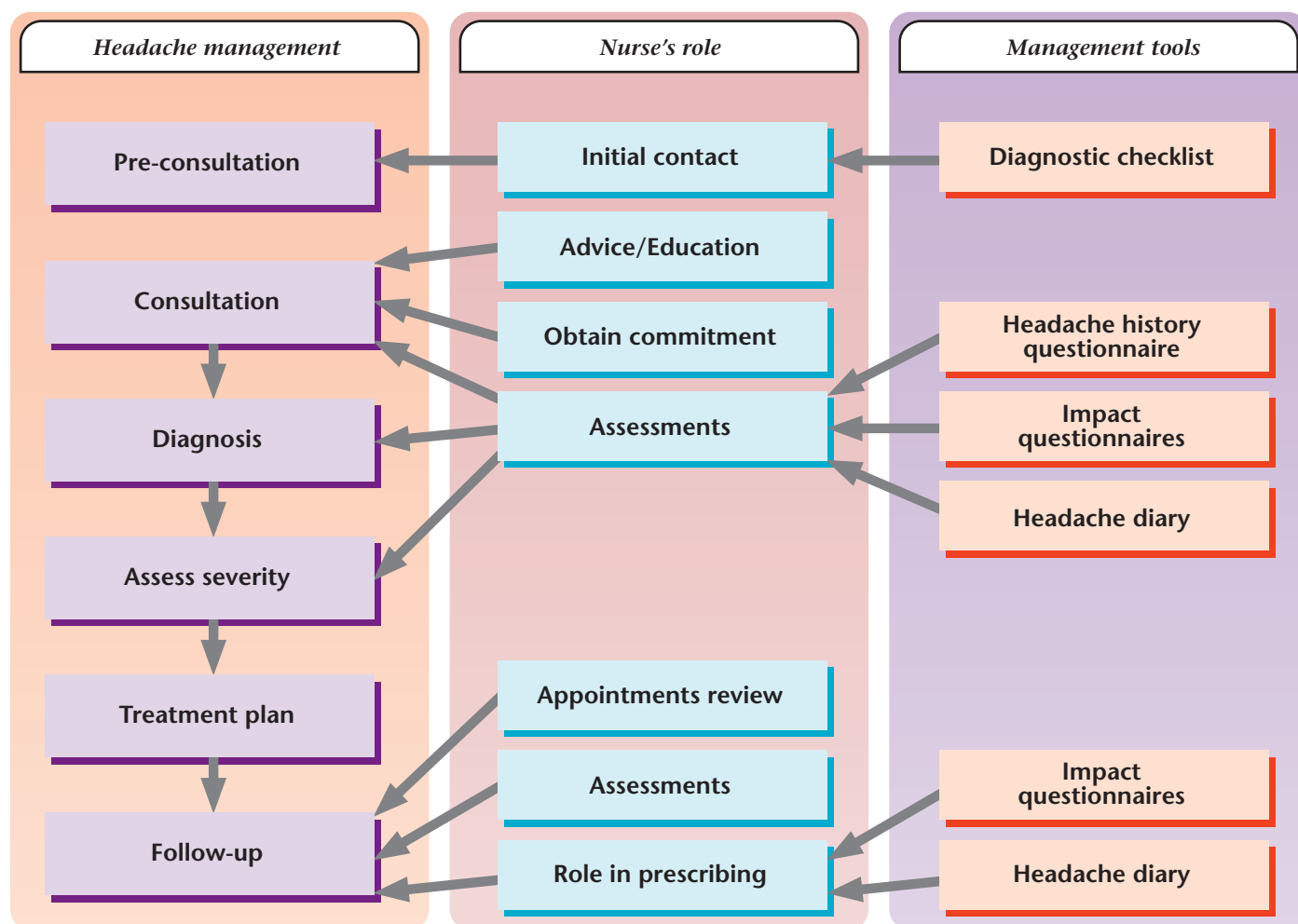


Figure 1. Proposed roles of the practice nurse in the different phases of migraine management.

The new 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 subtypes of headache. The principles incorporate screening, diagnosis, tailoring management to the needs of the individual patient and proactive long-term follow-up (Figure 2).¹

