

Partnering with pharmacy teams to improve migraine management

Realistic Medicine in Practice

- **Dr Callum Duncan: Consultant Neurologist**
- **Dr David Watson: GP with Special Interest in Headache**
- **Abigail Duthie: Community Pharmacist**
- **Katy Styles: NMAHP Lead for Realistic Medicine**
- **Susan Flannery: Project Manager Realistic Medicine**



Spotlight Session Overview

- Project background and approach
 - *Innovators & improvers*
- Migraine awareness and recognition
 - *Personalised approach to care*
 - *Better managing risk*
- New Scottish Headache Pathway
 - *Reducing unwarranted variation*
 - *Reducing waste/harm*
- Putting it into practice
 - *Shared decision making*
 - *Personalised approach to care*
- Summary
- Q&A

Are you one of the 1 in 7
people who live with
migraine?



Project bid:

- Upskill 50 pharmacists on migraine management
- Produce materials for 132 pharmacies
- Deliver a “manage your migraine” patient webinar

The project approach

- Collaboration with pharmacists to identify
 - Learning needs
 - Practical considerations
 - Relevance to pharmacy team
- Engagement with people living with migraine
 - What Matters To You?
 - Had they accessed pharmacy for support?
 - Enablers to this
 - Feedback has shaped training, public awareness campaign and webinar

10 pharmacists
at focus group

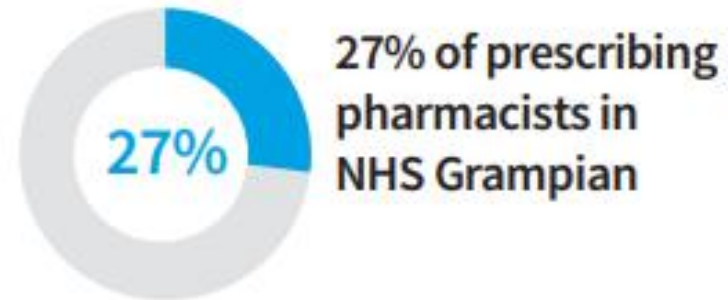
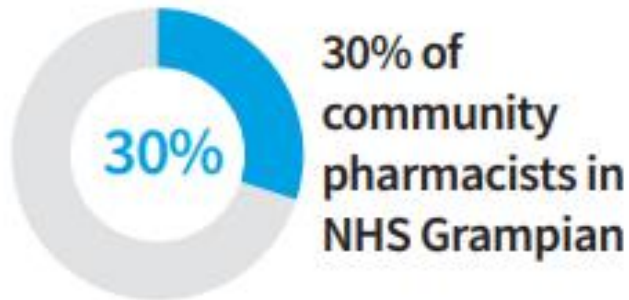
23 survey
responses

16 patients at
focus group

162 survey responses

Milestones & Outputs

- Focus group & survey- pharmacists
- Focus group & survey – people living with migraine
- Turas migraine landing page including eLearning module
- <https://learn.nes.nhs.scot/71957>
- Resources (posters, card, headache webpage)
- Four live training sessions in September
- Follow up survey & Q&A session (December)
- Manage Your Migraine webinar event (January)



The following is a summary of known outcomes and impact to date:

