Simple Screen IDs Medication Overuse Headache

BY DAMIAN McNAMARA

FROM THE INTERNATIONAL HEADACHE CONGRESS

BERLIN – "Do you take an attack treatment more than 10 days per month?" "Is this intake on a regular basis?"

With these two questions, clinicians at a headache treatment center in France quickly screened and identified patients with medication overuse headache, according to a validation study of the screening questions.

The traditional approach to diagnosis of medication overuse headache involving the revised International Classification of Headache Disorders (ICHD-II) criteria requires a face-to-face interview that takes considerable clinician time and expertise, Dr. Virginie Dousset said at the congress, which was sponsored by the International Headache Society and the American Headache Society.

Dr. Dousset and her colleagues transformed the second edition ICHD-II criteria into four simplified questions for a patient self-administered screening tool. To determine its sensitivity and specificity, they recruited 79 consecutive patients between September 2009 and February 2010. All participants presented for their first evaluation at the Bordeaux Headache Centre at the University of Bordeaux, where Dr. Dousset is director.

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Major Finding: Asking patients if they take attack treatments for headache more than 10 days per month and if this practice is regular identifies medication overuse headache with 95% sensitivity and 80% specificity.

Data Source: Validation study of 77 headache patients treated at a headache treatment center.

Disclosures: Dr. Dousset said that she had no relevant financial disclosures.

After 2 participants withdrew, 42 patients with medication overuse headache and 35 migraine sufferers without medication overuse were assessed further. Investigators compared their responses to the questions with diagnoses made by headache specialists using the formal ICHD-II criteria.

The initial screen featured four questions. But when the two questions regarding attack treatment frequency and regular use of medications were combined, they had the best sensitivity (95%) and specificity (80%) for identification of medication overuse headache.

The question, "Do you have headache on 15 days or more per month?" had 81% sensitivity and 85% specificity. A fourth question that asked about headache duration exceeding 3 months had 98% sensitivity but a specificity of only 18%. Therefore, this item was dropped for insufficient discrimination between medication overuse and other types of headache, Dr. Dousset said.

Participants included both men and women aged 18 years or older with a normal clinical examination. They had no primary headache type other than migraine. Mean age was significantly higher in the medication overuse headache cohort at 47 years, compared with a mean of 37 years in the migraine cohort. Both groups consisted mostly of women: 81% with medication overuse headache and 63% with migraine.

The self-questionnaire and neurologic diagnosis were performed independently on the same day. A nurse unaware of the neurologic diagnosis supervised patients but offered no help on the questionnaire. The neurologist was blinded to the results of the patient questionnaire.

"We have to ask the question about applicability [of the screening questionnaire] outside headache centers," Dr. Dousset said. Although that is the focus of future research, she said she believes asking these two questions will prove an effective screening method for patients seen in a primary care setting as well. ■

A video interview with Dr. Dousset can be viewed by using the QR code, or by visiting www.clinicalneurologynews.com.