Headache Treatment: How Do We Choose

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Disclosure

- Speaker for Merck(Belsomra)
- PI for current Allergan cgrp study
- PI for current TEVA cgrp study

Intro/Goals

- Each headache patient is unique, with a complex history
- This is an attempt to deconstruct the "art of choosing headache treatment"
- Much of the history and variables may be obtained thru patient forms; certain questions are better addressed face to face.
- It is a work in progress

Format

- There are 50+ items that help determine our treatment decisions

- This PowerPoint describes the various elements and variables used in our decision making process
- The questions may be adapted to patient forms, EMR, or “old-time” paper history forms.

Age
Approach and Medications Differ

- Children
- Adolescents
- 20's,30's,40's
- 50's,60's
- 70's
- 80's,90's
- Each age range requires a different approach

The Headache History

- When did headaches begin?
- How did the HA's evolve
- Have they changed, and if so, describe
- How are the headaches lately?
- Do the lesser headaches bother the patient?
- Which HA type is the most troubling, which needs to be the focus of treatment? Or, are both small and major HA's a problem

Headache Characteristics

- Type of headache
- Tension, migraine, or both(or other: cluster)
- Severity of the headaches
- Aura: how severe and prolonged are neuro symptoms
- N and V? Does it bother the pt.? Do they want nausea treated (some do not)

Severity

- How quickly does HA become severe
- How much disability does HA cause
- How often are the very severe ones
- Can the pt. tell, and when can they tell, if the smaller headache will progress into a migraine?

Frequency of Headaches

- Severe migraines: how often
- Milder or moderate migraines: how often

- Milder headache(usually “tension or CDH”): is it daily, or near-daily? How much does it bother the pt.?

Prolonged Headache

- Do they have long(2,3,4 +days) migraines?
- How often do these occur?
- What has worked in the past for these?
- Has cortisone helped?

Refractory Headache

- Does the person have "refractory, difficult to treat" headaches?
- If so, how refractory (mild, moderate, severe)
- How long have the HA's been refractory?
- Refractory: Definition MOH Refractory Scale
- Refractory: Outside of Meds
- Refractory: Meds/nerve blocks

Triggers

- Which triggers are the most important for the patient?
- Can the pt. do anything about their triggers?
- What are the main stressors? Can the patient do anything about the stress?

Special Migraine Situations

- Are the following an issue:
- 1.Menstrual migraine (and how severe, how prolonged, has anything helped?)
- 2.Prolonged Headache
- 3.Exertional headache
- 4.Altitude headache

Past Medications

- OTC's: what worked or did not help
- Abortives: why did they stop them, SE's?
- Preventives: why are they no longer taking them? Did they work but declined in efficacy? Side effects?
- Did they have Botox? How much, how many times?
- Did they try nerve blocks/TPI's, SPG blocks?

Current Meds

- Are the preventive(s) helping?
- Are they having side effects?
- Do these help any comorbidities?
- Abortives: do any OTC's help?
- What abortives are working?
- Side effects?
- Try and not change all the patient's meds

Family History and Response to Meds

- Close family members: headache history
- What meds have worked/not worked
- Which side effects have they had to meds?
- "Placebo by proxy" response
- "Nocebo by Proxy" response

The Emergency Room Treatment

- Has the patient gone to the ER?
- How often have they been to the ER?
- If so, what works? What does not work?
- Do you suspect any drug-seeking behavior?

Herbs and Vitamins

- Has the pt. tried Petadolex?
- Feverfew? B2? Magnesium?
- Are they taking vitamin D?
- What other vitamins are they using?
- What other supplements is the patient taking?

Non-Pharmacologic Treatment: What Have They Tried?(it takes a village)

- Meditation
- Physical therapy
- Biofeedback
- Exercise
- Chiropractic
- Acupuncture
- Massage
- Miscellaneous…….

The Patient's Input

- Are they willing to take daily meds?
- Does the person prefer primarily natural?
- Willing to do an injection?…Use a nasal spray??….Use a suppository???
- Other patient preferences: "No weight gain", or "I cannot afford to be tired or spacy"….
- Is the patient willing to try Botox? Nerve blocks?

Psychiatric Comorbidites

- Anxiety and/or depression?
- If history of depression, look for "soft bipolar"…… must ask the crucial questions…
- Soft bipolar: early…severe…poor response…FH… irritable,angry…..hypomanias…mind racing….hypersomnia
- Have they had psychotherapy?
- Family history of psychiatric conditions
- Suicidal thoughts in the past?

Psych comorbidities, cont...

- Personality disorder(PD) characteristics: do they have a PD, or exhibit PD "traits"?
- PD: lonely....splitting...chaos/ drama....angry,irritable....spending.....
- Dialectical
- Only so many "emotional marbles" in our bag.....
- Family history of PD?
- ADHD: Is there a history, or suspected? Family history of ADHD(including the pt.'s children)
- History of abuse as a child?

Personality

- What is your assessment of the patient's personality?
- Are they Type A, hard driving, perfectionistic?
- Are they dependent or avoidant?

Psychiatric Medications

- Which have they tried?
- Efficacy?
- Side effects?
- Family history of response to psych meds
- Are they willing to take appropriate psych meds?