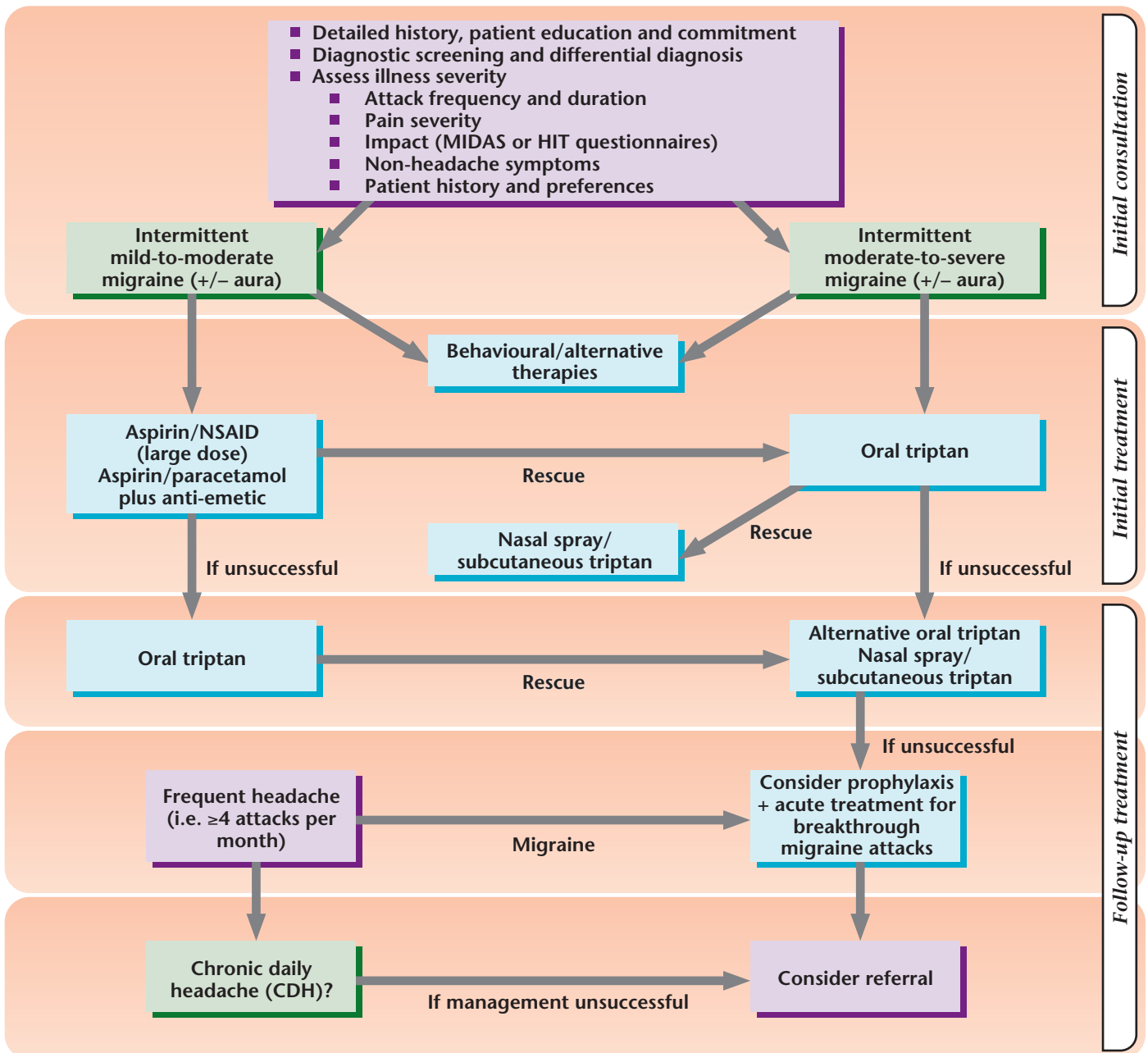


Figure 2. The new MIPCA algorithm for migraine management in primary care.¹

Further reading and support organisations

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

- Dowson AJ, Cady RK (2002) *Rapid Reference to Migraine*. London: Mosby.
- 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, Meroo Park Surgery, Kingfisher Drive, Meroo, Guildford GU4 7EP, UK
 Tel / Fax: 01483 450755
 Contacts: Dr AJ Dowson (Chairman); Ms Rebecca Salt (Secretary).
 Audience: physicians, nurses, pharmacists and other healthcare professionals.
- **Migraine Action Association**
 Address: Unit 6, Oakley Hay Lodge Business Park, Great Folds Road, Great Oakley, Northants NN18 9AS, UK
 Tel: 01536 461 333 Fax: 01536 461 444
 Email: info@migraine.org.uk
 Website: www.migraine.org.uk
 Contacts: Ms A Turner (Director).
 Audience: patients.

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. 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, even before the patient makes an appointment with their GP. Sometimes, this may occur serendipitously; patients presenting with other problems may mention 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.

Some means of recording patients' headaches would be useful at this pre-consultation stage, and MIPCA and the Migraine Action Association (MAA) are currently developing a patient checklist that will record the patient's headache features, medications taken and their effects. The aim is that this questionnaire will be given to the patient by the practice nurse as soon as headache is identified as an issue, and before any medical consultation.

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:
 - Migraine Disability Assessment (MIDAS) Questionnaire
 - Headache Impact Test (HIT)
 - Give out and brief the patient on the use of headache diaries to monitor their headaches.

Armed with this information, the GP can then conduct a headache diagnosis and prescribe appropriate therapy.

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, before the patient sees the GP. In uncomplicated cases, it may be possible for the nurse to conduct follow-up over the telephone.
- Nurses are currently able to advice on and 'prescribe' available over-the counter medications within the confines of the existing extended nurse formulary. In the future, nurse prescribers will also be 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.

