Headache is the most common ED diagnosis considered potentially preventable within the University of Colorado Medicine non-Medicare population.

Current outpatient recommendations support use of abortive therapy in patients with moderate to severe migraine, and preventative therapy in patients with frequent migraines or symptoms that significantly interfere with patient's daily life.

ED headache guidelines recommend corticosteroids for migraine prevention, and avoiding use of opioids.

Evidence suggest that comorbid depression, and anxiety has been shown to increase frequency of migraine related ED visits.

Aim: evaluate medication prescribing patterns in accordance with migraine treatment guidelines in patients admitted to the ED for migraine before, during, and after the ED visit to identify potential opportunities for intervention.

Methods


Results

• Total of 168 unique patients were identified, and included in this study
• At Baseline:
  - 76% of patients were not prescribed any migraine specific abortive therapy
  - 21 patients had untreated depression
• During the ED visit:
  - 73% of patients received antiemetic therapy
  - 13% of patients received a corticosteroid
  - 6% of patients received an opioid
  - 85% were told to follow-up with a provider; and 45% of them followed up with a provider
• Following the ED visit:
  - 68% of patients were not prescribed any migraine specific abortive therapy
  - 15 patients had untreated depression

Conclusions

• Outpatient prescribing of migraine specific therapy was low prior to and following a patient's ED visit for migraine
• Use of corticosteroids in the ED to prevent headache recurrence was minimal, and opioids are still being offered to patients presenting to the ED for migraine despite recommendations.
• Potential points of intervention for the ED care team that may reduce utilization is prescribing migraine specific therapy at discharge, and increasing utilization of corticosteroids to prevent recurrence

Limitations

• Difficult to assess if patients with prescribed therapy were actively taking medications due to lack of direct interaction with patients
• Some medications may not be included in data collection due to lack of specific indications
• Limited Information included in ED visit notes may have impacted data collection

References