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Title: Communication Patterns in Physician and Chronic Migraine Patient Dialogues during Routine Office Visits

Category: Chronic Migraine

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Background:

Effective medical communication is vital to accurate diagnosis, optimizing treatment plans, and facilitating patient adherence. Recording actual physician-patient encounters is an ecologically valid and powerful approach for studying communication, not previously applied to chronic migraine (CM).

Methods:

20 neurologists recorded routinely scheduled headache visits and submitted 67 encounters with patients the physician felt had CM. Dialogues were anonymized and transcribed. Several communication parameters and strategies indicative of good migraine-related medical care were investigated. This included the “ask-tell-ask” strategy, which is an interactive communication strategy that elicits information, allows for a response, clarifies/rephrases, and then offers the opportunity for the pattern to continue. The dialogues were subsequently coded in the following areas: communication methods (visit duration, use of ask-tell-ask, and use of open ended questions), headache history content areas (headache and migraine frequency, headache related disability) as well as communication from the doctor to the patient (diagnosis and treatment).

Results:

A total of 35 out of 67 encounters were eligible for analysis based on robust headache discussions (ie, multiple physician-patient exchanges during the dialogue). Eligible patients had a mean age of 46 years and most were female (91%) and Caucasian (89%). On average, encounters lasted 11 minutes and included 17 headache-related questions; 82% were closed-ended. Headache/migraine frequency was assessed in 27/35 (77%) dialogues; only 1 used “ask-tell-ask”. Of the 27 dialogues that discussed headache/migraine frequency, frequency was discussed in terms of “migraines” in 19/27, “attacks” or “episodes” in 6/27, “headache” in 5/27, and “headache days” in 1/27 dialogues. Headache-related disability was discussed in 8/35 (23%) dialogues; only 1 using open-ended questions. CM diagnosis was discussed in 3/35 (9%) of encounters and treatment plans were discussed in 13/35 (37%) dialogues.

Conclusion:

The majority of CM physician-patient encounters were missing elements judged to be crucial to effective CM diagnosis and treatment. Improving communication between neurologists and patients may facilitate more effective CM diagnosis and treatment