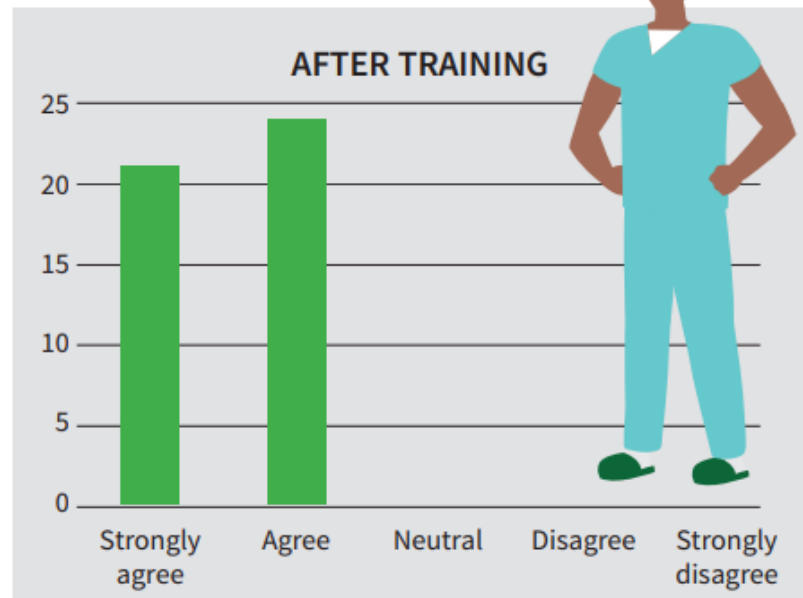
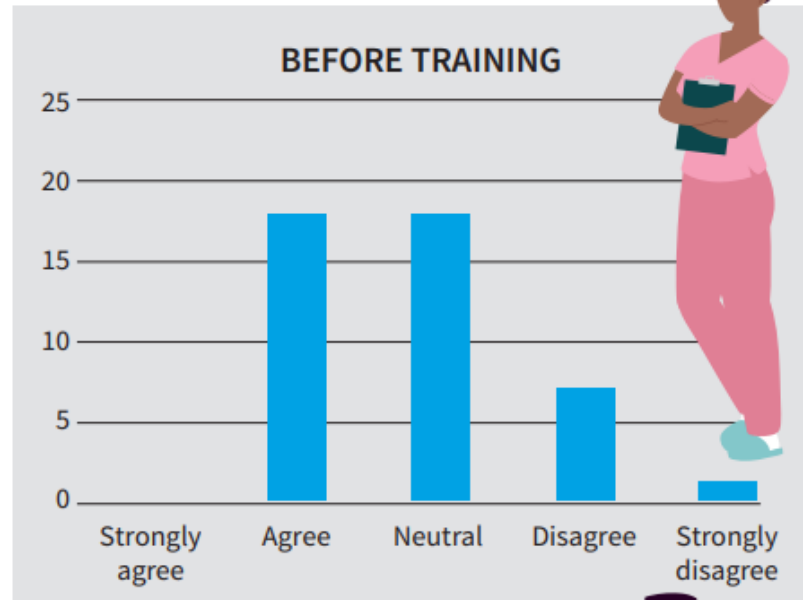


127
individuals have engaged with the eLearning (11/10/2023 figure)



73
individuals have attended the live training sessions

'I feel confident dealing with people with migraine in my work'



Realistic Medicine Pillars

- Personalised approach



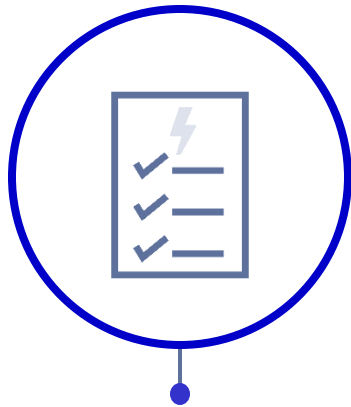
- By listening to the patient to better understand
 - the most bothersome symptoms
 - the individual and family burden

- Better Risk Management

- Enabling all members of the pharmacy team
 - To have the tools to make the correct diagnosis
 - To have the knowledge to explain the diagnosis



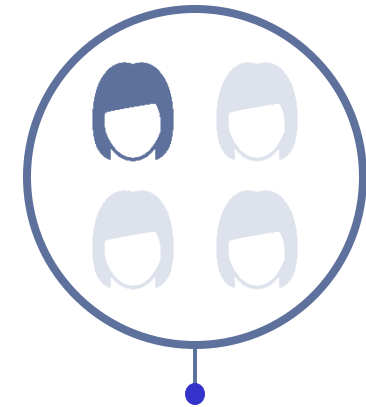
Migraine is a highly prevalent condition



Migraine is the **third most common** health condition in the world¹



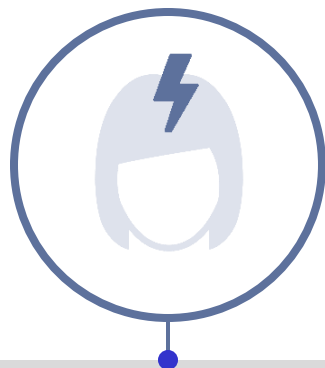
In the UK, more people live with migraine than **diabetes, asthma and epilepsy** combined²



Around **1 in 4 adults** aged 15–49 in the UK are living with migraine³

What is the individual burden of migraine?

