

New guidelines to help patients manage their migraine

New guidelines have recently been produced for the management of migraine for use in the UK by doctors and nurses. The Migraine in Primary Care Advisors (MIPCA) and the Migraine Action Association (MAA) now present guidelines to help patients manage their migraine, based on a series of meetings held during 2003.

A summary of the guidelines for patients is shown below in Figure 1. More detailed information on the guidelines is included on pages 2–3, and a review of the treatments available, and which patients they are suitable for, is on page 4.

<i>Actions for patient</i>	Headache history		
	Impact questionnaire		Impact questionnaire
	Complete checklist	Headache diary	Headache diary
Patient	Pre-consultation	First consultation	Follow-up
<i>Actions for healthcare professional</i>	Make appointment	Diagnosis	Assess severity
		Assess severity	Prescribe treatment
		Prescribe treatment	Make another appointment
		Make another appointment	

Figure 1. The new MIPCA/MAA guidelines to help patients manage their migraine. An overview of actions for patients and healthcare professionals.

Successful migraine management is most easily achieved through effective communication and co-operation between the patient and healthcare professionals in an atmosphere of mutual respect. Patients and health care professionals both have rights and responsibilities in this relationship:

- Patients have responsibilities to attend appointments, provide accurate information, complete questionnaires and diaries as requested and follow the treatment plan agreed with their doctor, nurse or other healthcare professional.
- Healthcare professionals have responsibilities to make and monitor appointments, provide the patient with accurate information, diagnose and assess the severity of the migraine, agree a management plan with the patient, provide appropriate treatments and regularly monitor their effectiveness and safety.

MIPCA is an independent charity (Registration No. 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. In conjunction with Librapharm Ltd, MIPCA publishes the quarterly journal, Headache Care, which concentrates on the management of headache in primary care.

The MAA (formerly the British Migraine Association) is a registered charity (Registration No. 207783), bridging the gap between the migraine sufferer and the medical world by providing information on all aspects of the condition and its management. The Association is committed to raising general awareness of the condition and also raises funds to support research. Mission Statement: “To relieve the burden of headache by facilitating informed awareness and encouraging research”.

The new guidelines for patients in detail

The MIPCA Migraine Management Guidelines recommend the involvement of the whole primary healthcare team. These guidelines for patients reflect this but it must be recognised that at present this is not a reality in most GP practices, and for many patients the whole of their management will be undertaken by their own GP, with the possibility of a referral to a specialist headache clinic.

