

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA

Headaches: Making the Right Diagnosis and Providing the Best Treatment

Presenters:

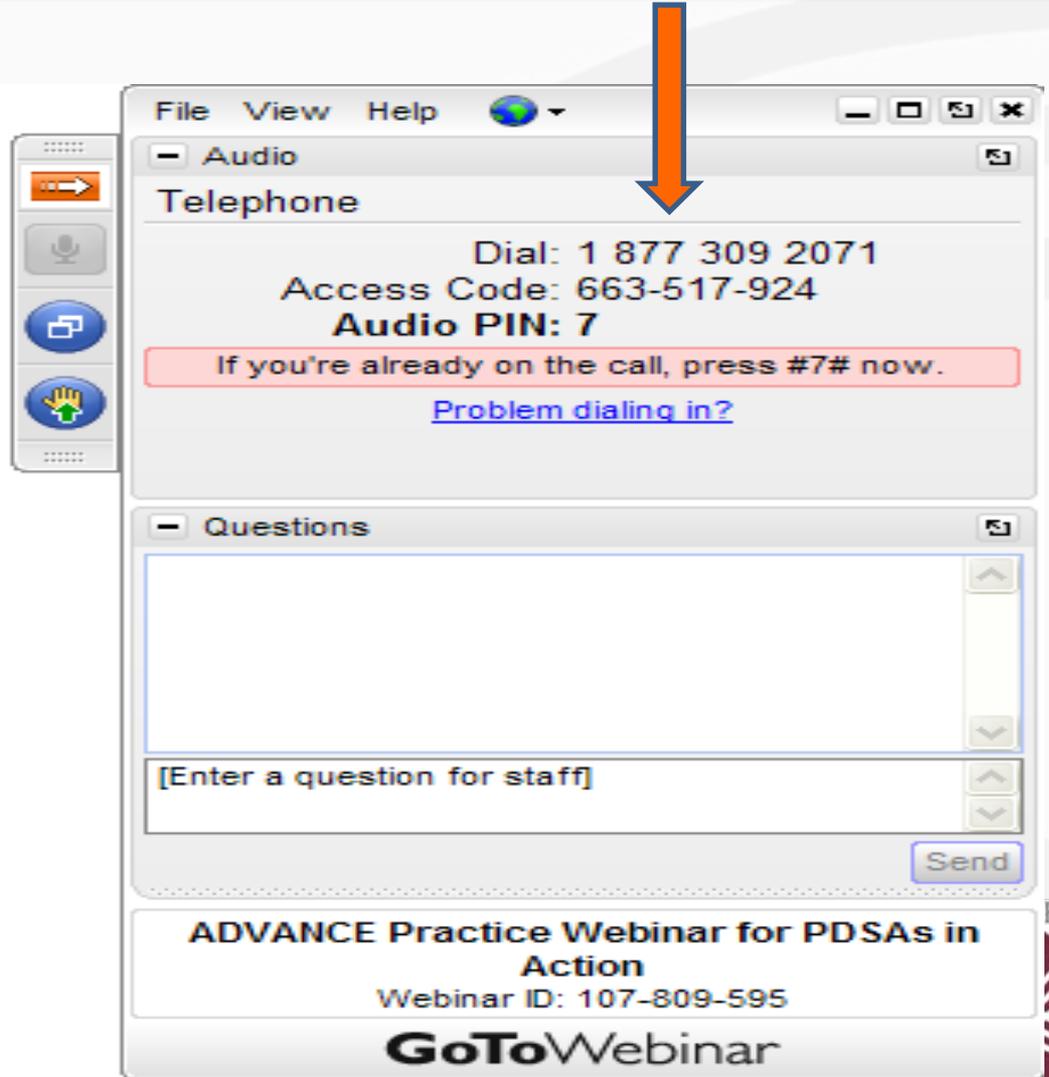
Dr. Marshall Kubota, Partnership HealthPlan of
California

Allan L. Bernstein, MD

September 25, 2015

Audio Instructions

To avoid echoes and feedback, we request that you **use the telephone** *instead* of your computer microphone for listening/talking during the webinar.



The screenshot shows a GoToWebinar interface with a sidebar on the left containing icons for a microphone, a telephone, and a hand. The main window has a menu bar (File, View, Help) and a title bar (- Audio). The 'Telephone' section displays the following information:

- Dial: 1 877 309 2071
- Access Code: 663-517-924
- Audio PIN: 7
- A red highlighted box contains the text: "If you're already on the call, press #7# now."
- A blue link below the box reads: [Problem dialing in?](#)

The 'Questions' section below has a text input field with the placeholder "[Enter a question for staff]" and a "Send" button.

