

Background

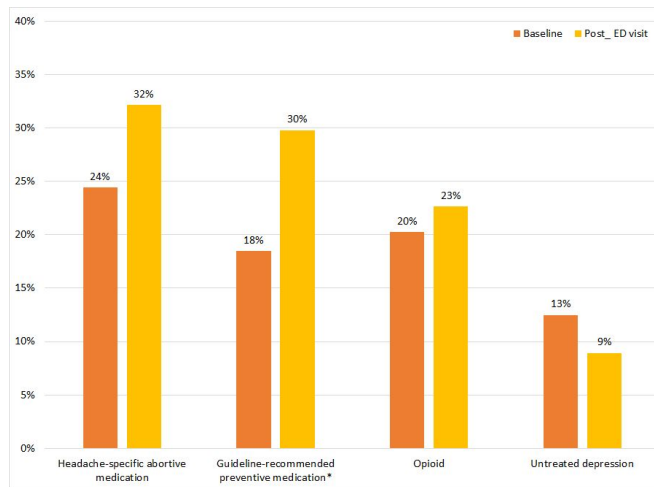
- Headache is the most common ED diagnosis considered potentially preventable within the University of Colorado Medicine non-Medicare population.
- Current outpatient recommendations support use of abortive therapy in patients with moderate to severe migraine, and preventative therapy in patients with 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

- This was a retrospective cohort study to characterize prescribed medications before, during, and after an ED visit with a primary diagnosis for migraine.
- Patients included were cared for by CU Medicine primary care providers, insured through a commercial value-based contract, and had an ED admission with a primary diagnosis of headache or migraine between July 2018 to June 2019.
- Data was collected through the UHealth electronic medical record.
- Data was compared between males versus females using chi square.

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 recieved 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

1. American Headache Society Clinical Policies. The American Headache Society Position on Integrating New Migraine Treatments into Clinical Practice. Headache: The Journal of Head and Face Pain [INTERNET]. 2018; 59 (1): 1-18.
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3. Minen MT, Tanev K. Influence of psychiatric comorbidities in migraineurs in the emergency department. General Hospital Psychiatry. 2014; 36(5): 533-38.
4. Friedman BW, Serrano D, Reed M, Diamond M, Lipton RB. Use of the Emergency Department for Severe Headache. Headache. 2008; 49: 21-30.