



## Improving Headache Care via NICE Appraisal? NICE CG 150 & HTA 260

19<sup>th</sup> November 2012

All-Party Parliamentary Group on  
Primary Headache Disorders

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## Headache: A Common Problem

### General Practice & Primary Care

4.44 consultations/100 registered patients

### Headache Referrals to secondary care

Neurology OPD clinic referral rate by GPs in UK  
2 in every 100 headache sufferers seen by GP  
(Latovic et al. (2006): JNNP:77: 385-87)

### Self-presentation & GP referral to A&E in UK

1-2% of all Acute presentations

## Primary Headaches A Misdiagnosed Problem?

### Migraine

When primary care physicians diagnose migraine  
they are correct 98% of the time

*"However, when they diagnose non-migraine headache  
they are wrong 82% of the time"*

LANDMARK study (Headache 2004;44:856-864)

### Cluster Headache

Median time to Cluster Headache diagnosis in UK  
1960s ≈ 22 years but improved by 1990's ≈ 2.6 years  
average of 3 GPs seen before diagnosis

Bahra & Goadsby (Act Neurol Scand 2004; 109(3):175-9)

## NICE Clinical Guideline 150 What it adds to UK healthcare?

- An evidence based framework with KEY priorities:
  - For adults & young people aged 12 & over
  - For accurate clinical assessment, diagnosis & management of primary headaches by:
    - Making a "positive diagnosis"
    - EBM based acute & preventative treatment
- Recognition of the medical validity and impact
- Implementation Tools for 2012-2013
  - A Future Quality Outcomes Framework in 2013?
- Research Recommendations for the future

## NICE CG150 Clinical Assessment

- Defines sub-populations
  - that need investigation not simply management
  - That need management not investigation
- Defines clear positive criteria to identify and diagnose:
  - Tension Type Headache
  - Migraine with & without aura, Chronic migraine & Menstrual migraine
  - Cluster headache
- Highlights clear red flags and criteria to alert patients and doctors about Analgesic Medication Overuse headache



NICE CG 150 Guidance recommends that  
Brain imaging for patient reassurance alone is not useful

Outlines the importance of  
POSITIVE primary headache diagnosis  
using easily identifiable clinical features

## CG150 & Migraine Management Key Priorities

- Acute (attack) treatment 1<sup>st</sup> line therapy
  - Offer an **oral Triptan + NSAID or Paracetamol**
    - Consider Nasal in Children aged 12 – 18 years
- **If not tolerated or effective**
  - Offer Non-oral metoclopramide or prochlorperazine + non-oral triptan + NSAID
- Preventative treatment - 1<sup>st</sup> line therapy
  - Offer **Topiramate or Propranolol after discussion with patient**

## NICE CG150 & Migraine Management Other Recommendations

### Acute treatment:

- Use lowest acquisition cost 1<sup>st</sup> - "but one size does not fit all"
- Do not offer ergots or Opioids

### Preventative Treatment

- In non-responders or contraindications to 1<sup>st</sup> line therapy consider:
  - Gabapentin
  - 10 sessions of acupuncture
- Continue existing drugs if helpful and already on treatment

## NICE CG150 & Cluster Headache (CH)

- Acute (attack) treatment 1<sup>st</sup> line therapy
  - Offer **high flow Oxygen** (12+ litres/min) both **HOME & AMBULATORY** And / Or
  - **Subcutaneous Triptan or nasal triptan in an adequate supply**



- Preventive Treatment in Cluster Headache
  - Consider Verapamil
    - If treatment failure on this drug seek specialist expertise
  - Utilise local specialist expertise for the management and monitoring of treatment if unfamiliar with drug safety monitoring in CH

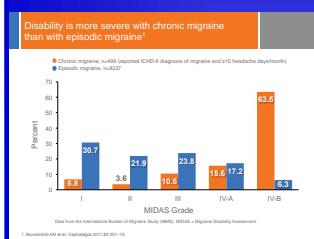
## NICE Clinical Guideline 150 Clinical Controversies ?

- Proposes new treatments with which many GPs have less familiarity
  - Triptans & Non-steroidal drugs combination as most efficacious
  - Topiramate as possible 1<sup>st</sup> line prophylaxis in migraine
- Does not mention many drugs considered to have evidence for benefit in migraine care in other guidelines e.g. SIGN, BASH, AAN
- Inclusion of Acupuncture as an evidence based treatment in primary Headache for the first time
- Recommends against Brain Imaging for reassurance in clinical practice
- Time to implement recommendations in primary care consultations

## NICE Clinical Guideline 150 Implementation Challenges?

- Identifies many treatments without UK marketing authorisation
- Acupuncture Commissioning within the NHS for Primary Headache?
- Recommends the need for home & Ambulatory Oxygen for Cluster headache
  - But new regulations about who can prescribe ambulatory Oxygen !
- Reluctance to prescribe subcutaneous triptans due to perceived cost & lack of familiarity
- Specialist service commissioning for Cluster Headache monitoring (1 in 1000 Prevalence)

## NICE Health Technology Assessment 260 Botulinum toxin type A for the prevention of headaches in adults with chronic migraine

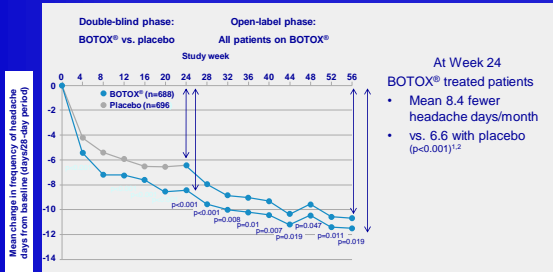


### Chronic Migraine

- About 2% of migraine sufferers
- Greater migraine related:
  - Impairment of Quality of life
  - Impaired work performance
  - Healthcare consultations & resource utilisation
- Lesser evidence base for effective treatments

## Botulinum Toxin A in Chronic Migraine PREEMPT 1 & 2 Studies pooled analysis

Mean change from baseline in frequency of headache days

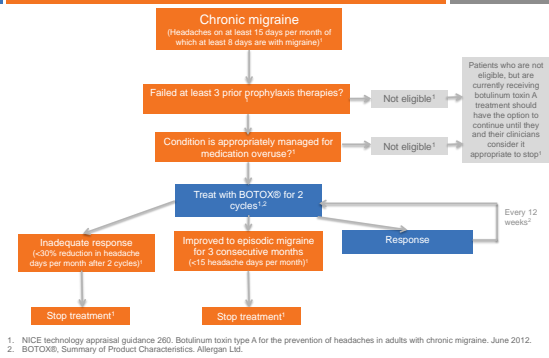


Dotick DW et al., Headache, 2010 Jun;50(6):921-36

HTA 260

NICE treatment pathway

Approved June 28<sup>th</sup> 2012



## NICE HTA 260 Implementation Challenges?

- Clinical frameworks for delivery – the best model?
- Commissioning “Buy In” – Is it happening?
- Addressing Medication Overuse?
- Responder identification?

## NICE CG 150 5 Research Recommendations

1. Is Amitriptyline a clinically & cost effective treatment for recurrent migraine?
2. Is Pizotifen a clinically & cost effective treatment for recurrent migraine?
3. Is Topiramate a clinically & cost effective treatment for recurrent cluster headache?
4. Does a psychological intervention such as CBT improve headache outcome and quality of life for people with chronic headache disorders?
5. Does a course of steroid treatment or other pharmacological treatment used for headache prevention help people with MOH withdraw from medication?

## The NICE Clinical Guideline 150 Group

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Thanks to “NICE”

The future in Headache care  
may be “NICE”er !

Questions?