Medical Comorbidities

- HTN: which meds do they tolerate?
- Weight is often important when choosing HTN meds
- Immune disorders(Lupus, Sjogrens, RA, etc.): may increase severity of HA.
- Bleeding disorders influence treatment
- Allergies/asthma affect therapy
- Miscellaneous medical conditions

Neck Pain, Back Pain, Arthritis

- Neck and/or back pain common among HA patients
- Neck/back pain guide therapies (nsaids, muscle relaxants, pain preventives, PT, injections, etc.)
- Osteoarthritis and rheumatoid arthritis influence medication decisions

Sleep

- Insomnia is common, affects decisions on medications; is it early, middle, or late insomnia?
- Secondary: medical, psych, drugs
- Which meds work for the person's insomnia? Have OTCs been effective?
- Have they had side effects?
- Sleep apnea, periodic limb movements, restless legs; is there indication for sleep study

GI Issues

- Does the patient have: reflux? history of ulcers?
- IBS: common among migraineurs: do they have primarily diarrhea, constipation, or alternating? What meds have helped?
- Crohns or lower GI disorders?
- S/P gastric surgery or bypass?

Fibromyalgia, TMD

- Fibromyalgia: if present, how severe?
- What fibro meds have worked, side effects?
- Any fibro treatment other than meds?
- TMD: how severe, is it bilateral?
- TMD: have they had meds, injections, Botox, physical therapy?
- Other central sensitization: CPP, CRPS

Weight

- Is weight gain an issue? How important are weight issues to that person?
- Have they had weight gain from certain meds?
- (Less common): is the person underweight, cannot keep weight on? Have meds helped?

Fatigue

- How is the person's energy level?
- Are they chronically tired? for how long?
- Is there a family history of chronic fatigue?
- Have any meds made fatigue worse? Better?
- Do they wish to try meds for fatigue? Could the patient tolerate those meds?

Finances

- Can the patient afford certain treatments/meds (such as Botox)..or referrals(pain clinics, psychotherapy, physical therapy, etc.)
- Do they know about drug discount programs (GoodRx)
- How is drug coverage?
  (if poor, use generics, GoodRx, etc.)

Functioning and Exercise

- What is the person's level of functioning?
- Are they "under-functioning as an adult"?
- Do they exercise? How much?

Social, Support, Job(or school)

- How good is the friend and family support system?
- Are they isolated? Where do they live?
- Job(or school): what are the job requirements? Can they afford to be mildly "spacy"?
- Will mild tiredness from meds in the morning affect their job and/or functioning?

Addiction/Cigarettes/Alcohol and Family History

- Is there an addiction history?
- Cigarettes?
- How much do they drink?
- If an addiction history, to what drug, how long ago, did they have psychotherapy/rehab?
- Is there a family history of addiction (alcohol or drugs)

Significant Others/Family Members: Input

- What is the perspective from a family member/ significant other?
- Their perspective on: how headaches affect the patient, functioning, etc.
- Input on depression/anxiety (if present); speaking with someone close to the patient is particularly vital for assessing the mild end of the bipolar spectrum

Resilience, Catastrophizing, Acceptance

- What level of resilience does the person have?
- Despite headaches and/or psych. issues, are they functioning, doing well or……on disability, non-functional
- Is the person catastrophizing? Catastrophizing by Proxy
- What level of Acceptance do they have?

Your Gestalt

- What does your "gut" say is the best approach with that patient?
- What meds do you feel will work, which ones to stay away from
- What non-medication approaches ("other villagers") should you emphasize?

Medication Choices

- After assessing all of the factors: What are the best meds to consider? Preventive and Abortive
- Which ones should absolutely not be used? Which meds are best avoided, if possible?
- How do you emphasize and list, in your chart, these choices; for the next visit, or when the patient calls….
- What non-medication approaches should be utilized, and which are most important?

Return Visits: Preventives

- **Preventives** are not working, or not well enough:
- Hopefully, the chart will list, from previous visits, other good possibilities for that patient
- Considerations include: 1.Does the preventive work at all, and if so, how much, 2.Side effects?, 3.Does it help comorbidities?, 4. How viable are the other preventive possibilities?

- Choices: 1.Raise the dose, 2.Switch preventives, 3. Add another preventive.

Return Visits: Abortives

- **Abortives:** Not working, or not well enough
- The chart should list other good possibilities

- Considerations include: 1. Is the abortive working well enough to continue?, 2.Side effects?, 3.What other choices are possible?

- Possibilities include: 1.Changing dose or form of the abortive(for example: from tablet to nasal spray or injection), 2. Add another med to use concurrently with the abortive(such as an nsaid), 3. Switch the abortive, 4.Add another abortive.

Return Visits: Non-Pharmacological

- At each visit, talk about: moods, functioning, exercise.
- **If appropriate**, discuss: physical therapy, psychotherapy, meditation, biofeedback, massage, injections(SPG/ONB/TPIs),appropriate referrals(pain clinics, ortho, etc)… etc. etc.

Questions for The Audience

- 1. Psych comorbidities: how much do you explore, how much of a role do these play, are you willing to treat?
- 2.Refractory: Is it helpful to separate(and think in terms of): mild vs. moderate vs. severely refractory?
- 3.Fatigue, GI(IBS, etc.) and weight: how important are these to explore?
- 4.Resilience and acceptance: are these important to determine?

Questions for Audience, continued

- 5. How the headaches came about(say, NDPH vs. transformed migraine): how important is this, vs: just treating the "headache type"?

- 6. Return Visits: How do you cover everything: Preventives, abortives, non-pharmacological suggestions, and medications in a reasonable time frame?

- 7. Central sensitization pain syndromes(Fibro, TMD, CPP, CRPS): how important are these in determining therapy?

Questions, continued.....

- 8. Does family history of psychiatric comorbidities, and FH of response to psychiatric meds, influence treatment? How?

- 9. Are addiction questions important? Why?