

MIPCA guidelines for the management of migraine in primary care: Second Edition

Following a year-long consultation process, MIPCA launched new guidelines in 2002 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. We now publish a second edition of the guidelines, updating them slightly to incorporate new developments.

The principles of the MIPCA guidelines are:

- To conduct specific consultations for headache.
- To institute a system of detailed history taking, patient education and commitment to care, 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 tailored to the needs of the individual patient, using a new algorithm.² 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

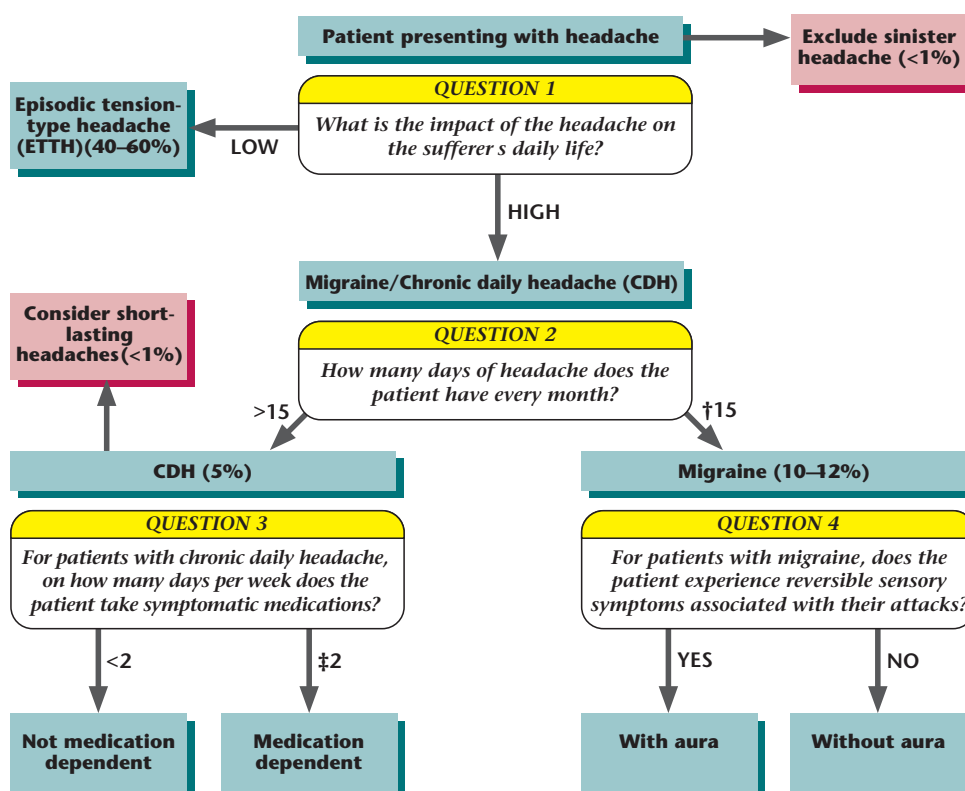
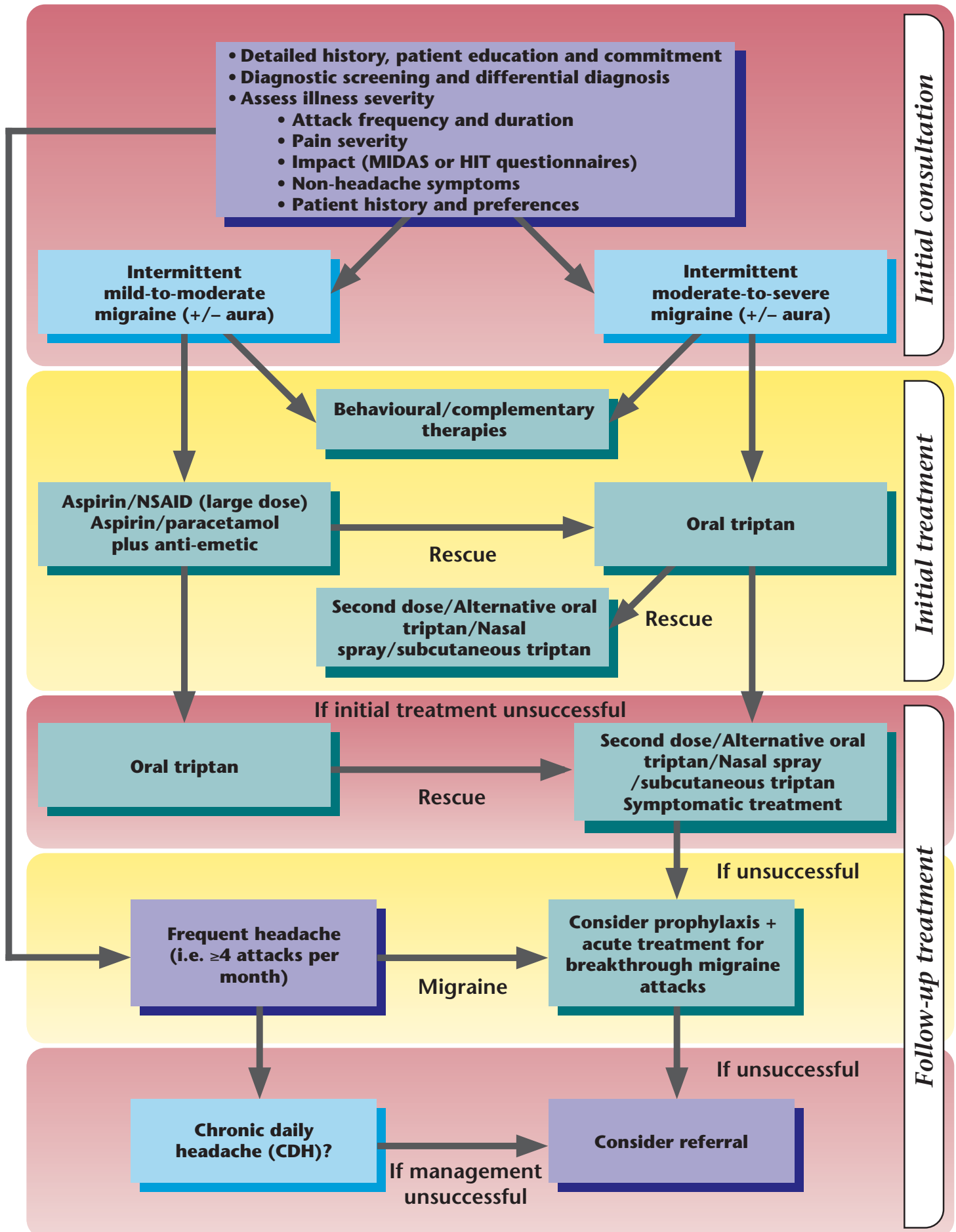


