



Assessing Functional Impairment During and Between Migraine Attacks

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ABSTRACT

Migraine can result in functional impairment both during and between attacks. Disability due to migraine is often underestimated in clinical practice, and patients often are unaware of the various therapeutic options available. As a result, patients remain undertreated, especially with regard to preventive medications. To improve migraine management, nurse practitioners treating patients with migraine should aim to ascertain the full burden of migraine by assessing patients' impairment both during and between attacks. This article discusses the total impact of migraine, communication strategies designed to promote greater disclosure and understanding of the degree of migraine-related disability, and preventive treatment options.

Keywords: Antiepileptics, beta-adrenergic agonists, functional impairment, migraine, prevention

INTRODUCTION

Migraine is a common disorder that the World Health Organization identifies as one of the most disabling conditions in the world.¹ Nurse practitioners frequently encounter patients with migraine, because it affects 12% of adults in the United States, or approximately 30 million people nationwide.² Migraine is three times more common in women than in men and is most prevalent during the peak productive years, between the ages of 25 and 55 years.² Many migraine sufferers are impaired both during and between attacks, and disability between attacks contributes substantially to the burden of the disease.²⁻⁸ Since the early 1990s, it has been reported that symptoms, severity, and disability associated with migraine can vary from patient to patient during a migraine attack as well as between attacks. In addition, a subgroup of migraineurs may progress to chronic migraine, a form of the disorder characterized by the occurrence of migraine on ≥ 15 days per month.⁹ Individuals with chronic migraine are significantly affected by the condition and are often difficult to treat both acutely and prophylactically.^{6,10}

Migraine is now viewed as a chronic/recurrent and sometimes progressive disorder, with the burden increasing as headache frequency increases.^{10,11} Although our understanding of migraine and its impact is greater than ever before, the burden of migraine continues to be poorly recognized and is seldom assessed in clinical practice.¹² Often because of a gap in communication with their health care providers, migraine sufferers are not even aware of treatment options, especially migraine preventives.¹² The overall result is both underdiagnosis and undertreatment of migraine.^{2,13}

To better evaluate treatment needs, the recent National Headache Foundation (NHF) consensus guidelines recommend that health care practitioners assess the total functional impairment of migraine, including ictal (during the attack) and interictal (between attacks) burden.¹¹ Nurse practitioners are in a position to diagnose migraine, assess its overall impact, and appropriately manage their patients' migraines. Strategies designed to promote greater disclosure and understanding of the degree

of migraine-related functional impairment, including improved communication between the patient and health care provider, have been recently developed and may improve migraine management.^{12,14}

This article reviews data on the functional impairment during and between migraine attacks and presents strategies to better assess the total burden of migraine, including new approaches to measuring interictal burden. Preventive treatment options for patients with a spectrum of migraine frequencies are also discussed.

FUNCTIONAL IMPAIRMENT DURING AND BETWEEN ATTACKS: THE CYCLE OF MIGRAINE

Migraineurs—especially those with a high frequency of attacks—report compromised physical, mental, and social functioning.¹⁵ Numerous studies have shown that migraine affects every aspect of a person's life, including work or school performance, ability to perform household chores, social functioning, and relationships with family and friends.^{2,3,15} As a consequence, quality of life (QoL) is also impacted. The recent landmark American Migraine Prevalence and Prevention (AMPP) study, the

largest study of migraine sufferers ever conducted, analyzed symptoms and treatment patterns in a sample of more than 160,000 Americans aged 12 years and older.² In that study, 9 of 10 migraine sufferers reported not being able to function normally during a migraine attack, and more than half (53.7%) reported severe impairment or the need for bed rest during their headache.² Because

of headache-related impairment, more than 25% (25.3%) of migraineurs missed at least 1 day of work or school during the past 3 months due to a migraine; nearly half (47.7%) reported not being able to perform household chores; and approximately 30% (29.1%) missed family or social activities.² In another study, 389 migraineurs in the United States and the United Kingdom were asked about migraine disability using a computer-assisted telephone interview.³ Of the people with migraine, 85% reported substantial reductions in their ability to do household work and 45% missed family, social, and leisure activities.³ Half of migraine sufferers also believed that because of

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