

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/quality-of-life-considerations-for-your-migraine-patients/9960/>

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Quality of Life Considerations for Your Migraine Patients

Announcer:

This is ReachMD. The following episode in the series, Rethinking Migraine, is sponsored by Lilly.

Dr. Wilner:

Welcome I'm your host, Dr. Andrew Wilner, and I am speaking with Dr. Jessica Ailani, who is associate professor of neurology at Georgetown University hospital and director of the MedStar Georgetown Headache Center. Dr. Ailani will be addressing how assessing quality of life plays a significant role when selecting a treatment approach.

Dr. Ailani, thank you for joining us.

Dr. Ailani:

Thank you for having me today.

Dr. Wilner:

Dr. Ailani, to begin, help us understand the impact of migraine beyond, the headaches themselves on quality of life. Just how deeply do migraines affect day-to-day life for patients?

Dr. Ailani:

In the patients that I see in clinic, I often find that migraines are affecting them in more than just the pain aspect. They are willing to talk to us a lot about how much the pain brings them to disadvantage, but often what we hear in between their words is how much it's really affecting their day-to-day living: How many days they're missing at work; how many days they're missing social events. "I couldn't go to my son's soccer game." "I missed out on my aunt's birthday party." "I didn't make it to the Baby shower." Or, "I was at the party and I had a look on my face and my friend asked me if I really wanted to be there, but I just was starting to get a migraine." That's when you start to realize that the pain affects them physically, but the impact of migraine really takes place in their social events, in their day-to-day life, and when they start to get more frequent migraines, it starts to affect their mood. They get very nervous about: "When is the next time this is going to happen? What am I going to be doing? What if this occurs at a very bad time when I'm supposed to be presenting, or I'm supposed to be taking care of my children and I'm instead sick and throwing up." They start to get more anxious about that next migraine and what they're going to do for it, and if they're going to have the right medicine on hand and if they have what they need. Sometimes our patients will tell us that this can really occupy a lot of their thinking process and make them become these very anxious and irritable people, and they don't like that. They don't like the way it makes them feel. So migraine, it really can affect more than just pain and the disability of having severe pain with other symptoms. It can really start to take over their lives.

Dr. Wilner:

What effect on quality of life do you find patients are often less likely to bring up or share with you unless asked?

Dr. Ailani:

The patients are very happy to tell us about missed work. I think they like to talk about missing work because it makes it feel to them that this is a real problem; they're missing work for it. What they often won't share willingly, or not even realize is important for us to know, is how much it's affecting their day-to-day lives. How much of life are they missing? "I didn't get to go to the movies." "I didn't get to go to visit my aunt." "I didn't get to exercise or make dinner that day." And why is that important? These are the things that make up life. This is what makes it enjoyable to function every day. If you're just getting to work and then you're getting home and laying down on the couch with a bad headache, going to sleep, and waking up the next day, that's when you can start to see a lot of depression and anxiety set in and also realize that it's affecting all the good parts of life. You're just trying to string by, so you can get to work. We really have to ask questions that are more open ended like, "Okay, I understand that you missed a day of work last month. Did you miss anything else? Were there times you would have gone to the gym, but you had a bad headache and you didn't make it? Were there times you were planning to go out with your spouse and you had to cancel? What about watching a

movie? When was the last time you did that, or go to a concert? Did you miss any events with your friends because you thought it would be too loud?" And these are the kinds of things I think really fill out the rest of the picture for our patients.

Dr. Wilner:

How do you assess these patients during office visits to get a clear and confident sense of their overall quality of life?

Dr. Ailani:

There's a great in-office clinic tool that I use called the MIDUS, the Migraine Impact and Disability Assessment Scale. It asks questions about quality of life over the last 3 months that I think are really relevant to clinical practice. "How many days of work have you missed over the last 3 months? How many days of social events?" Sometimes if I feel like I'm not really getting clear answers when using these kinds of scales, or the patients look at me, "I don't really remember." I might start to ask questions like, "Okay, how about, what was the last big event in your life? Did you have a birthday recently? How was your birthday? Did you get to celebrate?" Or, "How was your colleague's party?" Or, "Did you have a meeting recently?" And when you start to ask questions about their day-to-day life, that's when you'll start to hear answers like, "Well, actually was supposed to have this big presentation at a meeting. I ended up having a really bad headache," and, "One time I was supposed to present, and my colleague had to take over because I was mid-migraine and I looked like I was very ill, and I started to have trouble with my words." And so these are the stories that are really important. They let you know how severe a person's disease is and how much it's affecting them. And that might help guide us when we're looking at treatment.