Migraine impacts multiple aspects of patients' lives



Migraine is the **second highest** cause of global disability in the general population*, but takes **first place** in women aged 15–49^{1,2}

Daily activities, with reduced ability to¹:

- **Contribute to housework**
- **Take part in social activities**

Work productivity and professional lives²

Negative effect on relationships with family and friends¹

Emotional and mental health issues are common in migraine patients

Mood change and anxiety disorders

2–5 times more common in patients with migraine than in the general population³

The cost of migraine



In the UK, the **direct healthcare costs** of migraine are estimated to be around **£1 billion** per year¹



86 million equivalent workdays are lost **per year** in the UK due to migraine-related absenteeism and presenteeism¹



In the UK, **loss of productivity** due to migraine accounts for an estimated **indirect cost of £8.8 billion** per year¹

*The level-3 grouping of headache disorders in the GBD Study 2019 includes only specific diseases: migraine and tension-type headache, each with medication overuse headache as a sequela factored in according to the proportion of MOH attributed to it²; [†]Expressed as years lived with disability². GBD, Global Burden of Disease; MOH, medication overuse headache.

¹The Work Foundation. Society's headache: The socioeconomic impact of migraine. April 2018. <https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/iuhs/work-foundation/SocietysHeadacheTheSocioeconomicImpactofMigraine.pdf> [Last accessed April 2021]

²Al-Jarrah, M., et al. J Headache Migraine. 2020;21(1):137.

So, what is migraine?

Migraine is a neurological condition which features amplification of a number of sensory pathways¹. Some studies suggest that genetic components contribute to susceptibility to the condition⁵.

- May be lifelong but varies in impact, severity and frequency throughout life (epigenetics)²
- Is a spectrum condition; attacks may be mild, moderate or severe¹
- Can lead to attacks which may start at any age; usually in early adulthood³
- Has a natural history, often eventually improving with age²
- Migraine is NOT just a bad headache⁴

Headache disorders criteria for migraine: ICHD 3

A. At least five attacks fulfilling criteria B-D

B. Headache attacks lasting 4-72 hr (untreated or unsuccessfully treated)

C. Headache has at least two of the following four characteristics:

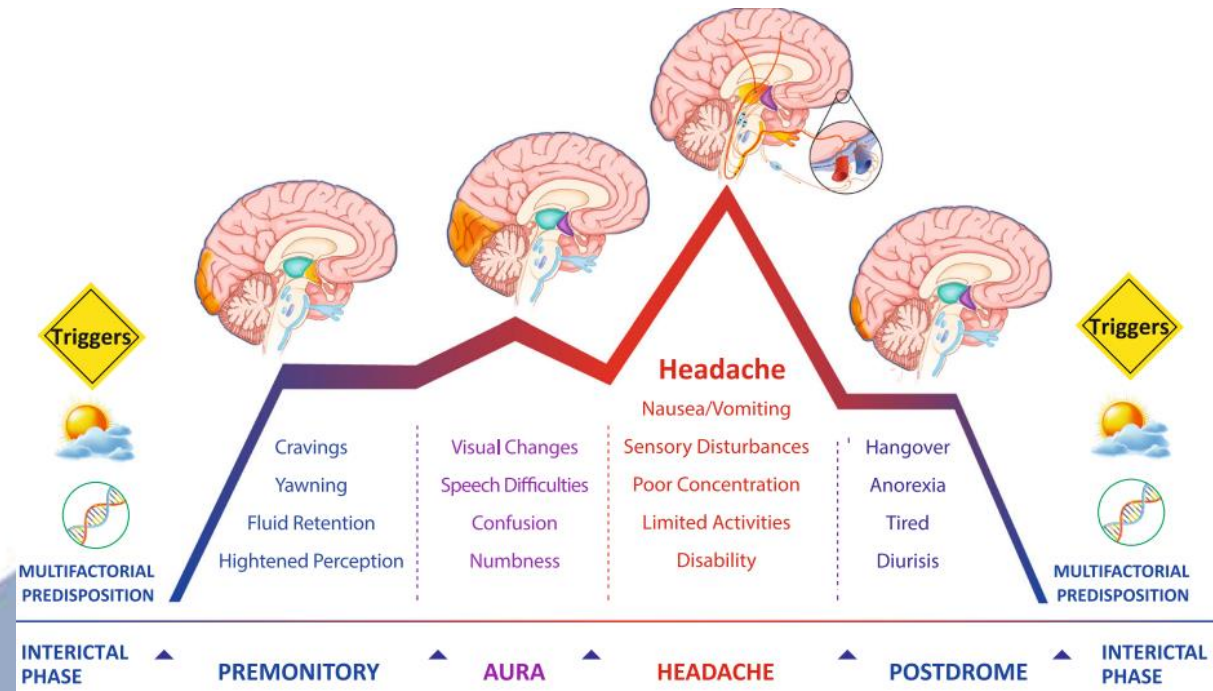
- unilateral location
- pulsating quality
- moderate or severe pain intensity
- aggravation by or causing avoidance of routine physical activity (e.g, walking or climbing stairs)