Figure 1. New MIPCA screening questionnaire for the differential diagnosis of migraine

- 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.
- Medications that can be overused include analgesics, ergots and triptans.

The MIPCA algorithm for the management of migraine in primary care



10 Commandments of headache management

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.*)
Taking a careful history, providing patients with good headache education and obtaining their commitment are essential tasks of the first consultation. We recommend the use of headache history and impact questionnaires.

Management

- 3 Share migraine management between the doctor and the patient. (*The patient taking control of their management and the doctor providing education and guidance.*)
- 4 Provide individualized care for migraine and encourage patients to treat themselves. (*Assess migraine severity: Migraine attacks should be divided into mild-to-moderate and moderate-to-severe intensity on the basis of impact and symptom intensity.*)
- 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.
- 8 Prescribe prophylactic medications to patients who have four or more migraine attacks per month or who are resistant to acute medications.
- 9 Monitor prophylactic therapy regularly.
- 10 Ensure the patient is comfortable with the treatment recommended and that it is practical for their lifestyle and headache presentation.

Notes on 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.
- Recommended acute medications:
 - 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 be taken as early as possible and 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.
 - 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.
 - Guidance on appropriate rescue and second-line medications is shown on page 4.
- Recommended prophylactic medications:
 - 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 butterbur may be used *in addition to* (not instead of) the patient's existing acute and/or prophylactic therapies.
- Patients who do not respond to repeated courses of acute and prophylactic medications should be referred to a neurologist or headache specialist for care.

