Headache Sidelines Two-Thirds of Soldiers

BY MICHELE G. SULLIVAN
FROM CEPHALALGIA

Soldiers evacuated from current war zones with a headache diagnosis are unlikely to return to duty, a new retrospective study has found. About one-third of these soldiers were able to return to duty, even after receiving treatment, Dr. Steven P. Cohen and his colleagues reported (Cephalalgia 2011 Oct. 12 [doi:10.1177/0333102411422382]).

Headaches account for a significant burden in units and for health care providers deployed to combat zones, wrote Dr. Cohen of Johns Hopkins University, Baltimore, and the Uniformed Services University of the Health Sciences, Bethesda, Md. “The overall [return-to-duty] rate of 33.6% is one of the lowest among all injury types, and to some degree reflects the observation that a large percentage of headaches were incurred during combat operations.”

Throughout history, most war casualties haven’t been battle related, Dr. Cohen said in an interview. “Since World War I, nonbattle injuries have been by far the No. 1 reason a soldier is evacuated.” Nonbattle injuries haven’t been battle related, Dr. Cohen and his colleagues reviewed the records of 985 soldiers who had been evacuated from the wars during 2004-2009 with a primary diagnosis of headache. Headache diagnoses fell into seven categories: postconcussive (33%); tension type (11%); migraine (30%); cervicogenic (9%); occipital neuralgia (5%); cluster (2%); and “other,” a category that included tumor, vascular pathology, psychogenic headache, substance abuse, and cerebrovascular events presenting as headache.

The soldiers’ mean age was 30 years; most (88%) were men. Almost half of the headaches (48%) were related to physical trauma; 3% were deemed psychological or emotional, 3% as environmental or infectious, and the remainder were of other etiologies or unknown. In all, 22% of the soldiers reported a prior history of headache.

Headaches were deemed to be battle related if they were sustained in a combat operation (11%). Another 62% were not related to combat, and data were unavailable for the remainder.

Major Finding: Some 66% of soldiers who were evacuated from war theaters for headache were never able to return to active duty on the front.

Data Source: A retrospective review of almost 1,000 soldiers in Operations Iraqi Freedom and Enduring Freedom who were taken off the battlefield with a primary diagnosis of headache.

Disclosures: The study was funded by a grant from the John P. Murtha Neuroscience and Pain Institute, the U.S. Army, and the Army Regional Anesthesia and Pain Medicine Initiative. Dr. Cohen had no financial declarations.

Headache is the most common neurologic symptom in the world, he said, with some studies claiming that up to 70% of people are affected. But recent studies of soldiers deployed in the current wars suggest that the headache burden among recently deployed soldiers may be even larger. In addition to risking a combat injury, soldiers are exposed to constantly high stress levels. The combination is a perfect recipe for severe headaches.

“Especially … concerning,” he said. “In addition to the daily possibility of being injured or killed, soldiers worry about family separation and about their colleagues who serve along with them. And this is happening in young people in whom sophisticated coping mechanisms have not yet been developed.”

To understand how headache might affect the strength and stability of military units, Dr. Cohen and his coauthors reviewed the records of 985 soldiers who had been evacuated from the wars during 2004-2009 with a primary diagnosis of headache.

Headache treatment can last for months, he added, tying up military medical centers during active duty and after discharge.

“They continue utilizing medical and military resources the whole time they are being treated, and this costs America a huge amount of money,” he said. “Even if all our troops would pull out tomorrow, we will be paying for this for the rest of our lives, as will the soldiers who are injured.”

‘Shocking Percentage’ of Patients on Triptans Despite Risks

BY BETSY BATES
FROM THE ANNUAL MEETING OF THE AMERICAN NEUROLOGICAL ASSOCIATION

SAN DIEGO – Triptans are routinely prescribed to migraine patients who have a history of cardiovascular disease, according to evidence from a large medical claims database study.

Serotonin (5-HT) receptor agonists are among the most commonly prescribed medications for migraine patients, but are contraindicated in patients with a history of ischemic cardiac, cerebrovascular, or peripheral vascular syndromes; any other underlying cardiovascular disease; or uncontrolled hypertension, according to package inserts.

Daisy S. Ng-Mak, Ph.D., of Merck Sharp & Dohme, and her colleagues randomly selected 10 representative health plans from MedAssurant Inc.’s MORE2 (Medical Outcomes Research on Economics and Effectiveness) registry, which contains records from 2.5 million people. They found that 8% of 121,266 migraine patients had a cardiovascular contraindication, such as a history of myocardial infarction or stroke or documented prescriptions for cardiovascular disease.

Among those patients, 22% had received a prescription for a triptan during 2009, the authors reported at the meeting.

The MedAssurant MORE2 registry includes claims data on patients aged 18-64 years. Dr. Ng-Mak and her coauthors identified migraine patients through chart diagnoses, prescription claims, or treatment of at least two headaches at least a week apart. They similarly found cardiovascular contraindications by either diagnosis or prescription claim data.

Among patients aged 18-49 years with such a cardiovascular contraindication, 24% received a triptan prescription. “Especially … concerning,” the authors noted, was the fact that 21% of older migraine patients with cardiac contraindications at the time of the study had received a triptan prescription.

These 50- to 64-year-olds “may be exposed to other risks” that heighten cardiac concerns, Dr. Ng-Mak said.

An in-depth interview following the Continued on following page
Patients met criteria for at least one type of unmet need related to acute headache medications, including dissatisfaction with treatment (15.2%), moderate to severe headache-related disability (19.2%), excessive use of opioids or barbiturates (13%), and two or more visits a year to an emergency department or urgent care center for headache (2.3%).

According to Dr. Buse, “these data demonstrate that despite the existing armamentarium of acute headache therapies, many individuals with headache are not receiving satisfactory results. This is likely due to a range of factors, which may include limited access to care, cost barriers, and limitations of existing acute treatments for migraine.”

In this portion of the study, patients with cardiovascular disease were not asked whether they were taking triptans, but in a previous report from AMPP widespread triptan use was seen in migraineurs (Headache 2010;50:256-63).

That study found triptan use in 8.5% of patients with a history of MI, in 7% of those with a history of stroke, in 9% of patients who had undergone heart surgery, in 16% of patients with transient ischemic attacks, and in 18% of patients with a history of claudication.

MedAssurant’s MORE registry was sponsored by Merck Sharp & Dohme. The AMPP study was funded through a research grant to the National Headache Foundation from Ortho-McNeil Neurologics, with additional support provided by Allergan Pharmaceuticals, NuPath Inc., and Merck Sharp & Dohme. Some of the AMPP investigators, including Dr. Buse, have received research support from Allergan and NuPath.