

# Behavioral Medicine for Migraine

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## KEYWORDS

- Migraine • Headache • Biofeedback
- Behavioral medicine • Biobehavioral • Relaxation
- Cognitive behavioral therapy (CBT) • Biopsychosocial

“Behavioral Medicine is the interdisciplinary field concerned with the development and integration of behavioral, psychosocial, and biomedical science knowledge and techniques relevant to the understanding of health and illness, and the application of this knowledge and these techniques to prevention, diagnosis, treatment and rehabilitation.”<sup>1</sup> The discipline of behavioral medicine is based on the biopsychosocial model, which asserts that biologic, psychologic (including behaviors and cognitive experiences, such as thoughts and emotions), and social or environmental factors all play a significant role in human functioning.<sup>2</sup> This model maps particularly well onto the understanding of migraine and other primary headache disorders,<sup>3</sup> in which data continue to amass demonstrating the complex interactions of biology, environment, behavior, cognitions, and emotions on the development, maintenance, progression, and remission of headache disorders.

Although the armamentarium of safe and effective acute and preventive pharmacologic treatments for migraine has grown significantly, nonpharmacologic treatments continue to play a very important role in providing the most comprehensive and effective treatment plan. Nonpharmacologic therapies may be offered individually or in conjunction with a medicine regimen. A combination of pharmacologic and nonpharmacologic approaches has been demonstrated to be more effective than either approach on its own<sup>4,5</sup> to help maintain positive outcomes<sup>6</sup> and to improve treatment adherence.<sup>7,8</sup>

Nonpharmacologic treatments for migraine can be broadly divided into the categories of behavioral treatments (cognitive behavioral therapy [CBT] and biobehavioral training; [ie, biofeedback, relaxation training, and stress management]); physical

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therapies; and education including lifestyle modification. This article reviews empirically supported and efficacious behavioral approaches to the treatment and management of migraine. These include strategies for both patients and health care providers (HCPs) and are essential components of a comprehensive headache management plan. Once learned, patients can benefit from the strategies throughout their lives. Migraine commonly first occurs during adolescence or early adulthood. By encouraging patients to train their physiology through biofeedback and relaxation, adopt healthy lifestyle habits, and recognize and mediate the effects of stress in their lives the physician is giving patients a set of tools that can last a lifetime. Behavioral techniques also have demonstrated efficacy with children and adolescents.<sup>9-11</sup>

Behavioral medicine researchers and practitioners have embraced the concept of empirically supported or evidence-based behavioral medicine, which is defined as “The conscientious, explicit and judicious use of current best evidence in making clinical decisions about the care of patients... thereby integrating individual clinical care with the best available clinical evidence.”<sup>12</sup> Behavioral treatments with demonstrated empiric efficacy for headache management have become standard components of specialty headache centers and multidisciplinary pain management programs. Several empirically validated biobehavioral approaches to headache management are endorsed by the American Medical Association, the World Health Organization, and the National Institutes of Health, and many other professional organizations.<sup>13</sup>

The United States Headache Consortium developed evidence-based guidelines for the treatment and management of migraine headache based on an extensive review of the medical literature and compilation of expert consensus. Published guidelines include data and recommendations on the use of nonpharmacologic (behavioral and physical) treatments, among other issues regarding migraine diagnosis and management.<sup>14</sup> The United States Headache Consortium pointed out that nonpharmacologic treatments might be particularly well suited for patients who

1. Have a preference for nonpharmacologic interventions
2. Display a poor tolerance for specific pharmacologic treatments
3. Exhibit medical contraindications for specific pharmacologic treatments
4. Have insufficient or no response to pharmacologic treatment
5. Are pregnant, are planning to become pregnant, or are nursing
6. Have a history of long-term, frequent, or excessive use of analgesic or acute medications that can aggravate headache problems (or lead to decreased responsiveness to other pharmacotherapies)
7. Exhibit significant stress or deficient stress-coping skills

The United States Headache Consortium reported on the efficacy of behavioral interventions in the prevention of attacks, although some behavioral interventions may also provide relief once an attack has begun. They identified the following goals for behavioral interventions as preventive treatment for headache: (1) reduced frequency and severity of headache, (2) reduced headache-related disability, (3) reduced reliance on poorly tolerated or unwanted pharmacotherapies, (4) enhanced personal control of migraine, and (5) reduced headache-related distress and psychologic symptoms.

#### **EVIDENCE ON EFFICACY OF BEHAVIORAL INTERVENTIONS FOR MIGRAINE**

There is a large and constantly growing body of published evidence examining the use of behavioral therapies for migraine (and other forms of headache) including

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