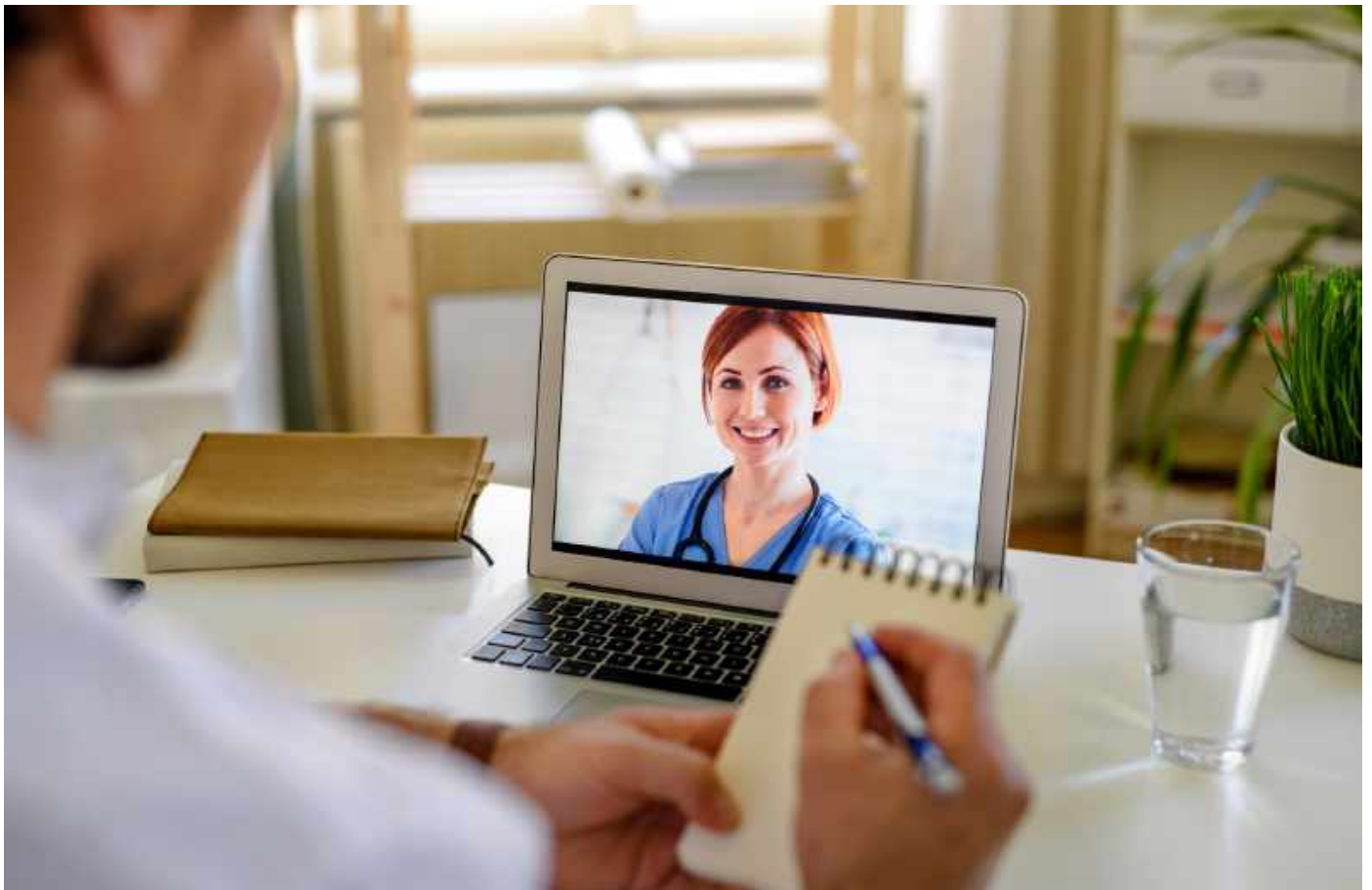


Migraine Tip of the Month



As has been stressed in previous issues, an effective treatment strategy cannot be developed in the absence of an accurate diagnosis and, in the case of migraine, an accurate assessment of the patient's migraine burden. In evaluating headache and assessing migraine burden, the healthcare provider depends almost entirely upon the history provided by the patient.

This has been underscored by the necessary alterations in patient management resulting from the COVID-19 pandemic. While at the GW Headache Center we have continued to maintain a weekly procedural clinic for patients requiring procedures or urgent in-person evaluation, we have shifted much of our elective non-procedural work to telemedicine.

Headache diagnosis and management

lends itself particularly well to telemedicine, and results from an ongoing study being conducted at GW indicate that when compared to a face-to-face evaluation, headache patients presenting to the Headache Center's clinics find telemedicine appointments to be at least as satisfactory and no less likely to lead to a positive treatment outcome.

Telemedicine is here to stay. Even when the current pandemic is but an unpleasant memory, many healthcare providers who specialize in headache will be using telemedicine to diagnose and manage their patients. You can help tremendously by being prepared for your telemedicine clinic visit. Any first encounter you have with a headache provider, be it in-person or via telemedicine, will proceed more smoothly and more likely yield a positive result if you are adequately prepared.

To assist in preparing for your first visit, review "[Your First Visit to the Doctor: Maximizing the Benefit](#)" in the Spring 2018 issue of this magazine. In addition, we have posted a modified version of the new patient questionnaire that we utilize at the GW headache Center on this magazine's website, migraineurmagazine.com. Prior to your visit download and print the questionnaire, complete it, and have it immediately at hand when as you speak with the provider. If the opportunity exists, fax or email a copy of the completed questionnaire to that provider in advance of the appointment, and it will be included in your electronic medical record.

The editor of this magazine has been using versions of this questionnaire in his clinics for the past 25 years and can testify to how much it facilitates provider: patient communication. **IV**

DESPITE WHAT YOU TELL THEM,
**PATIENTS WAIT TO
TREAT A MIGRAINE—
AND SUFFER LONGER.¹**
WHY?

A DIFFERENT APPROACH IS NEEDED.

**UBRELVY—THE ANYTIME, ANYWHERE
MIGRAINE MEDICINE™** ^{2,3}

FIND OUT MORE AT UBRELVYHCP.COM/ONEDOSE

INDICATION

UBRELVY™ (ubrogepant) is indicated for the acute treatment of migraine with or without aura in adults. UBRELVY is not indicated for the preventive treatment of migraine.

IMPORTANT SAFETY INFORMATION

Contraindication: Concomitant use of strong CYP3A4 inhibitors (eg, ketoconazole, itraconazole, clarithromycin).

Adverse Reactions: The most common adverse reactions were nausea (4% vs 2% placebo) and somnolence (3% vs 1% placebo).

Drug Interactions:

- Strong CYP3A4 Inducers: Should be avoided as concomitant use will result in reduction of ubrogepant exposure.
- Dose modifications are recommended when using the following:
 - Moderate or weak CYP3A4 inhibitors and inducers
 - BCRP and/or P-gp only inhibitors

Please see Brief Summary of full Prescribing Information on reverse page.

References: 1. Gallagher R, Kunkel R. Migraine medication attributes important for patient compliance: concerns about side effects may delay treatment. *Headache*. 2003;43(1):36-43. 2. UBRELVY [package insert]. Madison, NJ: Allergan USA, Inc.; 2019. 3. Data on file. Allergan.

UBRELVY™
(ubrogepant) tablets | 50mg
100mg