



## Complete Summary

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### GUIDELINE TITLE

Treatment of primary headache: patient education. Standards of care for headache diagnosis and treatment.

### BIBLIOGRAPHIC SOURCE(S)

Ruoff G, Urban G. Treatment of primary headache: patient education. In: Standards of care for headache diagnosis and treatment. Chicago (IL): National Headache Foundation; 2004. p. 22-6. [1 reference]

### GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY  
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## SCOPE

### DISEASE/CONDITION(S)

Primary headaches including:

- Migraine (with or without aura)
- Tension-type headache (TTH)
- Cluster headache
- Chronic daily headache (CDH)
- Chronic tension-type headache (CTTH)
- New daily persistent headache
- Hemicrania continua

### GUIDELINE CATEGORY

Counseling

**CLINICAL SPECIALTY**

Family Practice  
Internal Medicine  
Neurology

**INTENDED USERS**

Health Care Providers  
Patients  
Physicians

**GUIDELINE OBJECTIVE(S)**

- To improve the medical treatment of headache
- To optimize patient education, which includes promoting healthy behaviors and providing both patients and their families with a thorough understanding of the condition, the treatment options, and the consequences of the options chosen

**TARGET POPULATION**

Patients with primary headache disorders

**INTERVENTIONS AND PRACTICES CONSIDERED**

**Patient Education**

1. Assessment of patient needs
2. Discussion of diagnosis
  - Discussion of risk factors
  - Discussion of headache triggers
3. Discussion of treatment options
4. Practice optimization
  - Appointing a coordinator for all patient education activities
  - Choosing the right educational tools (i.e., educational handouts)
  - Making the office patient-education-friendly
  - Maximize time by using timesaving teaching tips

**MAJOR OUTCOMES CONSIDERED**

Not stated

**METHODOLOGY**

**METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

## **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

## **NUMBER OF SOURCE DOCUMENTS**

Not stated

## **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Expert Consensus

## **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

## **METHODS USED TO ANALYZE THE EVIDENCE**

Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

The guidelines presented in this monograph represent the consensus of an advisory panel of practitioners chosen by the National Headache Foundation (NHF) for their expertise. In addition to incorporating the US Headache Consortium's recommendations, their conclusions reflect clinical experience and the most recent medical literature.

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Not stated

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

#### Patient Education

##### Assess Patient Needs

An important first step in optimizing patient education is to adequately assess each patient's needs. Take into account patients' level of knowledge about their headaches. Also, be aware of their attitudes, beliefs, and cultural background and how these elements might affect the treatment process. Be sensitive to environmental and social factors, which can also play a role in determining patients' receptivity to treatment.

##### Discuss Diagnosis

Primary headaches are far more common than secondary headaches. However, patients often fear a serious underlying cause of their headaches, making it critical to reassure your patients and yourself as to the diagnosis. At times, testing is necessary to establish a diagnosis or rule out underlying disease. If you order tests, be sure to explain them thoroughly, as well as the rationale for ordering them (i.e., ruling out secondary headache causes).

Once the history and physical exam are complete, it is important to share your diagnosis with the patient. Again, patients may have initiated the consultations on the basis of numerous preexisting notions of what is causing their headaches. Take the time to explain their headache type. Once patients understand that their headaches are not caused by a more serious secondary condition, they often wish to learn as much about their headaches as possible.

For most patients, it may be helpful to discuss specific risk factors or headache triggers that may precipitate or exacerbate headache symptoms (see table below). In addition to helping patients understand the factors that put their nervous system at risk for migraine, this discussion provides an opportunity to modify or change some of these risk factors and avoid future headaches.