At the bottom of the window, the text reads: "ADVANCE Practice Webinar for PDSAs in Action" and "Webinar ID: 107-809-595". The "GoToWebinar" logo is at the bottom center.

An orange arrow points from the top of the page down to the 'Telephone' section of the interface.

Conflict of Interest

- All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

Agenda

- Background: Why this matters
- Overview of PHC effort
- Headaches: Overview of the different types of headaches
- Treatment for headaches
- Headache prevention
- Medication in treating headaches
- Q&A

Background

The death rate from opioid overdose has quadrupled in the U.S. in the last decade



- **15,000**

Nearly 15,000 people die every year of overdoses involving prescription painkillers.



- **1 in 20**

In 2010, 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year.



- **1 Month**

Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.

CDC Statistics (2008)

For every **1** death there are...



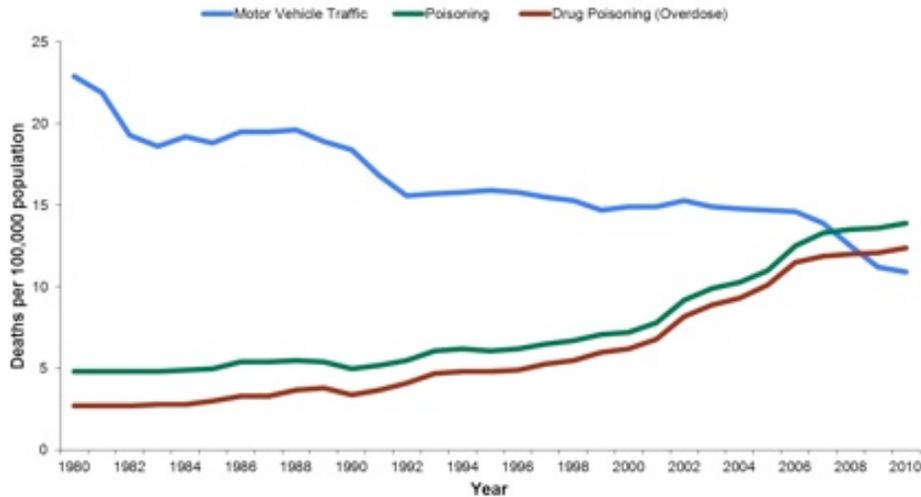
10 treatment admissions for abuse⁹

32 emergency dept visits for misuse or abuse⁶

130 people who abuse or are dependent⁷

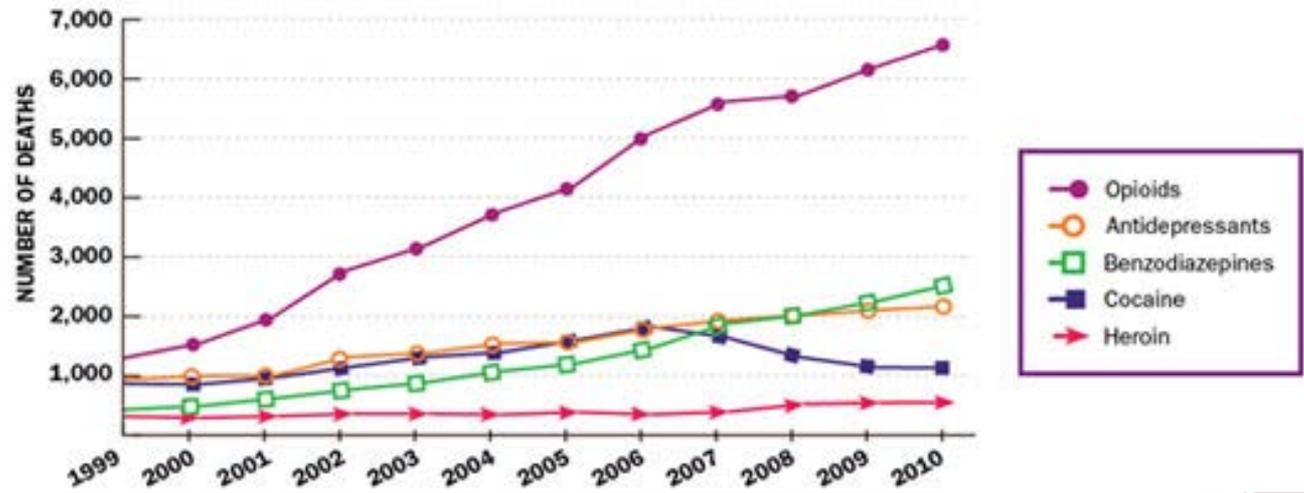
825 nonmedical users⁷

Deaths due to prescription Opioid overdose



