

5 Great Reasons Why You, a Primary Care Clinician, Should Develop Additional Expertise in the Field of Headache Medicine

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Overview

Migraine is one of the most common medical disorders within the United States—occurring in 18% of women and 6% of men.¹ Most headache management within the United States is performed within primary care practices. A past study² found that primary care physicians (e.g., family practitioners, internists and pediatricians) were the “first” health care providers consulted for the management of migraine in 60% of patients. Therefore, primary care providers play a critical role in the management of migraine and other headache disorders.

Studies have also shown that a diagnosis of migraine is often missed by primary care providers. Tepper and colleagues³ reported that primary care physicians who diagnosed migraine in a patient complaining of headache were correct 98% of the time. However, when a headache diagnosis other than migraine was given to a patient, it was correct less than 12% of the time. In fact, 82% of those with a “non-migraine”

headache diagnosis met criteria for migraine or probable migraine (e.g., lacking one diagnostic criterion for migraine). Another study⁴ found that 52% of all patients meeting criteria for migraine were misdiagnosed by primary care physicians. There can be many reasons for the misdiagnosis of migraine, including lack of knowledge of migraine diagnostic criteria, the short length of an office visit and multiple complaints being addressed during one visit.

Prescribing patterns for migraine also differ between primary care clinicians and specialists. Primary care clinicians were less likely to use triptans as abortive medications or anticonvulsants as preventive medications compared to headache specialists treating patients with migraine.⁵ In addition, some insurance plans within the United States prohibit primary care providers from prescribing monoclonal antibodies, which are a novel new preventive therapy for migraine. Thus many primary care physicians may not be utilizing the full spectrum of abortive and preventive therapies to treat their patients with migraine.

Educational Need

One reason for these knowledge gaps in migraine management might be due to the lack of education on migraine provided in medical schools and residency programs. Often medical students and residents have one to four hours of lectures in total on migraine during their four years of medical school and residency. Far less time is spent on education about migraine compared to that provided for hypertension, diabetes, asthma and hyperlipidemia. This should not be the case as migraine is more prevalent than any of these disorders and produces far greater disability. It also preferentially affects younger individuals.

To improve migraine management, both the American Headache Society and the National Headache Foundation are separately developing programs to improve migraine management within primary care. It may not be practical for every clinician to take one of these courses. However, we might suggest that one clinician in each practice receive additional training in the management of migraine and other headache disorders. In this scenario patients with migraine might be referred to this practitioner prior to receiving a referral to a subspecialist such as a neurologist or headache specialist. These clinicians would not have the same expertise as headache specialists, but we anticipate that they would be able to manage the vast majority of all persons with migraine.

5 GREAT REASONS TO DEVELOP ADDITIONAL EXPERTISE IN THE FIELD OF HEADACHE MEDICINE

1. There is a trend within primary care for providers to develop additional expertise in specific medical disorders. For example, some have an interest in lipids, end of life care or diabetes. Why not headache?
2. It is rewarding to manage patients with headache. Migraine generally afflicts a younger population and often produces substantial disability. Clinicians can make a tremendous impact on their patients' lives!
3. You can dramatically improve the care of headache in your primary care practice not only by increasing your knowledge but also by educating your other partners about headache medicine.
4. Developing expertise in headache medicine can help grow your practice. Over time patients may seek you out for this expertise.
5. It is intellectually gratifying to study headache medicine as it gives you a chance to learn more about brain physiology.

Who would be good candidates for this training? The answer is: anyone who has an interest in headache medicine. If you have migraine or someone you love has migraine, this might give you "extra" motivation to learn more about headache medicine. But even if you, your family and friends are not afflicted with migraine, you may still want to learn more so you can help this underserved patient population.

Additional Resources

First Contact — Headache in Primary Care	Attend the Scottsdale Headache Symposium	Join the American Headache Society
<p>Primary care practitioners are essential in identifying and treating headache disorders. The First Contact – Headache in Primary Care program, powered by the American Headache Society, provides educational resources to empower healthcare professionals and improve headache and migraine care.</p> <p>Visit the website to browse a variety of free resources on diagnosis, treatment and more, all curated by leaders in headache medicine.</p> <p>Click here to learn more.</p>	<p>Hosted annually in November, the Scottsdale Headache Symposium® provides practical, clinical, evidence-based information on the diagnosis, management and treatment of headache patients. This symposium is designed for general practitioners, nurse practitioners, physician assistants and other health professionals who treat headache.</p> <p>Click here to attend an event.</p>	<p>The American Headache Society® is a professional membership society of healthcare providers dedicated to the study and treatment of headache and face pain. The Society's objective is to promote the exchange of information and ideas concerning the causes and treatments of headache and related painful disorders. We encourage primary care providers to join and take part in career development, mentorship, training and more.</p> <p>Click here to become a member.</p>

References:

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4. Stang PE, Von Korff M. The diagnosis of headache in primary care: factors in the agreement of clinical and standardized diagnoses. *Headache*. 1994;34(3):138-42.
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