

MEETING ABSTRACT

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EHMTI-0346. Do nurses improve migraine management in primary care?

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Background

There are indications that a primary health care nurse may improve the treatment of migraine patients.

Methods

We conducted a non-randomized controlled prospective cohort study in primary care practices. In total 235 patients, diagnosed with migraine with or without aura according to ICHD-2 criteria, between 18 and 65 years of age, were included. Patients with migraine treated only by their general practitioner (control group) were compared to patients managed by a nurse supervised by a general practitioner (intervention group). Primary outcome was the difference in referral rate to a neurologist because of migraine.

Results

In the intervention group, fewer migraine patients were referred to the neurologist (3.5% vs. 29.8% in the control group, $p = 0.001$). The reduction in mean monthly headache days compared to baseline was apparent in the intervention group at 6 months (6.8 vs. 5.3 in the control group, $p = 0.006$) and 9 months (4.7 vs. 2.1 days in the control group, $p = 0.006$). At 9 months there was no significant change in dichotomized HIT score, compared to baseline ($p = 0.068$). Change in satisfaction of patients with treatment compared to baseline after 9 months did not differ significantly between the control and intervention group ($p = 0.070$).

Interpretation

The care administered by a primary care nurse supervised by a general practitioner resulted in less referrals to the neurologist and more headache-free days per month, but no change in HIT score. There was no

difference in change from baseline in satisfaction scores between patients of both groups.

No conflict of interest.

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