The American Migraine Communication Study, presented at the annual meeting of the American Headache Society, provides findings that asked providers an average of 13 questions in the average 12-minute of office visit with a patient seeking care for migraine headaches.

Of those questions, 91% were closed-ended or short-answer questions that patients could respond to with one or two words. An example of a closed-ended question would be: “Is your headache pain one-sided?” as opposed to, “Can you tell me about your headache pain?”

In more than three-fourths of 60 videotaped office visits, not a single open-ended question was asked, reported Steven R. Hahn, professor of clinical medicine at the Albert Einstein College of Medicine, New York, who along with his colleagues and patients knew they were being videotaped in the observational linguistic study conducted in community-based private practices.

Separate postvisit interviews were conducted with patients and the 14 primary care providers, 8 neurologists, and 6 nurse practitioners or physician assistants who agreed to participate. Of the questions posed by providers addressed headache frequency, yet more than half the time the understanding of their patients’ headache frequency was not aligned with their own reports once the visits concluded.

Similarly, their understanding of their patients’ headache severity was misaligned with their patients’ perspective following 34% of visits.

Just 10% of office visits touched upon the degree of impairment experienced by migraine patients, even through an expert consensus panel in 2005 cited impairment as a key determinant in decisions about whether to consider or prescribe preventive agents.

In the 2005 American Migraine Prevalence and Prevalence Study, 75% of providers had frequent headaches, but only 24% of patients they saw had headaches on more than 3 days/month. In the same study, only 18% of providers had been educated about preventive treatments for migraine.

Preventive medications might include anticonvulsants, blood pressure medications, antidepressants, serotoner antagonists, or unconventional treatments such as magnesium salts or vitamins.

Among 60 patients in the communication study, 12 met the criteria for preventive therapy but were not receiving preventive medication. In office visits with 10 of these patients, preventive medication was never discussed. In the remaining visits, preventive medication was discussed and medication prescribed in two and was discussed but no medication was prescribed in three.

Dr. Hahn agreed with audience members who deployed the brevity of office visits addressing its topic as complex as migraines. He added, however, that time constraints are a reality. “I can tell you from this study that one question very quickly reveals the information that was missing from these encounters,” he said.

The closed-ended question—“Can you tell me how your headaches impact your daily life?”—would often be enough to elicit a succinct description of impairment than the open-ended decision making about preventive therapy, he said.

“It is actually a time-efficient approach,” Dr. Hahn added.