Dr. Wilner:

If you are just tuning in, this is ReachMD. I'm Dr. Andrew Wilner, and I'm speaking with Dr. Jessica Ailani on how a patient's quality of life can affect your decision for selecting a treatment approach for migraine headaches.

Dr. Ailani, earlier you spoke about your assessment of quality of life in the office, what are some of the key factors from these quality of life assessments that help you determine one treatment approach over another?

Dr. Ailani:

So there's many ways we can treat migraine. We can look at improving somebody's lifestyle, using behavioral methods to improve frequency. We can also use pharmacological treatment, prescription medications, to try to treat migraine frequency. When I look at a patient, I don't just think about the number. If somebody tells me they're having two migraines a month, what does that really mean? And

that's very different from person to person. If the person tells me, "I'm only having two migraines a month," then I ask them how many days of headache-freedom they have, and they say, "Oh, I'm having headaches most of the time, but it's only two that are very bad." That might lead me to start to investigate more and determine if maybe this person's really having a lot of quality of life changes because of their frequent headache, and though the migraine frequency is down, there's still a lot of headache pattern, and then maybe we need to start pharmacological therapy because it seems a lot more aggressive than somebody who only has two migraines, no headache days in between, takes a medication as needed for the migraine, and it's gone in two hours. I might not want to start that person on a daily medication and be as aggressive. So we're really looking at frequency, and then frequency of impact on quality of life. Using those two tools together to say how aggressive do we need to be? How much do we need to go to medications that might come with potential side effects or complication, because the disease process itself is very significant and really poorly impacting the patient's life?

Dr. Wilner:

How does quality of life guide your decision process for trying preventative versus acute therapies or even behavioral therapies?

Dr. Ailani:

So that question is great, and it really kind of plays off what I was just talking about. Again, we look at the quality of life and how much are they impacted? Are they missing a lot of events? Then we need to start a preventive option to reduce that missing life. And then, we might use an acute treatment for when they're getting a migraine, but they might need more than just the acute treatment. They might actually have so many migraines that an acute treatment is working, but it stops working. Or an acute treatment is working and now they're using it too often. So I look a little bit at the frequency, as I mentioned earlier, but will also look at how much are they missing? How many things are they missing because they're having too many migraines and it's time to start a preventive option? I think behavioral therapies are great add-ons to taking a preventive daily medication or some sort of medication option for migraine. Behavioral options can be helpful for so many reasons. They can teach you how to better cope with having a migraine when it occurs. They can really help with stress reduction and stress management which is a big trigger for migraine. I think some of these tools are really important for all of us to learn in managing day-to-day life, especially if you're having a high-stress lifestyle, you're traveling a lot for work, or you're in a management position where you're dealing with very complex social situations which then can impact you in some way. Most of us are spending a lot of time at the computer nowadays and have a lot of time on the screen and our necks aren't in the best position. Sometimes behavioral techniques will require you to take a break from all this and re-center and re-focus yourself. And I think regardless of what option you choose for prevention or acute, it's something

I really think is important that we add in to most of our patients with migraine.

Dr. Wilner:

Do you find that most migraine patients improve with proper treatment?

Dr. Ailani:

I do think that most patients with migraine do improve with proper treatment. I think that getting people on the right regimen that's the right fit for them, that helps reduce the frequency and severity of their headaches, that improves the quality of life, makes an enormous impact and really helps to improve their condition. I will not say that we can cure anybody at this point. That is something that we definitely all hope for, but we can make living with migraine a lot more manageable and a lot easier to deal with, and we can have you missing less of your life. And I think that's really the kind of goals that we're setting for our patients.

Dr. Wilner:

Any final thoughts or key points as we wrap up our discussion you want to impart to our audience today?

Dr. Ailani:

I think it's important that when we're taking care of patients with migraine, we start to ask them questions that get beyond the pain itself. And how much are they affected day-to-day by having this disease process? I think it's important to help us understand the people that we're taking care of and better guide us when we're choosing treatment options for them.

Dr. Wilner:

Well with that, I would like to thank Dr. Jessica Ailani for speaking us today about the assessment and treatment of migraine headache.

Dr. Ailani:

Thank you so much.

Announcer:

The preceding program was sponsored by Lilly. Content for this series is produced and controlled by ReachMD. This series is intended for healthcare professionals only. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/RethinkingMigraine. Thank you for listening. This is ReachMD. Be Part of the Knowledge.