

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/rethinkingmigraine/how-to-diagnose-migraines-faster-in-primary-care-settings/9967/>

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How to Diagnose Migraines Faster in Primary Care Settings

Announcer:

On this episode, titled "How to Diagnose Migraines Faster in Primary Care Settings," we will hear from Dr. Stephanie Nahas, The Director of the Headache Medicine Fellowship Program at the Jefferson Headache Center in Philadelphia.

Dr. Nahas:

We all know that in primary care time is precious. Appointment times are brief and, you need to be very efficient in determining what's wrong with that patient, and how you can help them. When headache is the reason for the doctor's visit, oftentimes migraine is the diagnosis, and there is a quick screening tool that can help you to be more certain of the diagnosis, even without going through all the diagnostic criteria.

You can start your questioning with a simple screener, called ID Migraine, and it hinges on the mnemonic "PIN," to pin the diagnosis of migraine. The "P" in PIN stands for photophobia. The "I" stands for incapacity, and the "N" stands for nausea. So if you just ask these three simple questions to assess for the presence of light bothering a patient more than usual, disability during or after an attack, and the presence of nausea; answering "yes" to two or three of those questions give an over 95%

chance that this is migraine. Migraine management comes in two basic flavors. We have acute treatment, medication taken during an attack to stop it, and preventive treatment, medication taken every day to reduce the frequency of attacks over time. There are many options in both categories. Thankfully, expert bodies, through the American Academy of Neurology and the American Headache Society, have developed evidence-based guidelines to help practitioners and providers choose appropriate treatment. I would suggest that primary care providers familiarize themselves with these guidelines, particularly those treatments which come with a level A or level B recommendation, basically meaning first-line or second-line treatment. And of course, when choosing from the various options we have, particularly when it comes to preventive medications where we have antidepressants, antihypertensives, anticonvulsants, nutraceuticals, and several others, to be sure that assessing the patient's comorbidities is taken into account when selecting that preventive medication. This is a medicine they're going to be taking every day and you want to be sure it's not going to interact with other medications that they're taking, or be contraindicated by a comorbidity that they may possess.

Announcer:

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