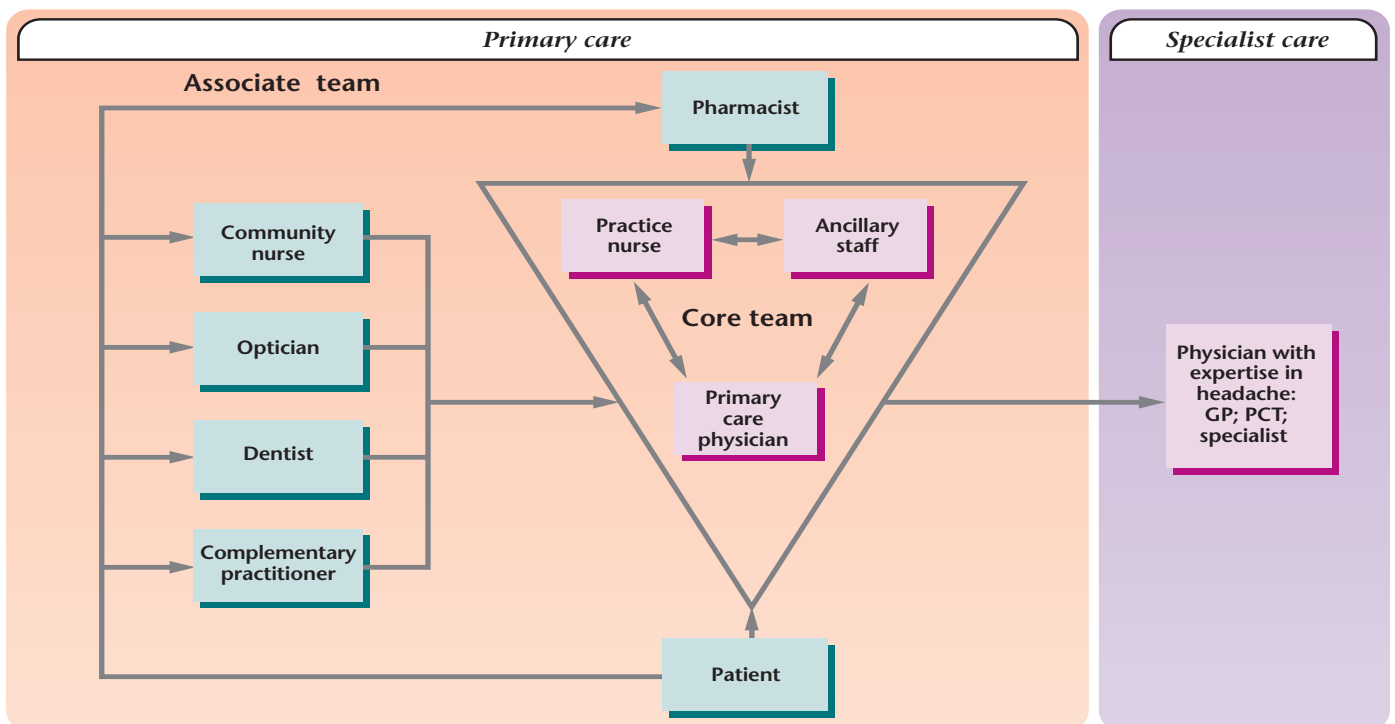
When treatment fails: Provision of rescue and follow-up acute medications

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. Alternative triptan tablets. Triptan delivered by nasal spray or subcutaneous injection.
Nasal spray triptans	Try a second dose. Subcutaneous sumatriptan.
Subcutaneous sumatriptan	Try a second dose. Symptomatic treatments (e.g. anti-emetics, strong analgesics).

*ODT = Orally disintegrating tablets (Melt)

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 practice 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 questionnaires during follow-up. Community pharmacists and 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.



References

- 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 Lipscombe S, Rees T, Dowson AJ. Tailoring migraine management in primary care to the needs of the individual patient. *Headache Care* 2004;1: in press

Acknowledgements

These new guidelines would not have been possible without the input and endorsement from the physicians, nurses, physical therapist and representatives of patient groups who attended MIPCA meetings during 2002 and 2003. MIPCA is pleased to acknowledge the assistance of Allergan, AstraZeneca, GlaxoSmithKline, Merck & Co., Menarini, The Migraine Action Association and Novartis, who sponsored the meetings and newsletters with unrestricted educational grants. Dr Pete Blakeborough of Alpha-Plus Medical Communications Ltd provided consultancy and assistance with the drafting of the guidelines.

About MIPCA

MIPCA is an independent charity 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 Rebecca Salt, Surrey Headache Service, Merrow Park Surgery, Kingfisher Drive, Merrow, Guildford, Surrey GU4 7EP.

Tel: 01483 450755 Fax: 01483 456740

© MIPCA 2004 all rights reserved