

Reducing the burden of headache

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Reducing the Burden of Headache is the last of 11 volumes belonging to the series *Frontiers in Headache Research* published this year by Oxford University. The topic dealt with is of extreme actuality. The editors, along with the authors of the various chapters, emphasize the importance of headache disorders as a social illness with a notable impact on the quality of life of affected patients, on their families and lastly on their work activities.

The necessity to consider headache, in particular migraine, as a disabling pathology emerges strongly from the information presented by the authors. The World Headache Organization (WHO) also confirms this by listing migraine among the first 20 disabling pathologies with an impact on the quality of life greater in respect to other chronic pathologies, which are considered more serious.

If, on the one hand the authors emphasize the importance of the disabling scale as a measure of the functional damage of affected patients and the effectiveness of targeted therapy, on the other hand the scenario portrayed is one of difficult management, scarce recognition of headache pathology in clinical practice and unsatisfactory treatment of patients, who often resort to self-medication and a disproportionate use of symptomatic drugs, with the potential risk that their disturbances become chronic.

The second part of the volume examines the direct and indirect costs of headache pathology, with particular regard towards migraine. The authors give a detailed analysis of benefits that a correct therapeutic and diagnostic management of the patients can obtain.

Starting from the different realities of the various European and American countries, guidelines and models of intervention are proposed with the aim of optimizing the management of patients, in particular those affected by migraine. To do this, however, outcome measures should be identified within the healthcare system and in the work environment, to be able to evaluate the economic impact, even if this is not sufficient for the optimization of headache management. In this sense, more appropriate

training of general practitioners is necessary, who, if opportunely informed, can truly manage a discrete number of patients.

The training of primary-care practitioners is fundamental for an adequate recognition of the various headache disorders and therefore, subsequently, for a more suitable treatment. It is also essential for general practitioners to give correct information to their patients, who require satisfactory answers from their doctors and need to be guided in the choice of the best pharmacological and non-pharmacological strategies to follow.

The text then goes on to illustrate the other levels of care. The second level is represented by the specialized unit and is preferred by neurologists in most countries, but not all neurologists care about headache patients and do not screen them for psychological morbidity. This is the situation of several neurologists in the USA; an issue that should be dealt with in the near future is to improve their interest and training. The third level includes specialized centres, both academic and not, to which the most difficult patients can turn. These include headache clinics and pain centres. The headache clinic, composed of a small team, is described as a centre for the management of primary headache patients with minimum comorbidity. Instead, pain centres are by their very nature considered more complex structures, because of the multidisciplinary character of the specialists, and they permit the possibility of dealing with chronic headache disorders of longer duration and with major comorbidity. This distinction may be too drastic and must be adapted to the reality of each country.

Finally, the role of these tertiary structures in the divulgation of information and the various operational phases within the territory are reported. The operational phase foresees: surveys with the use of questionnaires; informative interviews of patients in the work environment and extended also to family members in regard to the prevention and management of headache; and training, in particular of doctors and pharmacists, by way of courses and workshops in

which up-to-date therapeutic strategies are presented and ample time is dedicated for discussion about their practical implementation.

A peculiar model of this network or alliance to improve the healthcare system is that of a specialized centre (an example is the *City of London Migraine Clinic*), where neurologists or other specialists dedicated to headache work side-by-side with their primary-care colleagues. Another alternative is to use nurse practitioners trained in headache to educate and treat patients in a primary-care situation under the supervision of a headache expert; the nurse practitioners can provide standard or specialized care to patients randomized into groups. This is, however, the experience of only a few specialized headache structures, such as *Kaiser Permanente* (Santa Rosa, USA) and *Jefferson Headache Center* (Philadelphia, USA).

Besides the attempts which are in progress and mentioned in this volume, the aim of optimizing the use of

existing structures and the application of therapeutic possibilities is still far away. This cannot exclude the training and education of all personnel involved, which should begin with primary-care physicians who are still slow to accept headache as a biological disorder and to see a need for the application of modern treatment.

Fundamental and not least important is the information provided by the patient. Only by forging solid alliances with their doctors will headache patients succeed in obtaining satisfactory answers to their requests.

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