



# What to tell the patient. Migraine

## General Principles

**Validate** the impact the condition has on the individual and family.

**Manage expectations:** Patients may have low or unrealistic expectations of what is achievable. Explain that most headache disorders cannot be cured but can be effectively managed in most cases.

**Reassurance:** Patients often worry about an underlying serious disorder. Explaining the nature of the condition to the patient can be of therapeutic value<sup>125</sup>.

**Empower** the patient to help promote self-management.

## Brain Scans and primary Headache

Outside of an emergency setting, current data indicates that the risk of finding serious secondary pathology in patients with isolated headache and a normal neurological examination is similar to that in people who do not have headache

Normal imaging can reduce subsequent health care utilisation in the short term (less than one year) presumably because of reassurance. The effect however does not appear to be sustained in patients with anxiety and depression.

Moreover, there is a significant potential for uncovering incidental findings in 6-15% patients, which may not necessarily require further management but can themselves increase anxiety, and even potentially affect insurance coverage/premiums for that individual.

An information sheet can be useful to give to the patient to act as an 'aide memoire' when discussing these issues- available from this site

# INFORMATION SHEETS FOR CLINICIANS

## Headache Management System for Adults

### **When considering medication:-**

Potential issues of medication overuse, both with respect to the impact on headache and side effects should be discussed.

Prescribing decisions should be made with reference to the patient's current clinical situation and their future plans (e.g. pregnancy or contraception).

A daily headache diary for at least three months may be helpful able to establish the patterns of headache- a template diary is available from this site

Ensure that the patient does not take painkillers too often. Taking painkillers on more than 2 days per week can cause a medication overuse headache

In medication overuse – the headache improves in about 70% of people once pain killers are reduced and adequate preventative treatment established

If there is difficulty restricting use of pain killers to less than 2 days per week, consider referral to clinical psychologist/pain team to develop pain management skills to be able to manage the pain better.

If the patient is experiencing migraine on more than 4 headache days a month which need treating with some sort of pain killer, a prescribed preventative medication might be appropriate – please make an appointment see your GP with your headache diary and this information sheet