

YOUR FIRST VISIT TO THE DOCTOR: MAXIMIZING THE BENEFIT



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Ahh “I need help!” you say. You’ve been putting up with migraine for years. The frequency and severity of your headaches has been steadily increasing despite your best efforts to maintain a healthy lifestyle, and the over-the-counter medications you take by the handful seem to have no more therapeutic effect than a pack of M&Ms. You’ve finally decided to take the big step: tomorrow you have an appointment with a doctor to be evaluated for your headaches.

What you obviously want from that appointment is help. What you don’t want is to leave the doctor’s office frustrated, with no clear plan for managing your headache disorder. Is such a disappointing outcome truly possible? Unfortunately, yes. Above all else, confirming the diagnosis of migraine and creating an appropriate strategy for its effective management requires a

conversation. Migraine is primarily a subjective neurologic disorder. Migraine’s subjective nature means that objective diagnostic studies like blood tests or brain CT and MRI scans may help exclude other disorders, but their results alone cannot serve to establish that your headaches are due to migraine. Nor does your response to a treatment necessarily assist in diagnosis. Medications advertised for treating sinus disease can be quite effective in reducing acute migraine headache, and conversely, headaches resulting from causes other than migraine may respond quite well to a “migraine treatment”.

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Far more than any physical examination, brain scan or blood test, your ability to communicate a concise, informative headache history is the key to accurate diagnosis and a successful therapeutic outcome. Without this history it will be more difficult for the doctor to help you achieve the results you desire. You've taken the time and made the effort to put yourself in the exam room. Do everything you can to make the visit worthwhile.

VISIT PREPARATION

Optimal treatment of any chronic medical disorder requires that the patient be an active participant in his/her own healthcare. Migraine is typically a chronic medical disorder, and all the pills, capsules, sprays, shots and Botox in the world may fail to give you the relief you seek if you are not actively engaged in the treatment process. Healthy diet, restful sleep, aerobic conditioning, stress reduction: all are integral to minimizing migraine's muddy footprint on your life. And this active participation includes preparing for your first clinic visit.

What follows is a list of information that will make the diagnosis and treatment of headache easier for your physician.

Key Questions Regarding Your Headache History (prepare your answer in advance)

- At what age did you first begin to experience a significant problem with recurrent headache?

This "anchor in time" can be helpful in establishing a diagnosis of migraine.

Sure, your main concern involves the frequent and severe headaches you've been suffering for the last six weeks, but when did you first experience migraine?



When prompted, patients who initially report no past history of migraine will recall those severe menstrual headaches during their teenage years, the decades of "sick headaches" following a glass of wine, or that miserable season of headache during the first trimester of a long-ago pregnancy. While migraine can make its first appearance at any age, in females especially migraine onset tends to occur at or in the decade following menarche, the onset of the first menstrual cycle.

- Has there been any recent change in the character or frequency of your headaches?
If yes, how have they changed? more frequent? more severe? both? Can you think of any factors that may have caused the change? (for example, did you start or stop an oral contraceptive?)
- What is your current headache burden?

Assessment of headache burden seems like it should be simple, but this is precisely the point where many headache evaluations fall apart. When asked by the provider at the initial visit, "How are your headaches?"; almost every

patient will answer, "They're bad". Of course the headaches are bad - why else would patients bother to make and keep their appointments? - , but "bad" does virtually nothing to assist in calculating your headache burden.

Headache burden is a complex blend of headache frequency, headache severity and headache-related functional disability, and without knowing your true burden your provider may not be able to work with you to develop a treatment strategy appropriate to your particular needs. Does "bad" mean you have two days of severe, functionally incapacitating menstrual headache per month and are otherwise headache-free? or does "bad" mean you have a constant mild to moderate intensity headache with superimposed attacks of disabling migraine 10 days per month? The management for these two types of "bad" headache is very, very different.

Ask yourself this: on how many days out of the last 30 did I have a headache that lasted for at least 4 hrs or a headache of any duration that was severe enough to make me take or want to take medication to relieve it?

And this: on how many of those “headache days” did the headache prevent me from carrying out my routine activities for an hour or more?

WHAT TO BRING

While copious notes meticulously describing each and every one of your headaches or a detailed headache diary that spans decades rarely will accomplish much beyond causing your provider’s heart to sink, there are certain materials well-worth bringing with you.

- List of your current medications and their doses

- List of the medications and other therapies you’ve tried for treatment of acute migraine and for migraine prevention (see sidebar for illustrative example, and go to www.migraineurmagazine.com and link to Previous Migraine Medications for the complete form)
- Completed “headache questionnaire” (go to www.migraineurmagazine.com and link to Headache Questionnaire)
- Copies of formal reports detailing the results of any brain CT or MRI scans you’ve had in the past (CDs of the actual images can be helpful as well, but more important are the reports)

For more tips on getting the most out of your first visit to the doctor, go to www.migraineurmagazine.com and link to Deb’s Downloads.

Most of all, bring hope to your visit. Leave behind the I’ve seen everyone...tried everything...nothing’s going to work mantra. Work with your provider to create a productive therapeutic alliance. Much has changed in the last 30 years. Migraine is a treatable disorder, our understanding of migraine has increased dramatically, and that increased knowledge is fueling the development of new therapies unrivaled in their specificity. There is every reason to be optimistic.

Computer-assisted Help for Headache Patients – Tech to the Rescue!

Over ten years ago, two headache specialists, Drs. Robert Cowan and Alan Rapoport, began discussing how to use a computer to provide an expert opinion directly to individual headache sufferers.

Five years later, the **BonTriage Headache Deep Dive** was born. **Deep Dive** is a free, web-based computer program that poses all the questions a highly trained headache specialist would ask; applies a rule-based engine to match the answers to internationally recognized diagnostic criteria; and then creates a written report a patient can bring to his/her doctor. This report summarizes your history and even provides a clinical impression. A headache diagnosis.

The primary intent of **BonTriage** is to save you and doctor the time required to record an accurate history and formulate an appropriate diagnosis. This frees both of you to use the office visit itself to discuss your headache management, and it allows time for the doctor to answer your questions.

Results to date have suggested patients appreciate and use the program, and in many cases the computer identifies diagnoses missed by an expert physician. After years of testing, results show that THE COMBINATION of a computer program and a good doctor is better than either one alone.

Working with colleagues skilled in machine learning and artificial intelligence, Cowan and Rapoport next developed a new app: the **BonTriage Headache Compass**. This innovative app is designed to help headache sufferers better track, treat and reduce their headache burden.

How does it work? It’s simple. For example, the **Headache Compass** can indicate that headache frequency is increasing and that a preventive medication should be started or a regular exercise program begun. It can indicate that an acute medication taken to stop a headache is not working quickly or effectively enough or whether a suspected trigger really does bring on your headaches.

When you first download the app, you are asked to answer questions related to your headache disorder, and over time you add more data. The **Compass** uses powerful computer analytics to make sense of the personalized data it collects, and the results of the analysis enable users to identify and avoid factors that predispose to headache, identify factors that improve headache, and provide feedback to assess whether management strategies are working. The more consistently data are entered, the better the app becomes at assisting in management.

To find the **BonTriage Deep Headache Dive**, go to www.bontrriage.com and click on “start the assessment”. To find the i-phone app, search for **BonTriage Headache Compass** in the app store, or go to www.bontrriage.com on your i-phone and click “download the app”. If you have questions, suggestions or comments, e-mail info@bontrriage.com. All data recorded in both instruments are HIPAA-protected and de-identified to protect your privacy.