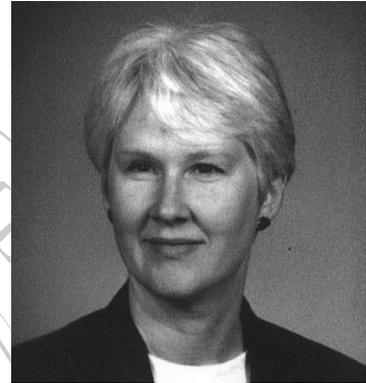


Understanding Migraine, Improving Migraine Therapy



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The information in this Special Report supplement to *The American Journal of Managed Care* is based on presentations and discussions emanating from a roundtable conference titled "Clinical and Therapeutic Advances in Migraine Management: A Managed Care Perspective." The goal of the conference was to reduce the overall quality-of-life impediment that migraine sufferers experience by providing information that closes the gap between effective treatment strategies and actual clinical practice.

Migraine headaches are not, in most busy practice settings, a high-profile disease. They do not lead to

hospitalizations or expensive complications. They do not kill patients, nor do they permanently disable. Yet, despite limited attention in terms of physician training and practice protocols, clinicians and researchers have recently made striking progress in taking care of migraine patients. Over just the past 5 years, quality of life for many migraine patients has improved dramatically.

Unfortunately, many of the very effective migraine treatments now available are still not properly employed in primary care settings. In too many cases, the patient's disability is needlessly extended, if not exacerbated, by an outdated or misguided

approach to acute or preventive therapy. Often, the “problem patient” overuses the healthcare system—primary care, pharmacy services, urgent and emergency care, as well as specialty care. This crisis-driven treatment plan is expensive and not useful given the whole picture of migraine as a chronic, intermittent medical disorder.

Bridging the gap between today’s effective migraine therapies and our current less-than-effective approaches to migraine management requires education. Up-to-date information needs to be directed at family practitioners and primary care providers who are on the front lines of severe headache management. But awareness also needs to be raised among managed care medical directors who are struggling to prioritize member benefits and improve provider guidelines.

In this conference, we assembled a cross-disciplinary group of panelists with expertise in the epidemiology, economics, psychology, clinical characteristics, and treatment of migraine. Presenters set out to answer the baseline questions that must drive any organized attempt at improving migraine therapy: What is the prevalence and distribution of this disease? Who is at risk? What about differences in frequency and severity of attacks?

Then, given these numbers, roundtable panelists asked: What are the direct and indirect costs associated with migraine? How can we quantify the tremendous impact on quality of life? What is the psychological effect of migraine on the patient who does not receive adequate care? And beyond pain relief, what is it that chronic headache sufferers actually want from their physicians?

With this migraine landscape in mind, the group then explored the key clinical opportunities for improving management. Common mistakes in treating migraine were outlined

and suggestions for improvements discussed. Current standards for the diagnosis and treatment of headache were also reviewed, including discussions of consulting patterns, simple diagnostic tools, alternative and biobehavioral therapies, special approaches for menstrual migraine, prophylactic techniques, and acute treatment algorithms involving the newest study-proven therapies such as dihydroergotamine nasal spray and the triptan group of serotonin agonists.

Finally, the discussion of migraine was broadened to the context of managed care. The group identified several barriers to improving migraine management including:

- Lack of a single diagnostic tool for proper evaluation of headache;
- The inherent difficulty of developing a standardized guideline for a

ACRONYM LIST

The following acronyms appear within the pages of this Special Report supplement:

AAN	American Academy of Neurology
AASH	American Association for the Study of Headache
AHCPR	Agency for Health Care Policy and Research
CT	Computerized Tomography
EEG	Electroencephalogram
ER	Emergency Room
5HT	5-Hydroxytryptamine
IHS	International Headache Society
NIH	National Institutes of Health
MIDAS	Migraine Disability Assessment Programme
MRI	Magnetic Resonance Imaging
NSAID	Nonsteroidal Anti-inflammatory Drug
OTC	Over the Counter

disease where “one size does not fit all;”

- The lack of head-to-head drug trials upon which accurate efficacy data can be gained; and
- The disconnect between insurer and employer incentives for reducing lost work days—a key goal for any migraine treatment strategy.

The excellent opportunities for using the best managed care techniques to overcome these hurdles in migraine management were discussed at length. In particular, the disease management model now used in chronic illnesses such as asthma and hypertension was presented as a potential delivery mechanism for improved migraine care. In such a model, “the usual” primary care approach may need to be abandoned in favor of an improved system that includes regularly scheduled visits, education toward effective patient self-care, and a monitoring or outcomes-measurement program. Documentation of savings in aggregate costs will be an important prerequisite for adoption of migraine disease management plans.

The conference did not conclude with a call for radical change in

migraine care. Most primary care physicians in managed care settings are doing a competent job in managing the majority of patients with headache complaints—including migraine—who walk into their offices. Most care providers need no special guidelines for these average headache patients.

However, for the substantial numbers of high-acuity dissatisfied patients, additional education and guidelines may be needed. To improve member satisfaction, lower referral and emergency costs, and, most importantly, to keep patients pain-free and functional, managed care plans should consider developing simple severity-rated guidelines for migraine management. In coming years, incorporation of such guidelines into more comprehensive disease management programs with components for patient education, clinician training, and outcome monitoring may be warranted.

Migraine therapy can be improved. The therapeutic tools exist. The information in this publication may assist managed care organizations in wielding these therapeutic tools more expertly and efficiently.