U.S. Drug Overdose deaths surpass Motor Vehicle deaths

Mortality Increase due to Opioids



PHC's Managing Pain Safely Initiative

Goal – To optimize the use of medication and other modalities so that pain is treated appropriately, depending on the needs of the patient, informed by current medical science.

Interventions

- Education
- HealthPlan Pharmacy Prior Authorization Changes
- Additional options for treating pain
- Community activation
- Aligned incentives

PHC Prior Authorization Policy

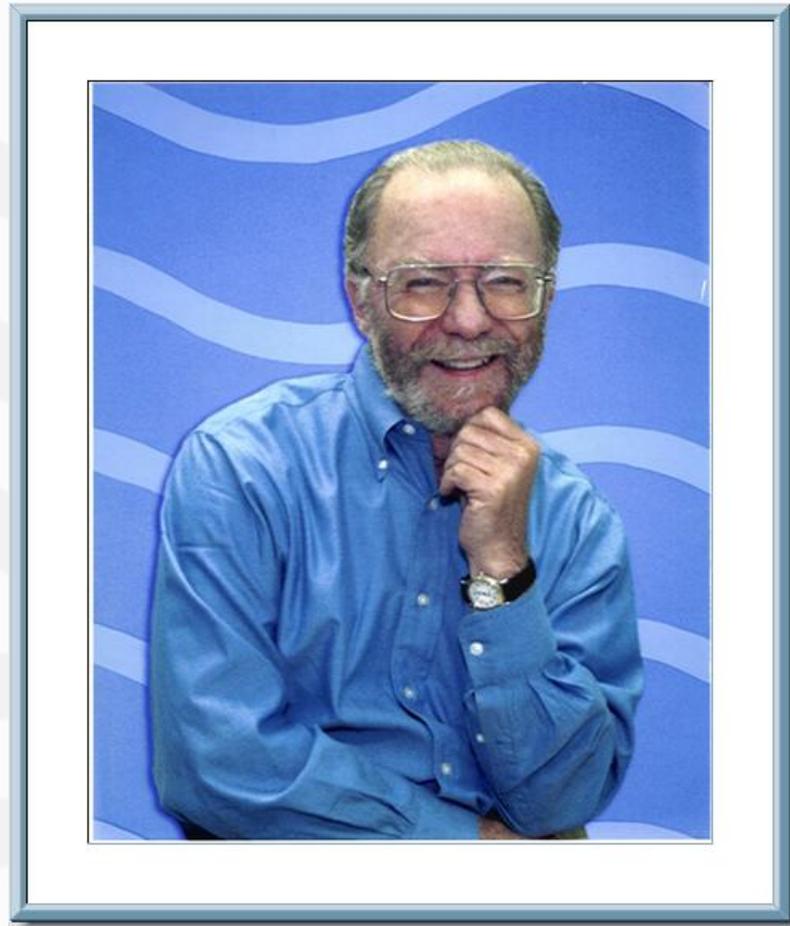
October, 2014: Medical Justification required for dose escalation for patients on high dose of opioids

Early March, 2015: Mailed lists of patients on >120mg MED to prescribers and requested providers to fill out opioid treatment explanation for each patient. Promoted creation of local pain medication oversight committees.

April, 2015: if no opioid treatment explanation or care plan is received on refill request for high doses of opioids (>120mg MED), PHC pharmacy staff will evaluate pattern of opioid use in the last 3 months. If dose stable will send patient-specific inquiry requesting medical justification for continued, prolonged use of high dose opioids.

