

# NICE guidelines: what next?

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# Headache in Europe

- Population-based prevalence studies per million
  - 110,000 adults with migraine
    - 90,000 of whom are significantly disabled
  - 600,000 have occasional other headaches,
  - 30,000 adults with daily or near-daily headache most are disabled and many have medication-overuse headache

# Medication Overuse Headaches

- Headaches more than 15 days a month
- Medication consumption:
  - Triptans, opioids: more than 10 days per month
  - Other analgesics: more than 15 days per month
- In spite of this, headaches getting worse
- 1-2% of worldwide population

# MOH Management

- Recognition of problem:
  - Severity of dependence score predicts MOH
- Withdrawal key to alleviating problem:
  - 74% better at 1 year with successful withdrawal
  - Only 14% if they fail

Cephalalgia 2004; 24:483–490

- Manage the withdrawal symptoms
- Preventing relapse: 30% within 6 months

Cephalalgia. 2005 Jan;25(1):12-5.

# What causes MOH?

- Patient characteristics:
  - Regular tranquilliser use, high HAD scores, chronic musculoskeletal and GI symptoms, smokers,
- Cultural:
  - Native Germans vs 1<sup>st</sup> and 2<sup>nd</sup> generation Turkish immigrants
- Quality of care?

Cephalalgia 2006 Oct;26(10):1177-81.

# Quality of Care

- US Institute of Medicine
  - Safety
  - Timeliness
  - Effectiveness
  - Efficiency
  - Equity
  - Patient/family-centeredness

Institute of Medicine,

Committee to Design a Strategy for Quality Review and Assurance in Medicare (1990)

Medicare: a strategy for quality assurance, vol 1.

National Academies Press, Washington DC

# Quality of Care: Headaches

- Literature review: 1988-2012
  - No complete published indicators
  - Emphasis on process only: structure & outcome?

*J Headache Pain. 2012 August; 13(6): 437–447.*
- Quality depend on other factors:
  - 214 patients studied : 4 tertiary headache centres
  - $\frac{3}{4}$  of those with high disability index fail to improve after 5 months of prophylactic treatment
  - Clinic attendances good predictor

*Pain. 2011;152:1718–1726*

# Direct Healthcare Cost of Migraine

## Chronic Migraine

- Average UK Cost €3700
- Visits to A/E and in-patient:
  - UK €950
  - Spain €825
- Healthcare Provider Visits:
  - UK €768
  - Germany €569
  - Spain €587

## Episodic Migraine

- Average UK Cost €866
- Visits to A/E
  - UK €92
  - Spain €427
- Healthcare Provider Visits:
  - UK €335
  - Germany €170
  - Spain €194

CM admissions with >1 night stay was 9% UK, 0% France, 4% Spain/Italy/Germany



# Suggested Organisation of services

- *Level 1* (90%)
  - General primary care : accessible first contact
  - Referring when necessary, acting as gatekeeper, to:
- *Level 2.* (9%)
  - Special-interest headache care: physicians with a special interest in headache
  - Referring when necessary to:
- *Level 3.* (1%)
  - Headache specialist centres: Advanced multidisciplinary care
  - In-patient beds (1 physician per 2 million population)

# Headache care investment

- Headaches costs >Parkinson's Disease, Multiple Sclerosis, Epilepsy or Stroke
- Adequate service provision will reduce burden of ill health: €27 Billion/year Europe Eur J Neurol 2005; 12:1–27.
- Direct healthcare cost alone would justify a change
- Better use of existing resources will help:
  - Empowering patients
  - Supporting GP's

# Cooperation

