Headaches: Making the Right Diagnosis and Providing the Best Treatment

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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.
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.
• 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
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.

Chart taken from the CDC [http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html](http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html)
CDC Statistics (2008)

For every 1 death there are...

10 treatment admissions for abuse

32 emergency dept visits for misuse or abuse

130 people who abuse or are dependent

825 nonmedical users

Chart taken from CDC http://www.cdc.gov/homeandrecreationsafety/rxbrief/
Deaths due to prescription Opioid overdose

U.S. Drug Overdose deaths surpass Motor Vehicle deaths

Mortality Increase due to Opioids
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
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/amitriptyline/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
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
PHC Resources

PHC Website:
http://www.partnershiphp.org/Providers/HealthServices/Pages/Managing-Pain-Safely.aspx

Member Resources:
http://www.partnershiphp.org/Members/Medi-Cal/Pages/ManagingPainSafely-MemberResources.aspx
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.partnershipphp.org/Providers/HealthServices/Pages/Managing-Pain-Safely.aspx
Thank You!

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