TIPS on the DOORSTEP

NOVARTIS

A bimonthly newsletter for neurologists and other health care providers who manage migraine.

VOLUME I ISSUE 3

BARRIERS TO MIGRAINE DIAGNOSIS AND TREATMENT

Migraine is a neurological disorder that can be episodic or chronic and is associated with increased medical costs, reduced quality of life, and higher rates of comorbidities. In this issue, headache specialists review the barriers to diagnosis and treatment of migraine and offer assessment tools and evidence-based treatment strategies to help overcome them.

TYPES OF MIGRAINE

The International Headache Society Classification ICHD-3 categorizes migraine into six types with several subtypes as follows[1]:

1. Migraine without aura
2. Migraine with aura
3. Chronic migraine
4. Complications of migraine
5. Probable migraine
6. Episodic syndromes that may be associated with migraine

THE BURDEN OF MIGRAINE

A study on the actual prevalence of migraine found that the most common type of migraine was migraine with aura (39.5%), followed by migraine without aura (27.9%) (Figure).[2] Patients often do not describe symptoms of aura during their visit with their physician, but when asked about whether they experience changes in their vision or aura-type sensations, they will respond that they do in fact experience them. While some patients do not recognize that what they are experiencing are symptoms associated with migraine, some patients who describe symptoms consistent with migraine with aura are not diagnosed with it. This highlights a lack of awareness among the general population—and physicians—about the different types of migraine and the need for a campaign to educate the medical community and lay persons about migraine and its associated symptoms.

TREATMENT STRATEGIES

With current migraine treatments, "we have tried to control the attacks," says Dawn C. Buse, PhD, Clinical Professor in the Department of Neurology at Albert Einstein College of Medicine of Yeshiva University in New York, USA, "that's where both acute treat-ments, those you take at the time of an attack or the time of pain, and preventative treatments which you take preemptively to try to avoid attacks and reduce number of migraine days and headache days altogether, come in."

The treatment plan for patients with migraine should include an assessment of the burden during attacks as well as between attacks—the interictal burden of migraine.[3] The Migraine Interictal Burden Scale (MIBS) measures interictal migraine-related burden in 4 domains: impairment in work or school, impairment in family and social life, difficulty making plans or commitments, and emotional/affective and cognitive distress. MIBS-4 is a 4-item,

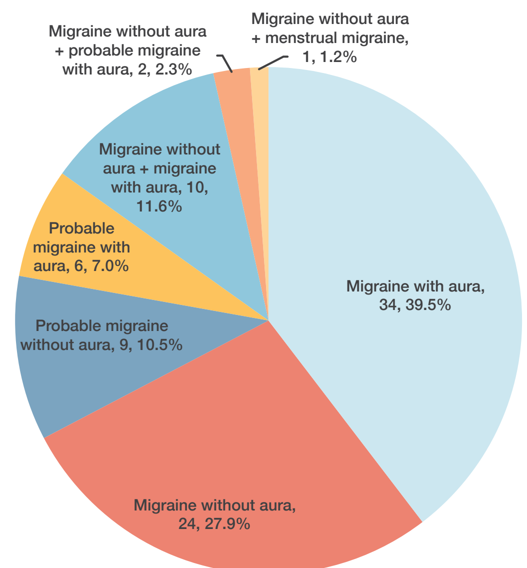

Figure. Survey results from 313 of 606 attendees at the Australian and New Zealand Association of Neurologists Annual Scientific Meeting (ANZAN ASM) 2017 with a personal history of migraine.

Reproduced from Yeh WZ, Blizzard l, Taylor BV. *Brain Behav.* 2018;8(6):e00950.[2]

self-administered questionnaire for clinical use or screening purposes.[3,4] The assessment results are useful in developing an optimal treatment plan.

Physicians should also encourage patients to maintain regular sleep cycle, stay at a healthy weight and exercise, stay hydrated and eat healthy regular meals, and manage stress.[5] "Keeping the nervous system and the brain on a good regular schedule is very helpful," says Dr. Buse. "The migraine brain does not like dramatic changes (eg, flying at altitude, changing time zones, major stressors such as going through a divorce, high stress at work). These changes can be internal, like the hormonal changes that happen every month for women who are having menstrual cycles, from the peak in estrogen that happens at ovulation to the drop in estrogen before the onset of menses."

"Currently, preventative therapies are dramatically underused for people who would likely benefit from them," says Dr. Buse. In the AMPP study,[6,7] she explains, "when we looked at how many people would benefit from preventative therapies by the number of headache days or migraine days and disability, we found that about 40% of patients with migraine would benefit, but only about 13% were receiving preventative therapies."

Dr. Buse notes that the preexisting medications until 2018 were all daily other than botulinum toxin A. New therapies are either once a month or once every 3 months. "There is a range of barriers, including convenience, tolerability, stigma, that play into the reasons why patients are not using preventatives and health care professionals have not prescribed these preventatives at a higher rate."

When Dr. David Dodick and colleagues reviewed the CaMEO study results, they found that of 512 respondents who consulted a healthcare professional for their headaches, 40.8% reported currently consulting with a healthcare professional for headache; however, among those consulting a healthcare professional, 126 (24.6%) received an accurate diagnosis and 56 of those with a correct diagnosis (44.4%) received both acute and preventative pharmacologic treatments.[8]

"These findings indicate to us that there are barriers to diagnosis and treatment," says Dr. Ashley Holdridge, DO, AQH, Medical Director of Ascension, The Comprehensive Headache Center in Franklin, Wisconsin. "The reasoning is multifactorial. Patients may not be seeking medical attention because they do not view migraine as a "disease." We need to change the mindset of the way the public and medical community views migraine. If someone was to suffer from hypertension, diabetes, or epilepsy, there is no question of whether or not to seek treatment, but when it comes to migraine it is often dismissed."

"Another consideration is we as health care professionals may not be asking our patients the right questions to ascertain the true disabilities migraines are causing. There are countless times a patient will tell my nurse they are doing "fine" but it is not until I question them about how many days per month they are actually suffering from headaches, how many days of work they have missed, or how many family events or activities they have missed in the past 30 days, do we recognize they are not "fine," says Dr. Holdridge.

"If a patient is having eight or more total headache days in a month with four or more of those being severe, if acute rescue medications are no longer working, or if they find that they are overusing acute rescue medications, or if they are simply having episodes that are very disabling to them even if they are only having a handful a month but it's causing them to miss work and activities, then one may choose to be on a daily/monthly preventative medication," says Dr. Holdridge.

SUMMARY

Many resources are available to help educate patients with migraine about their disease; the American Migraine Foundation's Move Against Migraine campaign website, for example, contains helpful resources, including free downloadable patient guides (https://americanmigrainefoundation.org/patient-guides/).

A better understanding of the nature of migraine, its different types, and its burden can lead to better management strategies and improved patient quality of life.

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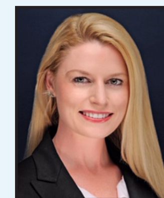

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