D. During headache at least one of the following:

- nausea and/or vomiting
- photophobia and phonophobia

E. Not better accounted for by another ICHD-3 diagnosis

- Migraine is a cyclic disorder with a complex sequence of symptoms within every headache attack.
- In its episodic form, migraine is characterised by recurrent attacks involving different phases, with a complex sequence of symptoms within every phase¹.
- Significant advances have been made in characterising migraine as a brain disorder and in identifying evolutive functional changes in different brain areas during the different phases of a migraine attack¹.



A landmark study found that most primary headache is migraine

Study design:

- Prospective open label study
- 128 practices, in 15 countries
- 1203 male and female patients

Inclusion criteria:

- Age 18-65 years
- Consulted their physician with a headache as a primary or secondary complaint

At screening patients self-reported a **headache diagnosis**

Assigned **initial headache diagnosis** by their physician

Nonmigraine primary headache

Migraine

Diary records of headache symptoms for up to 3 months or 6 attacks

Expert panel, unaware of the clinic diagnosis used diary data to assign a **headache diagnosis** to each attack and to each patient.

- **Conclusion:** “consider all disabling episodic primary headache with a normal physical examination to be migraine”

- A new clinic diagnosis of migraine was almost always correct : **98%** of patients with a clinic diagnosis of migraine had IHS-defined migraine

- Of patients with non migraine diagnosis of primary headache, diary evidence showed **82%** had IHS-defined migraine

Diagnosing migraine : 3 questions to ask about the WORST attacks

- A study evaluated validity and reliability of a brief, self-administered migraine screener in patients with headache complaints in the primary care setting
- Nausea, photophobia, and headache-related disability had a strong and significant association with diagnosis of migraine
- Individual screeners items were:

1. Has a headache limited your activities for a day or more in the last three months?
2. Are you nauseated or sick to your stomach when you have a headache?
3. Does light bother you when you have a headache?

Yes to **2** answers
has diagnostic
sensitivity of 0.81

Yes to **3** answers
has a positive
predictive value of
0.93

Need for a National Headache Pathway

Centre for
Sustainable
Delivery



NHS
SCOTLAND



Headache is a common presentation to both primary and secondary care

4.4 % of GP consultations are for headache, 1:50 referred to secondary care 20-25% of referrals into neurology clinics, 1-2% of acute presentations to ED



Migraine makes up 95% of all headache attendances in General Practice (Landmark Study)

Under-recognised and often inappropriately treated with analgesics, current acute and preventative treatment are underused, new treatments coming on-line



National (SIGN / SMC / BASH) and Local Guidance available



Variation in practice between and within different health boards



Appropriate early management of headache in primary care (Community Pharmacy and General Practice) may improve treatment, prevent complications and reduce need for secondary care referral

Migraine Management

- Modifiable lifestyle triggers
- Acute treatment
- Prevent Medication Overuse Headache
- Preventative treatment
 - Accessed from primary care
 - Accessed from secondary care









Scottish National Headache Pathway

7 sections with 2 additional in development

[Back to Neurology home](#)

