Migraine Often Improves Over Long Term

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

CHICAGO — Migraine appears to have a favorable long-term prognosis in many patients, with more than a third experiencing cessation of headache and the vast majority of persistent migraineurs reporting symptom improvement over 12 years.

"These data probably reflect the natural course of migraine disease," Dr. Carl Dahlöf said at the annual meeting of the American Headache Society. "They also probably suggest that we are doing a better job with the newer drugs, and appear to be preventing episodic migraineurs from developing chronic migraine."

Dr. Dahlöf of the Göteborg (Sweden) Migraine Clinic presented 12 years of follow-up data obtained on 374 patients diagnosed with migraine before 1996. The group included 200 men and 174 women, a ratio that does not reflect the gender balance seen in any headache practice, Dr. Dahlöf noted. "We chose equal numbers of men and women because we wanted to see if there were any gender differences in progression or improvement over the years."

All patients participated in a telephone survey that assessed the changing pattern of their migraine from 1994 to 2006.

Over the follow-up period, 29% of patients (57 women and 53 men) reported that their migraines had ceased. For women, migraine without aura, the absence of hereditary factors, and the absence of aggravation from physical activity appeared to predict cessation. For men, the apparent predictors were a nonthrobbing migraine, and the absence of nausea and sensitivity to smells.

"Surprisingly, we also found in men that smoking and lack of alcohol as a trigger factor were also predictors," Dr. Dahlöf said. "We had expected that more frequent or severe migraine would predict progression, but we did not find this as true."

The remaining 264 patients continued to experience migraine, but the majority reported at least some improvement of their symptoms over time.

In all, 80% reported a change in headache frequency, with 80% of these saying they had fewer attacks per month.

More than half of persistent migraineurs reported a change in duration of headache, with 66% saying their attacks had grown shorter. In terms of severity, 66% of migraineurs reported a change in pain intensity over time, with most of this group (84%) reporting milder pain.

Of the entire group of 374 patients, only six (1.6%) developed chronic migraine, a number that is vastly smaller than the annual transformation rate reported in many studies, Dr. Dahlöf said.

Despite the changing pattern of migraine, a significant proportion of migraineurs continued to experience impairment in their quality of life, including decreased family and social functioning, and absence from work. ■

Few Migraineurs Use Emergency Department

BY ALICIA AULT
Associate Editor, Practice Trends

CHICAGO — Headache is the fifth most common emergency department complaint, but only a small percentage of migraineurs use emergency care for treatment, according to an analysis of the American Migraine Prevalence and Prevention study presented at the annual meeting of the American Headache Society.

Dr. Benjamin Friedman of the Albert Einstein College of Medicine, New York, said he and his colleagues sought to determine how often Americans with headache use the ED or an urgent care facility, and what the risk factors were for frequent use.

The goal of the study was to discern ways to prevent urgent headache visits. Currently there are about 5 million visits a year for headache, he said.

The American Migraine Prevalence and Prevention study (AMPP) is an ongoing multisite survey that began in 2004 when a self-administered headache questionnaire was mailed to a random sample of 120,000 households. The study was supported by a grant to the National Headache Foundation from Ortho-McNeil Inc. Of the 162,576 individuals who responded, 30,721 self-reported severe headaches. Dr. Friedman and his colleagues mailed a follow-up survey in 2005 to a random subsample of 24,000 of the headache sufferers, asking for data on emergency or urgent care use within the previous 12 months.

Data were collected on 13,451 respondents. Among those categorized with migraine or probable migraine, 94% did not visit the emergency department at all, leaving 859 patients who did report a visit. Among those, 48% (412) reported only one visit within the past year. About a third (274) reported 2-3 visits, only 14% (120) reported up to nine visits, and 53 patients reported more than nine visits.

The frequent users, which he classified as 20% of the 859 ED visitors, accounted for 51% of all visits.

The most-cited reasons for going to the ED or urgent care facility included unbearable pain, the inability to reach a primary physician, the ability to get better or different medications, and concern about the significance of the pain (for instance, whether it might be the result of meningitis). A small number of patients said the ED was the primary source of care, and an equal number cited insurance or other financial barriers to care as the reason why they went to an urgent facility instead of a primary physician.

Among those categorized with migraine or probable migraine, 94% did not visit the ED and 859 patients did report a visit.

Using a multivariate analysis, Dr. Friedman and his colleagues determined that the main risk factors for urgent care use were the use of those facilities for non-headache care and a severe migraine disability assessment scale (MIDAS) score. Having insurance was protective against ED visits, he said. The risk factors were similar in frequent ED users, with stronger associations.

The investigators concluded that urgent care facilities are used infrequently for the management of severe headache on a population level, but—because the disorder is so prevalent—headache is a common complaint in the ED. Frequent users are uncommon, but they account for the majority of visits to ED and urgent care. In terms of modifiable risk factors, ED use is associated with more severe headache, so treating the underlying headache may help prevent urgent care visits, Dr. Friedman said.

Dr. Friedman noted that the study is limited by its reliance on self-reporting of ED visits and because it is cross-sectional. Dr. Friedman reported no disclosures other than the study funding. ■