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 is a global measure of several different assessments.⁴ Use of these questionnaires can aid in diagnosis, assessing illness severity and follow-up.
- Headache diaries are also an invaluable aid to follow-up, and MIPCA and the MAA are developing a new diary for use in primary care.

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 physician (who may be based in primary or secondary care) forms an additional resource for the core team.

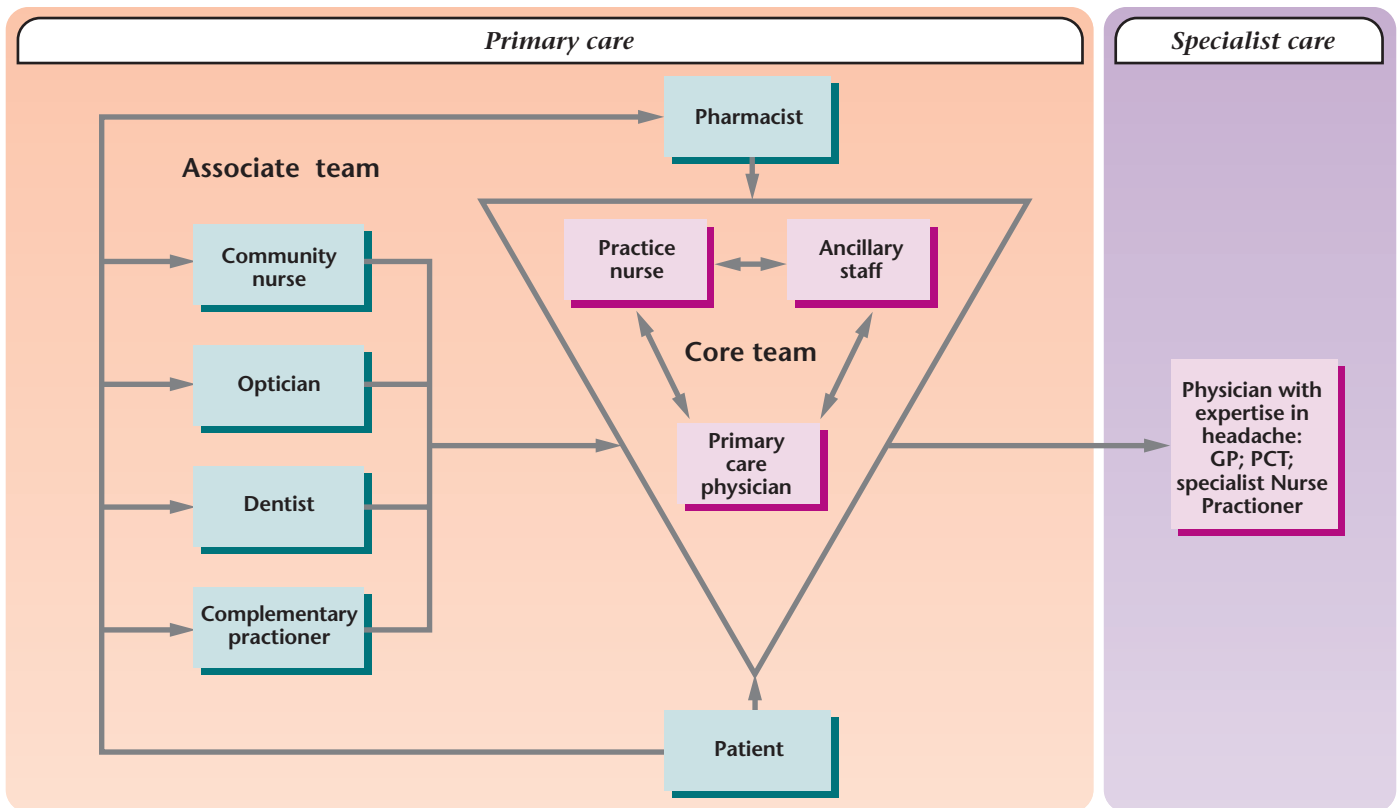


Figure 3. The MIPCA proposal for the organisation of headache services in primary care.

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. At present, the only headache diploma course for nurses is an intensive course run by the University of Leeds. A shorter and simpler course would be welcome and should be set up as a priority.

The practice nurse should also have a support group available. Nurse education could be easily cascaded through PCTs 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 and Acknowledgements

1. 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.
2. Dowson AJ, Sender J, Lipscombe S et al. Establishing principles for migraine management in primary care. *Int J Clin Pract* 2003;57: 493–507.
3. MacBean H, Leech J, Dungay J et al. New guidelines for the management of migraine by nurses. *Practice Nursing* 2003; in press.
4. Dowson AJ. Assessing the impact of migraine. *Curr Med Res Opin* 2001;17: 298–309.

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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 MIPCA, Merrow Park Surgery, Kingfisher Drive, Merrow, Guildford GU4 7EP Tel/Fax 01483 450755. © MIPCA 2003 all rights reserved