**Table: Factors that May Influence Onset or Severity of Migraine Symptoms**

Physical	Dietary
<ul style="list-style-type: none"><li>• Menses, ovulation, or pregnancy</li><li>• Birth control/hormone replacement (progesterone) therapy</li><li>• Illness</li></ul>	<ul style="list-style-type: none"><li>• Sour cream</li><li>• Ripened cheeses (cheddar, Stilton, Brie, Camembert)</li><li>• Sausage, bologna, salami, pepperoni, summer sausage, hot</li></ul>

Physical	Dietary
<ul style="list-style-type: none"> <li>• Intense or strenuous activity/exercise</li> <li>• Sleeping too much/too little/jet lag</li> <li>• Fasting/missing meals</li> <li>• Bright or flickering lights</li> <li>• Excessive or repetitive noises</li> <li>• Odors/fragrances/tobacco smoke</li> <li>• Weather/seasonal changes</li> <li>• High altitudes</li> <li>• Medications</li> <li>• Stress/stress letdown</li> </ul>	<p>dogs</p> <ul style="list-style-type: none"> <li>• Pizza</li> <li>• Chicken liver, pate</li> <li>• Herring (pickled or dried)</li> <li>• Any pickled, fermented, or marinated food</li> <li>• Monosodium glutamate (MSG) (soy sauce, meat tenderizers, seasoned salt)</li> <li>• Freshly baked yeast products, sourdough bread</li> <li>• Chocolate</li> <li>• Nuts or nut butters</li> <li>• Broad beans, lima beans, fava beans, snow peas</li> <li>• Onions</li> <li>• Figs, raisins, papayas, avocados, red plums</li> <li>• Citrus foods</li> <li>• Bananas</li> <li>• Caffeinated beverages (tea, coffee, cola, etc.)</li> <li>• Alcoholic beverages (wine, beer, whiskey, etc.)</li> <li>• Aspartame/phenylalanine-containing foods or beverages</li> </ul>

### Discuss Treatments

Once patients have a better understanding of their headache type, it is important to include them in the treatment decision process. In many cases, it is beneficial to explain that even though there is no "cure" for headache, with proper treatment headaches can be effectively managed. Be sure to spend adequate time discussing all the possible treatment options and any potential side effects. Be specific when explaining proper medication use, including correct dosing, when to treat, the frequency of medication usage, and how and when to use rescue medications if appropriate. Educate patients about nonpharmacologic treatments, including behavior modification, a healthy diet, and exercise. Set realistic treatment expectations, and encourage patients to take responsibility for their treatment. Allow for a question and answer period before ending the visit.

With appropriate education, providers and patients can establish a partnership that will improve compliance and greatly increase the likelihood of a successful treatment outcome. Early investment in education pays big dividends over years of headache management.

### Optimize Your Practice

Appointing a coordinator for all patient education activities is an important step toward tailoring patient education for your practice. Depending on the practice, allied health professionals or even nonmedical office staff should play an important role on the patient education team. Proper training may be necessary to ensure that the staff is adequately prepared to handle patients effectively.

### *Choose the Right Tools*

Educational handouts, such as brochures or fact sheets, can be quite helpful (refer to table 2.2 of the original guideline document). Creating your own educational materials, while giving you complete control over content, can be both time-consuming and costly. Pharmaceutical manufacturers can often supply your practice with educational resources, although you should be sure that the content is clinically sound and not overly promotional. Clinicians can also refer patients to headache-focused patient organizations such as the National Headache Foundation ([www.headaches.org](http://www.headaches.org), 888-643-5552) and the American Council for Headache Education ([www.achenet.org](http://www.achenet.org), 856-423-0258).

### *Make Your Office Patient-Education-Friendly*

Once you have chosen your educational materials, make sure they are accessible to your patients. Potential locations include the office entryway, reception area, bathrooms, and exam rooms. In some cases, it may be ideal to create a "Patient Library" in a spare room or closet, to store all patient education materials. Also, consider making your educational charts patient-friendly by using checklists or diagrams.

### Maximize Your Time

Finding the time to properly educate your patients may be a challenge. The table below provides some quick tips to help you maximize your time and effectively communicate all the information your patient needs.

