



ORIGINAL ARTICLE

Characteristics of the first 2000 patients registered in a specialist headache clinic^{☆,☆☆}



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KEYWORDS

Outpatient headache clinic;
Headache registry;
International classification of headache disorders;
Migraine;
Tension-type headache;
Secondary headache

Abstract

Objectives: Headache is a common cause of medical consultations. We aim to analyse demographic characteristics of the first 2000 patients in our register, and the incidence of their different headaches coded according to the International Classification of Headache Disorders, second edition (ICHD-II)

Patients and methods: In January 2008, a headache outpatient clinic was established in a tertiary hospital. Patients could be referred by general practitioners according to criteria established by prior consensus, as well as by general neurology or other specialty clinics. The following variables were prospectively collected for all patients; age, sex, referral source, complementary tests required, and the previously prescribed symptomatic or prophylactic therapies. All headaches were classified according to ICHD-II. When a patient fulfilled criteria for more than one type of headache, all of them were diagnosed and classified.

Results: In October 2012, 2000 patients (ratio women/men 2.59/1) had been seen in our headache clinic. The median age was 42 years (range, 11-94), 55.3% were referred from primary care, and 68.1% did not require complementary tests. A total of 3095 headaches were recorded in these 2000 patients, of which 2222 (71.8%) were considered primary headaches, 382 (12.3%) secondary headaches including 117 (3.8%) corresponding to cranial neuralgias, 136 (4.3%) were unclassified headaches, and 238 (7.7%) were included in the Appendix to the ICHD-II. The most represented group was group 1 (migraine) accounting for 53% of all headaches.

Conclusions: The characteristics of the first 2000 patients in our register were comparable to those previously described in other types of outpatient headache clinics. Migraine was the most frequent diagnosis, and secondary headaches were not as frequent in our series. Most headaches could be coded according to ICHD-II criteria.

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PALABRAS CLAVE

Consulta monográfica de cefaleas;
Registro de cefaleas;
Clasificación internacional de cefaleas;
Migraña;
Cefalea tensional;
Cefalea secundaria

Características de los 2.000 primeros pacientes registrados en una consulta monográfica de cefaleas**Resumen**

Objetivos: Analizar las características demográficas de los 2.000 primeros pacientes del registro de una consulta monográfica de cefaleas (CMC), y la incidencia de los diferentes tipos de cefaleas codificadas según los criterios de la clasificación internacional de cefaleas, II edición (CIC-II)

Pacientes y métodos: En enero de 2008 se estableció una CMC en un hospital terciario. Los pacientes podían ser derivados desde atención primaria en formato de alta resolución, la consulta general de neurología u otras especialidades. Se atendieron fuera de agenda a profesionales del centro o familiares. Recogimos prospectivamente en cada paciente la edad, el sexo, la vía de acceso a la consulta y los tratamientos sintomáticos o profilácticos prescritos con anterioridad. Las cefaleas fueron clasificadas de acuerdo a la CIC-II; cuando un paciente cumplía criterios para más de un tipo de cefalea todas eran diagnosticadas y clasificadas.

Resultados: En octubre de 2012 2.000 pacientes (ratio mujeres/hombres: 2,59/1) habían sido incluidos. La mediana de edad de estos pacientes era de 42 años (rango: 11-94). El 55,3% fueron derivados desde atención primaria. Un 68,1% no requirió pruebas complementarias. Se codificaron 3.095 cefaleas; 2.222 (71,8%) primarias y 382 (12,3%) secundarias. Ciento diecisiete (3,8%) neuralgias craneales, 136 (4,3%) no clasificables y 238 (7,7%) incluidas en el apéndice de investigación de la CIC-II. El grupo más representado era el 1 (migraña) con un 53% del total de cefaleas.

Conclusiones: Las características de nuestro registro son comparables a las descritas previamente en consultas monográficas de cefaleas. La migraña fue el diagnóstico más habitual. Las cefaleas secundarias no son frecuentes en nuestra serie. La mayoría de las cefaleas pudieron ser codificadas por la CIC-II.

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Introduction

Headache is the most frequent reason for neurological consultation and one of the most common for primary care consultations. Even so, epidemiological studies show that a significant percentage of people experiencing headache never seek medical advice.¹⁻³

Headache can have a significant impact on the patients' quality of life, leading to high direct and indirect financial costs.^{1,4} The second edition of the International Classification of Headache Disorders (ICHD-II)⁵ helps doctors assign the appropriate diagnosis for each patient, which is essential for managing headache patients correctly. This classification includes 14 groups divided into 3 sections plus an appendix (Table 1).

The aim of our study is to analyse the demographic characteristics of the first 2000 patients registered in a specialist headache clinic (SHC) and the incidence of their different headache types classified according to ICHD-II criteria.

Patients and methods

The SHC was set up in our tertiary hospital in January 2008. Following a one-stop clinic model, patients could be referred by primary care according to previously agreed and established criteria. The clinic also accepts referrals from the general neurology department in especially complex cases

or those needing interventions with therapeutic instruments (anaesthetic blocks or botulinum toxin injections), as well as in-hospital referrals by other medical specialities. After being made aware that the new SHC was operational, hospital employees immediately requested appointments for themselves, family members, and friends.

We prospectively registered SHC patients' demographic characteristics, referring department, complementary tests ordered by the neurologist in charge of the SHC (A.L.G.), and symptomatic and preventive treatments applied before the patient was seen at the SHC.

All headaches were coded according to ICHD-II criteria. When a patient met criteria for more than one headache type, all types were diagnosed and coded.

Results

As of October 2012, 2000 patients (1444 women and 556 men with a ratio of 2.59:1) had been attended in the SHC. Mean age in our series at the time of first consultation in the SHC was 42 years (range 11-94). Most of our patients (1105, 55.3%) were referred by primary care. Five hundred and two (25.1%) were referred to the SHC by the general neurology department and 232 (11.6%) by other specialities, mainly neurosurgery. One hundred and sixty-one (8.1%) of the cases were the patients with staff connections that we mentioned before.

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