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## BACKGROUND

Headache is the second leading cause of morbidity worldwide  
improvements in migraine therapy did not translate in overall reduction in disability [1]

Frequent follow-up is usually needed in the approach of patients with headache and therefore **missed patient appointments** represent:

- one of the obstacles to reaching good outcomes
- resource inefficiency [2]

Studies on absenteeism suggest an association with factors such as younger age, lower income/literacy and depression

Targeted strategies were effective [3]

## AIM

- To identify **risk factors for absenteeism** in a headache clinic

## METHODS

- **Retrospective cohort study** of all appointments to the headache clinic, between June 2017 and February 2019
- Descriptive and inferential analysis of patient and appointment characteristics (SPSS 25<sup>®</sup>)

## RESULTS

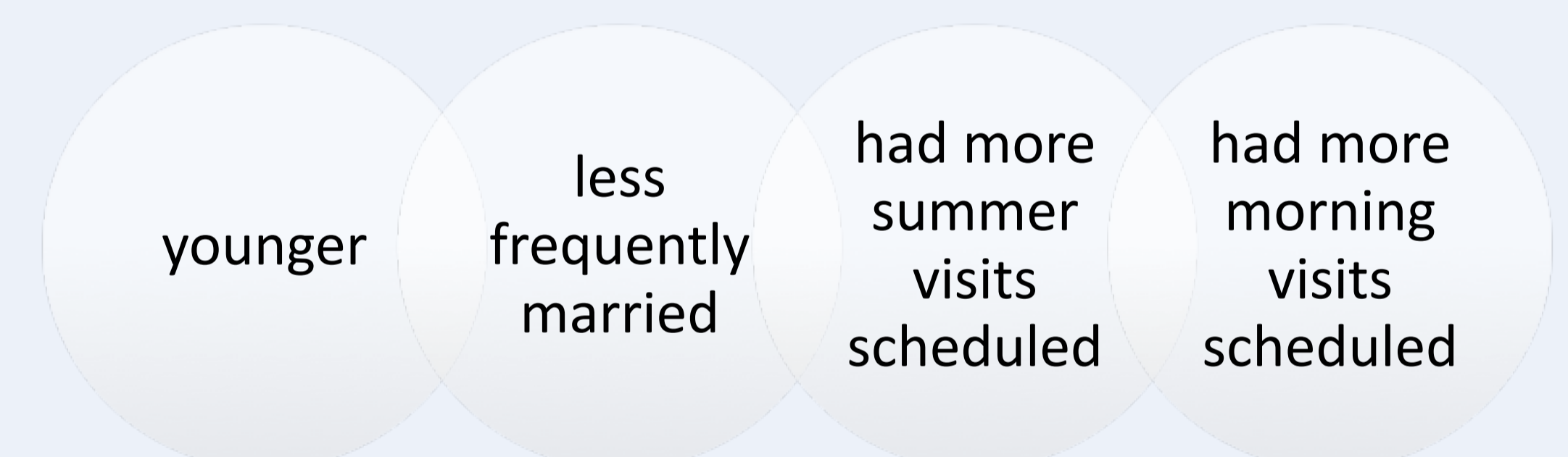
**Table 1** –Characteristics of Scheduled Population

	Overall	Shows	No-shows	P-value
<b>• Social and demographic factors</b>				
Age, years (median)	39	44	35,5	0,011
Gender (female, %)	139 (83.2%)	68 (81.9%)	71 (84.5%)	0.653
Civil status - married/with partner	83 (58.0%)	50 (65.8%)	33 (49.3%)	0.046
Higher level education	29 (37.2%)	21 (45.7%)	8 (25.0%)	0.063
Currently employed	96 (71.1%)	56 (72.7%)	40 (69.0%)	0.633
Higher tier job	22 (19.0%)	13 (18.6%)	9 (19.6%)	0.795
Living near the hospital	146 (88%)	75 (90.3%)	71 (85.5%)	0.340
<b>• Disease factors</b>				
Migraine diagnosis	92 (68.7%)	53 (63.9%)	39 (46.4%)	0.024
Analgesic overuse	28 (21.2%)	16 (19.3%)	12 (24.5%)	0.479
Psychiatric comorbidity	55 (32.9 %)	32 (38.6%)	23 (39.0%)	0.959
Major medical comorbidity	23 (13.8%)	13 (15.7%)	10 (16.7%)	0.872
<b>• Appointment factors</b>				
Time since scheduled, days (median)	104	106	102	0.703
Primary care referral	108 (65.5%)	54 (65.1%)	54 (64.3%)	0.917
Appointment at morning period	139 (83.2%)	64 (77.1%)	75 (89.3%)	0.035
Appointment in a holiday week	39 (23.3%)	21 (25.3%)	18 (21.4%)	0.554
Appointment during Summer	28 (16.8%)	9 (10.8%)	19 (22.6%)	0.042



Global missed appointments frequency was **23.3%** (84 in 360)

Overall, in a univariate analysis, the absenteeism group was:



Patients with migraine diagnosis were more regular (46.4% vs 63.9%, p = 0.024)

### ON FIRST APPOINTMENTS

- Same distribution of no-shows:

- **In-hospital referrals** (48.7% vs 69.5% referred by the general practitioner, p=0.017) and **major medical co-morbidity** (40.0% vs 13.3%, p=0.008) were also associated with no-shows

- However, in a multivariate analysis there were only two factors associated with no shows:



**Summer appointment**

OR=73.7  
(95% CI 2.9 – 1855.6; p=0.009)



**In-hospital referral**

OR=33.0  
(95% CI 1.6 – 679.1; p=0.023)

## DISCUSSION AND CONCLUSIONS

This cohort of patients was representative of the usual population followed at a headache clinic (young, working adults with female predominance).

Most of our appointments took place in the morning period. Global absenteeism was 23.3%:

- Higher number during the **Summer**;
- In first appointments **primary health care referrals missed less appointment** → closer bond with the general practitioner ?

We found no other association with sociodemographic factors (in the multivariate analysis) due to their possible collinearity.

This was a retrospective study, with possible information bias and some relevant variables may be missing.

**Identifying such variables is key if this population is to be targeted for interventions.**

### BIBLIOGRAPHY:

[1] GBD 2016 Collaborators; Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016; Lancet 2017; 390: 1211–59.

[2] Mesa M *et al*; Análisis del coste económico del absentismo de pacientes en consultas externa; Rev Calid Asist. 2017;32(4):194-199

[3] Miller-Matero *et al*; Depression and literacy are important factors for missed appointments; Psychology, Health & Medicine 2016; Vol 21: 686-695