June, 2015: PHC's Pain Medication Oversight Committee first meets to review submitted cases

Guest Speaker



Allan L. Bernstein MD

Headache

Almost everything you need to know

Allan L Bernstein MD

Headache-A universal complaint

- **90% of all adults have one or more headaches per year**
- **4% of all doctor visits are for headache**
- **5.5 days per year lost from work/school due to headache**
- **18% of adult females with migraine**
- **7% of adult males with migraine**
- **7-10% of children with migraine**

Pain-Sensitive Structures in the Head

- Blood vessels (vasculitis, CVAs)
- Meninges (infections, blood)
- Muscles (cramping, spasm)
- Sinuses (blocked, infected)
- Eyes (glaucoma, optic neuritis)
- Teeth (atypical odontalgia, infections)
- Ears (H.zoster, TMJ, mastoiditis)
- Scalp/Skin (H.zoster, cutaneous neuritis)

Headache

- Headache is different from other pain syndromes.
- It is triggered by a multitude of anatomic structures that share a common nerve pathway to the brain.

Two Types of Headaches

- Primary
 - Migraine
 - Tension-type
 - Cluster
 - Transformed migraine
 - Trigeminal neuralgia
 - Autonomic Cephalgias
- Secondary
 - Medications
 - Trauma
 - Infections
 - Infarcts
 - Increased or decreased ICP
 - Depression
 - Muscle tension-brow
 - Teeth

Secondary Headaches (con't)

- Toxins-fumes
- Sleep disorder
- Neck abnormalities
- TMJ disorders
- Estrogen
- Altitude
- Alcohol
- Intracranial bleeding
- Sinus infections

Migraine

- Episodic
- Specific age of onset-“you know when”
- Associated with nausea, photophobia, disability of some type
- May be able to identify triggers
- Hereditary
- Migraine equivalents are common
- Less headache pain with age, more auras

Tension-type headache

- Bilateral
- Often back of head or neck
- Less intense than migraine
- Less disability
- May overlap with migraine
- May overlap with secondary headaches especially depression
- Autonomic abnormalities are rare

Acute Treatments

- Triptans for migraine
 - Work best when used early
 - Not effective when event is full blown, i.e., associated with cutaneous allodynia
- NSAIDS effective
- Oxygen, ice packs, nerve blocks
- Antiemetics-occasionally

Acute Treatment

- Cool locations
- Quiet locations
- Dark
- CocaCola or other carbonated source of caffeine
- In ER setting, IV MgSO₄, IV Valproate
- AVOID NARCOTICS

Preventive Medications

- Propranolol
- Valproate
- Imipramine/amitriptylene/desipramine
- Topiramate
- Verapamil
- Lisinopril or other ACE drugs
- Losartan or other ARB drugs

Other Preventives

- MgO, 250 mg TID as tolerated
- Riboflavin, 200-400 mg/d
- B-12, 1 mg/d
- Melatonin for sleep
- Feverfew and other herbs +/- effectiveness but high placebo rate

Headache Prevention

- **Identify trigger factors**
- Life style changes
 - Diets.
 - Sleep patterns
 - Stress
 - Posture (computers, cars, desks)
 - Exercise
 - Neck care

Modifiable Risk factors

- Obesity

BMI > 25, risk of migraine 3x

BMI > 30 risk is 5x

Chronic pain

Sleep apnea

Stress

Medication overuse

Frequency of attacks

Medication-Overuse Headache: Epidemiology

- 4% to 5% of the general population suffer from CDH (Chronic Daily Headache)
- Up to 80% of patients consulting for headache in headache clinics suffer from CDH
- 80% of chronic migraine is MOH
- **Overuse of acute medications is commonly identified as the most important risk factor for chronic daily headache**

Medication Overuse Headache

- Headaches >15 days/month
- Regular use of ergots, triptans, opiates or combination analgesics > 10 days/month
- Regular use of simple analgesics >15 days/month
- Headache reverts to prior pattern within two months of stopping overused meds

Why Do People Get Into MOH

- Fear of headaches (cephalagiaphobia)
- “Drugs are the only solution”
- “Need” to function
- Difficulty tolerating discomfort
- Sedation seeking
- Anxiety
- Depression

Strategies for Medication Reduction

- Add preventives
- Add behavior-based programs
- Taper narcotic and butalbital containing medications over two months
- Steroids generally NOT helpful
- Botox for transformed or chronic migraine may be very successful
- **Get a consult from a headache specialist**