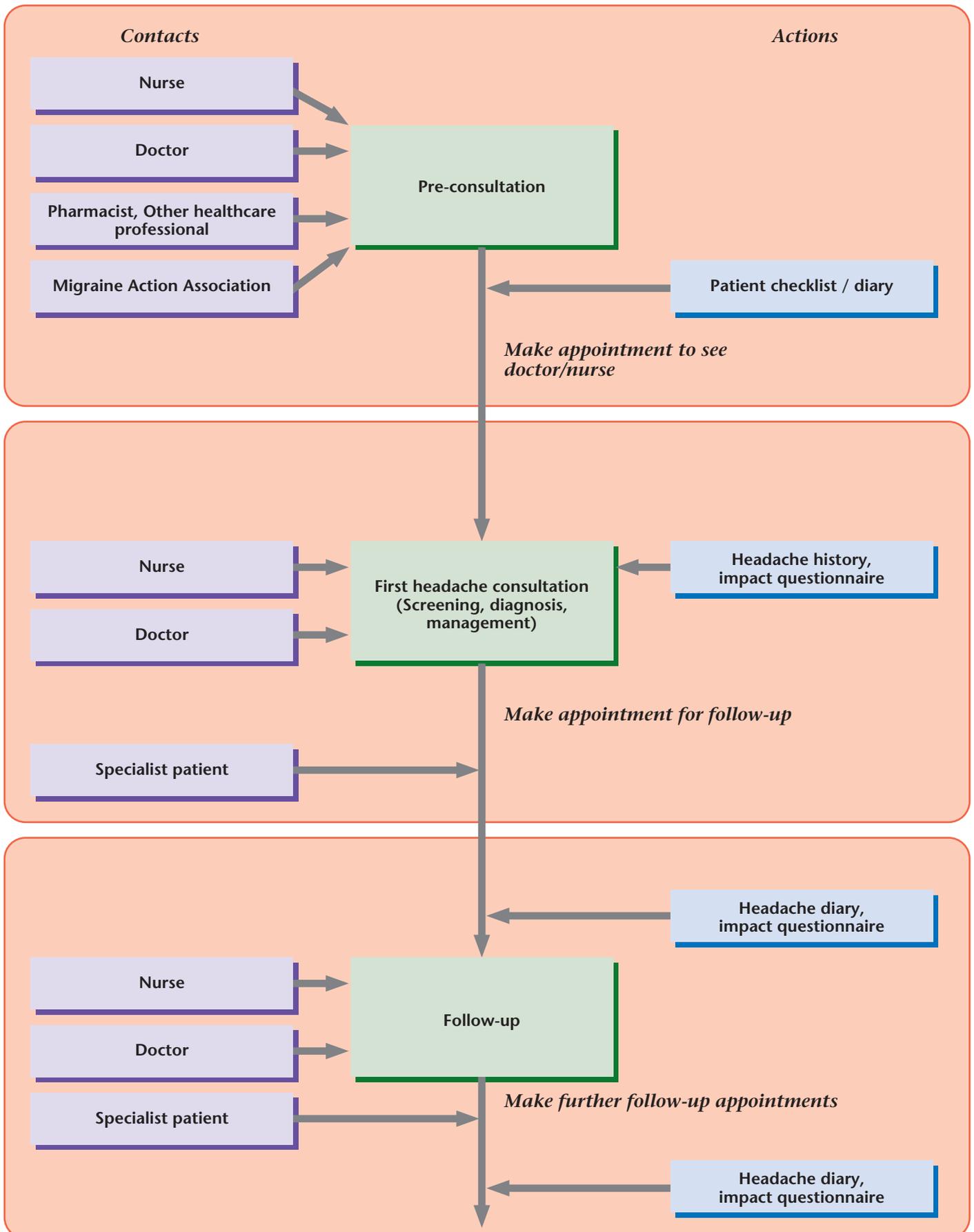


Figure 2. New guidelines to help patients manage their migraine

Pre-consultation

- This is when you recognise that your headaches have become a problem, or are causing concern, and you decide to seek help. This contact may not be with the doctor, but with a nurse, receptionist, pharmacist or other healthcare professional (e.g. dentist, optician or gynaecologist), or via the MAA patient support group.
- At this stage, you may be asked to complete a brief checklist/questionnaire about your headaches.
- You may then decide to make an appointment to see the doctor about your headache. You should always make a specific appointment to discuss your headache, not try to add it to a consultation about another problem.
- You should see a doctor about your headaches if:
 - Your headaches affect your ability to carry out your normal everyday activities.
 - Your headache medications don't work well or have unacceptable side effects.
 - Your headaches change in character and/or start to get worse.
- You should prepare for the consultation by making sure you have the following information to hand:
 - How long you have had this type of headache.
 - How often you get a headache.
 - How long the headache lasts.
 - The headache features (e.g. where on your head it hurts, whether it is throbbing, piercing, with a sensation of pressure, etc.)
 - Any other symptoms associated with the headache.
 - Whether or not you feel well between headache attacks.
 - What impact your headaches have on your life (e.g. time off work, unable to carry out normal activities, need to go to bed, etc.)
 - How you manage/treat your headaches at present (medication and lifestyle measures).
 - What you think causes your headaches.
 - What outcomes you want from this consultation.

The first consultation

- If your practice offers this option you should meet first with the practice nurse to evaluate the checklist you were given. The nurse will help you to complete a headache history questionnaire and a questionnaire assessing the impact of the headache on your daily life. The nurse should also provide you with useful information in the form of leaflets and/or websites.
- You then have a headache consultation with the doctor. From the outset, it is important to establish mutual respect and agree to work in partnership with the doctor. The doctor will ask about features of your headache, the medications you currently use and your expectations of treatment. You should answer questions accurately, ask any questions you have, and commit to and take charge of your own management. Both parties should agree the overall targets and procedures necessary to achieve them, for example:
 - How long the treatment will last.
 - How effective the treatment is likely to be.
 - How often consultations will occur.
 - How many questionnaires you are expected to complete.
- At the first visit, you should expect the doctor to diagnose your headache and provide you with treatment appropriate to your needs. You should also be provided with a means of recording your future headaches and other symptoms and the effectiveness of treatments, usually in the form of a headache diary. A follow-up appointment should be arranged.

