Early Treatment May Promote Medication-Overuse Headache

**By Jane Salodof MacNeil**
Southwest Bureau

**SCOTTSDALE, ARIZ.** — Early treatment of migraine can contribute to development of medication-overuse headache, according to a new study at the University of Oklahoma Health Sciences Center in Oklahoma City.

“The more they think they are getting a headache and take the medication early, the more likely that this may lead to a development in MOH [medication-overuse headache]—induced chronic daily headache,” he said.

The conundrum for prescribing physicians, as presented by Dr. Couch, is that current and previous studies show patients really do have a better response if they take their medications at the first sign of a migraine. He recommended early treatment for the patient who has an occasional menstrual-induced migraine, but suggested a cautious approach for those with more frequent headaches.

“If a patient is having 10 or more headaches a month, do not get them into the early treatment or be careful about the early treatment,” he said. Instead, make sure these patients know when they are starting a headache as opposed to thinking they know when they are starting a headache and take the medication.

Dr. Couch pointed to studies in the United States, Spain, China, and Ethiopia that show 4%-5% of the population have headaches 15 days or more each month.

In developed countries, he said about 1% of the population develops MOH. These patients account for 20% of the chronic daily headache population and may be increasing in number. In the 25- to 50-year-old age group where MOH is most prevalent, Dr. Couch said it is as common as epilepsy and more common than multiple sclerosis or stroke.

The best treatment is prevention, he said. Know what medications your patients are taking, keep track of refills, and discuss the possibility of MOH as soon as you recognize the patient is at risk, he urged.

Better Patient Interviews May Aid Migraine Treatment

**By Bruce K. Dixon**
Chicago Bureau

**SCOTTSDALE, ARIZ.** — Open-ended questions during patient interviews elicit the best information for guiding the management of patients with migraine headache, Dr. Richard B. Lipton said at a symposium sponsored by the American Headache Society.

Yet closed-end questions focusing on headache triggers, frequency, and symptoms comprised most of the dialogue between physicians and migraine headache patients, based on the American Migraine Communications Study (AMCS). And the patient and physician often differed in their assessments of headache frequency, disability, and impairment, said Dr. Lipton, who is a professor of neurology at the Albert Einstein College of Medicine, New York.

Patients and physicians really weren’t hearing and understanding each other during the office visit, he said. As a result of these misunderstandings, physicians underappreciated the need for preventive treatment and patients had incomplete knowledge about medications use and inappropriate expectations of their outcomes.

The AMCS findings were based on analyses of videotaped encounters with 60 patients (80% women, mean age 42 years) and a geographically representative sample of 14 primary care physicians and 8 neurologists. The average duration of migraines was 14 years with a frequency of five episodes per month. Dr. Lipton and his co-investigator Dr. Steven R. Hahn analyzed the structure of questions posed during the recorded physician-patient interviews. Closed-ended questions allowed patients to make selections, while open-ended questions encouraged more wide-ranging dialogue. A typical closed-end question, for example, was: “Are the headaches on one side or bilateral?” An example of an open-ended question could be: “Tell me about your headaches.”

Framing the interview with closed-ended questions gleaned only limited information, said Dr. Hahn, a professor of clinical medicine at Albert Einstein. “Open-ended questions are the foundation of patient-centered interviewing, and they allow patients to recount their symptoms in the narrative context, focusing on the things that are most important to them.”

Based on assessments after the interviews, 35 of the 60 patients were not receiving any therapy for their disabling headaches. The other 25 had been prescribed an average of two drugs, primarily triptans, but many did not have an accurate understanding of how to use the drugs or what they could reasonably expect from drug therapy.

Overall, 55% of physicians and patients were misaligned on migraine frequency post visit, which is amazing to me. It seems to me that the question of how many headache days occur over a 3-month period would be something patients and physicians could agree on,” Dr. Lipton said.

Dr. Lipton and Dr. Hahn recommend an “ask, tell, ask” approach. First, ask the patient about the number of headache days. Then repeat what you have heard. Finally, ask whether they have stated the situation correctly.

“The ask, tell, ask” technique improves communication and thus will improve treatment, Dr. Lipton concluded.

Personality Trait Can Worsen Rheumatoid Arthritis Symptoms

**By Jane Salodof MacNeil**
Southwest Bureau

**TUCSON, ARIZ.** — A psychological trait associated with heightened awareness of bodily distress may help to explain why some rheumatoid arthritis patients suffer more from achiness, malaise, and fatigue than do healthy people of similar disease severity.

Dr. Ilana M. Braun reported at the annual meeting of the Academy of Psychosomatic Medicine. The trait, somatic absorption, was closely associated with generalized symptoms of rheumatoid arthritis in 87 patients studied by Dr. Braun, a psychiatrist at Harvard Medical School and Massachusetts General Hospital. There was no relation between a patient’s disability and the physician’s ratings of a patient’s disability and the physician’s ratings of the severity of the disease and the severity of the disease and the severity of the disease.

The prevalence of this trait was modest, accounting for just 4% of variability in nonspecific symptoms, but Dr. Braun noted that it was significant statistically—and possibly clinically. People who score high on measures of absorption have a capacity for deep involvement in sensory events, she said. They have a heightened sense of reality that makes them more sensitive not only to bodily distress, but also to hypnosis and to biofeedback.

“There might be a role for psychiatry in the treatment of rheumatoid arthritis,” she said, questioning whether some patients might respond to specific interventions for nonspecific symptoms.

“It is a personality style that you can target,” Dr. Braun added in an interview. “This is not a disorder. These are perfectly healthy people [mentally].” Just have a certain way of responding to the world.”

The “ask, tell, ask” technique improves communication and thus will improve treatment, Dr. Lipton concluded.

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