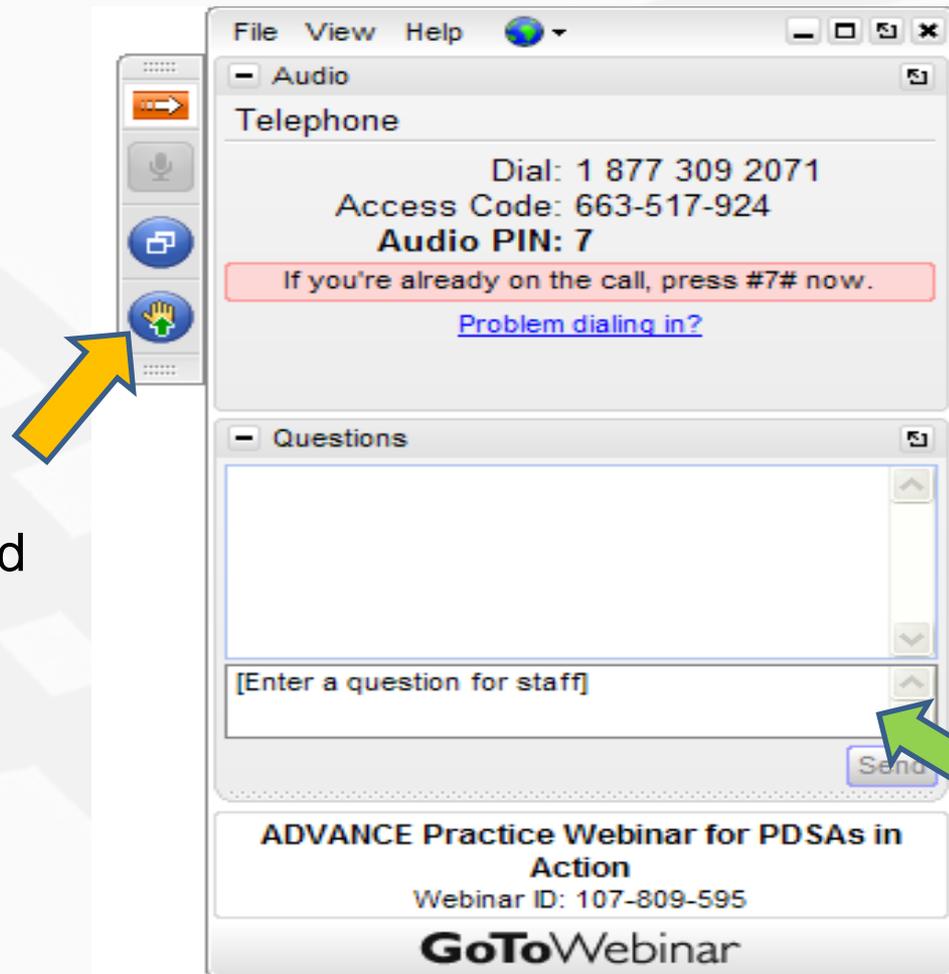
Real Challenges

- Behavior modification
 - Biofeedback
 - Stress management
 - Limiting medications
 - Diets (overall minor in adults)
 - Exercise programs
 - Weight management

Questions?

If you have a question or would like to share your comments, please

- Type your question in the “question” box, or
- Click the “raise your hand” icon



The screenshot displays a web browser window with a GoToWebinar interface. On the left, a vertical toolbar contains several icons: a microphone, a document, and a hand with a green arrow pointing up, which is highlighted by a yellow arrow. The main content area is divided into two panels. The top panel, titled 'Audio', shows dialing information: 'Dial: 1 877 309 2071', 'Access Code: 663-517-924', and 'Audio PIN: 7'. A red banner below this text reads 'If you're already on the call, press #7# now.' and a blue link says 'Problem dialing in?'. The bottom panel, titled 'Questions', features a large text input field with the placeholder text '[Enter a question for staff]'. A green arrow points to the 'Send' button located at the bottom right of this input field. Below the question panel, the text reads 'ADVANCE Practice Webinar for PDSAs in Action' and 'Webinar ID: 107-809-595'. The 'GoToWebinar' logo is at the bottom center.

PHC Resources

PHC Website:

<http://www.partnershiphp.org/Providers/HealthServices/Pages/Managing-Pain-Safely.aspx>

Member Resources:

<http://www.partnershiphp.org/Members/Medical/Pages/ManagingPainSafely-MemberResources.aspx>

PHC Resources

Upcoming Opportunities

October 27, 12-1pm

- UTOX Webinar with Dr. Andrea Rubinstein

January 2015

- MPS Forum II

For more information, please visit the MPS Website

<http://www.partnershiphp.org/Providers/HealthServices/Pages/Managing-Pain-Safely.aspx>

Thank You!

Contact Information:

MPS Project

Danielle Niculescu, Project Coordinator II

Dniculescu@Partnershiphp.org