After the first visit

- Complete your headache diary every day.
- Take your medications as prescribed (but do not overuse them), and record their effectiveness, and any side effects experienced, in the headache diary.
- Consult with the practice specialist headache patient, if there is one, or contact the Migraine Action Association.
 - *A specialist patient is someone with a long history of headache, who the surgery uses to provide patient-friendly information and support to other sufferers.*
- Consider lifestyle changes, e.g. trying to reduce stress and maintain regular sleep/waking habits.
- Use complementary therapies if desired, but keep both the doctor and therapist fully informed of all your treatments and medications (including products bought over the counter in a pharmacy or health shop such as herbal preparations, vitamins and minerals, food supplements, homoeopathic remedies, etc).

Follow up

- It is very important that you keep your follow-up appointments. Sometimes patients need to try several different treatment options before they find the one best suited to their needs.
- You should review the headache diary with the practice nurse, and complete an impact questionnaire if asked to.
- You should be honest with the doctor about treatment effects and your own preferences. Be aware that your headache can change in character over time.
- You can also review your progress with the specialist headache patient, if one is available.

Treatment options for migraine

The MIPCA guidelines state that treatment for migraine patients should be tailored to their individual needs. Available treatments include *acute medications* (to treat individual attacks as they occur) and *preventative medications* (taken daily to prevent attacks occurring).

Acute medications

All patients should have access to acute medications, which include the following drugs:

- Analgesic-based medications: aspirin; NSAIDs (e.g. Neurofen and Voltarol); paracetamol plus domperidone (Domperamol); and aspirin or paracetamol plus metoclopramide (Migramax, Paramax). They should be taken at the first signs of an attack, before the headache develops, including during the aura.
 - These drugs may be most useful for mild-to-moderate attacks.
- Triptans: Almogran, Imigran, Maxalt, Migard, Naramig, Relpax and Zomig. Tablet formulations are usually effective, but more rapidly-acting triptan formulations (nasal sprays and self-administered injections) may be sometimes appropriate. They should be taken as soon as possible after the headache starts, preferably when it is mild in intensity. Triptans may be most useful for:
 - Moderate-to-severe attacks.
 - When analgesic-based medications have previously failed.

Additionally, patients should have rescue medication for when the initial medication fails, and access to alternative acute medications if the initial treatment scheme fails (Figure 3).

Initial medication	Choice of rescue or follow-up medication if initial therapy fails
Analgesic-based therapies	Try a second dose Triptan tablets (conventional tablets or ODT*)
Oral triptans (conventional tablets or ODT*)	Try a second dose A different triptan tablet Nasal spray triptan or Imigran injection
Nasal spray triptans	Try a second dose Imigran injection
Imigran injection	Try a second dose Non-specific treatment to relieve symptoms (e.g. anti-emetics, strong analgesics)

*ODT = Orally disintegrating tablets (Melt-in-the-mouth)

Figure 3. Appropriate medications to use when the initial migraine therapy fails.

Preventative medications

Preventative medications are usually given to patients who have frequent migraine attacks* (four or more per month) or who do not obtain relief, or cannot take, appropriate acute medications. They are taken on a daily basis for 3–6 months, after which they can be tapered off or stopped altogether. Preventative medication may reduce the frequency and/or severity of attacks but seldom eliminates them entirely, so patients should also have an effective compatible acute treatment for any breakthrough attacks. Preventative treatments include prescribed medications, behavioural and/or physical therapies and complementary treatments:

- *Prescribed medications*: beta-blockers (e.g. Inderal, Lopresor); serotonin antagonists (Sanomigran); anti-epileptics (e.g. Epilim); and anti-depressants (e.g. Triptafen).
- *Behavioural/physical therapies*: biofeedback; relaxation therapy; stress reduction; avoidance of migraine triggers; cervical manipulation; massage; exercise; acupuncture.
- *Complementary treatments, vitamins and minerals*: butterbur; feverfew; vitamin B2; magnesium.

* **Important note:** Patients who have headaches on more than 15 days every month should consult their doctor, due to the possibility of their having chronic headache, rather than migraine.

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