Headache

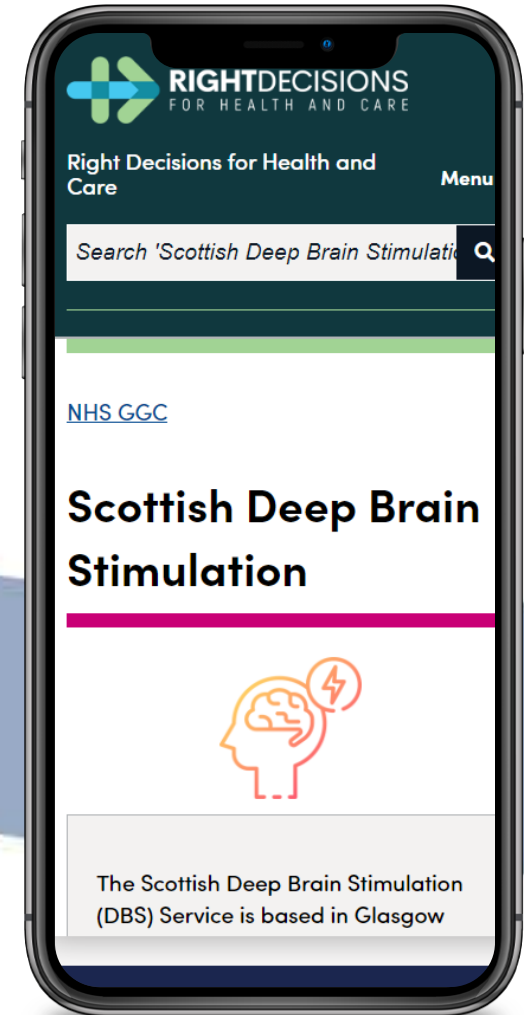
Centre for Evidence Based Delivery NHS SCOTLAND

-  [Introduction](#) >
-  [1. National Headache Pathway](#) >
-  [2. Acute Treatment of Migraine in Primary Care](#) >
-  [3. Headache Prophylaxis Treatment Advice](#) >
-  [4. Access to Image in Headache](#) >
-  [5. Migraine during Pregnancy or following Childbirth](#) >
-  [6. Menstrual and Perimenopausal Migraine Guidance](#) >
-  [7. Medication Overuse Guidance](#) >

What is the Right Decision Service?

Single national "mega-app" for Scotland which aims to:

- Provide easy access to evidence-based guidance
- Save time for healthcare professionals
- Improve patient safety + experience
- Reduce variation, waste + harm
- Empower patients to make informed decisions



Target Audience



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Sustainable
Delivery



- Primary aim of the National Headache Pathway is to provide guidance to primary care (general practice)
- Headache care is, however, accessed across the NHS
 - Community Pharmacy
 - General Practice
 - Secondary care – ED/Acute Medicine, Neurology

- Community Pharmacy
 - Timely correct diagnosis
 - Appropriate acute treatment
 - Avoid Medication Overuse Headache
 - Redirect patients with potentially concerning headache
- Practice Pharmacist
 - Better preventative treatment management




**Correct initial treatment may prevent the
development of Chronic Migraine**

Community Pharmacy Impact



A Few Examples of Patient consultations

- Straight forward diagnosis
 - Red-Flag symptoms
 - Advice and counselling on new migraine medications
 - Advice about OTC NSAID's
- 

Subject matter experts

Subject matter experts who are passionate about sharing best practice, and do so collaboratively and dynamically. They are generous in sharing their knowledge and expertise.



Pathway analysis

Through understanding the pathway, potential to enhance this can be identified. Recognising where improvements could make a meaningful difference.



Collaborators & improvers

Engaging champions who value the necessity and opportunity for upskilling, across traditional boundaries. This includes patients, clinicians and third sector. Multiple perspectives bring richness.



Learning culture & theory

Taking a partnership approach, creating a safe space to explore and test assumptions, nurturing the project along the way to grow further.

Data

Making the most of all opportunities to consider and capture metrics and evaluation to both measure and shape the project's impact.



Stewardship & Sustainability

Linking widely to share progress, making connections to explore and identify opportunities to spread learning and impact further.

Watch this space... Phase 2

- Further 12 months: January 2024 – January 2025
- Embedding in NHS Grampian
 - Nurture pharmacy expertise for sustainability
- Undergraduate education
- Expanding to (min) three other health boards
- Testing approach in another pathway