<b>Timesaving Teaching Tips</b>
<ul style="list-style-type: none"><li>• Keep focused on the goals of patient and family education</li><li>• Partner with the patient to establish learning objectives</li><li>• Assess knowledge and ability before you teach</li><li>• Never "assume"</li><li>• Focus on teaching behaviors and skills</li><li>• Actively involve the patient</li><li>• Take advantage of teachable moments</li><li>• Individualize your teaching</li><li>• Help the learner believe</li><li>• Evaluate learning</li><li>• Share your teaching with the rest of the healthcare team</li></ul>

### **CLINICAL ALGORITHM(S)**

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

In addition to incorporating the US Headache Consortium's recommendations, the conclusions reflect clinical experience and the most recent medical literature.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

With appropriate education, providers and patients can establish a partnership that will improve compliance and greatly increase the likelihood of a successful treatment option.

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

Drug therapy is constantly evolving as new research, clinical trials, case reports, and opinions are published. Many of the drugs recommended in these guidelines are not approved by the US Food and Drug Administration (FDA) for treatment of headache, nor are they necessarily the same as those therapies recommended by the manufacturer for labeled indications. Their use in headache, however, may be supported by the scientific literature and by the authors' clinical experiences. While efforts have been made to ensure accuracy, the authors and publisher do not assume responsibility for the consistent updating of available information for these guidelines, nor for any errors or omissions, nor for any consequences thereof. The onus is on the practitioner to evaluate recommendations in light of the clinical condition of the patient and recent medical literature. The authors advise the practitioner to consult other sources, especially the manufacturers' warnings and precautions, before prescribing any drug with which they are unfamiliar. Practitioners are also advised that while these guidelines will address the needs of many patients, there will be circumstances calling for exceptions to these recommendations.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

### IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms  
Foreign Language Translations  
Patient Resources  
Slide Presentation

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better  
Living with Illness  
Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Ruoff G, Urban G. Treatment of primary headache: patient education. In: Standards of care for headache diagnosis and treatment. Chicago (IL): National Headache Foundation; 2004. p. 22-6. [1 reference]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2004

### GUIDELINE DEVELOPER(S)

National Headache Foundation - Private Nonprofit Organization

### SOURCE(S) OF FUNDING

National Headache Foundation

### GUIDELINE COMMITTEE

Not stated

## **COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

*Authors:* Gary Ruoff, MD, and George Urban, MD

## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

## **GUIDELINE STATUS**

This is the current release of the guideline.

## **GUIDELINE AVAILABILITY**

Electronic copies: None available

Print copies: Available from the National Headache Foundation, 820 N. Orleans, Suite 218, Chicago, IL 60610; Phone: (888) NHF-5552; Web address: [www.headaches.org](http://www.headaches.org)

## **AVAILABILITY OF COMPANION DOCUMENTS**

The following are available:

- Headache screening questionnaire. Chicago (IL): National Headache Foundation. 2 p. Electronic copies available in Print Documentation Format (PDF) from the [National Headache Foundation Web site](http://www.headaches.org).
- The complete headache chart. Chicago (IL): National Headache Foundation (NHF); 2 p. Electronic copies available in Portable Document Format (PDF) from the [National Headache Foundation Web site](http://www.headaches.org)
- National Headache Foundation fact sheet. Chicago (IL): National Headache Foundation (NHF); 2004 Oct. 2 p. Electronic copies available in Portable Document Format (PDF) from the [National Headache Foundation Web site](http://www.headaches.org).

Print copies: Available from the National Headache Foundation, 820 N. Orleans, Suite 218, Chicago, IL 60610; Phone: (888) NHF-5552; Web address: [www.headaches.org](http://www.headaches.org)

## **PATIENT RESOURCES**

The National Headache Foundation (NHF) has created a variety of educational resources for patients, including informative brochures, a patient diary for migraines, Power Point presentations, and patient guides; many of these resources are available in both Spanish and English. Some of these items are available as print copies for purchase through the [NHF online store](http://www.headaches.org). Electronic versions of other resources are available through the consumer education section of the [NHF Web site](http://www.headaches.org).

Print copies: Available from the National Headache Foundation, 820 N. Orleans, Suite 218, Chicago, IL 60610; Phone: (888) NHF-5552; Web address: [www.headaches.org](http://www.headaches.org).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

## **NGC STATUS**

This NGC summary was completed by ECRI on April 8, 2005. The information was verified by the guideline developer on April 26, 2005.

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