

Assessing Readiness for Headache Services in District of Kolar, Karnataka, India

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3-Objectives

1-Introduction

More than 90% of patients with headache disorder present to their primary care provider for evaluation of headaches. Hence, there is a need to assess the readiness of organised services for its management.

In the district Public Health Observatory of NIMHANS at Kolar, we assessed knowledge and practice regarding the management of Primary headache disorders among Health personnel in Government sector within the district and documented the readiness for headache services with respect to planning, training, personnel and support services including availability of drugs.

2-Literature Review

The global prevalence among adults of current headache disorder (symptomatic at least once within the last year) is 47%. Primary headaches do not require sophisticated devices for diagnosis. They require fully trained personnel who can give proper medication and counsel to the patients.

4-Methodology

A total of 15 PHCs were selected across district. A mixed methodology strategy included eliciting response to Case vignettes along with Key informant Interviews.



Category of Case Vignette	Correct n (%)	Not correct n (%)	Partially Correct n (%)
• Migraine	9(60)	4(26.6)	2(13.4)
• Tension Headache	12(80)	3(20)	-
• Cluster Headache	1(6.7)	14(93.3)	-
• Glaucoma	5(33.3)	8(53.3)	2(13.3)
• Subarchanoid Haemorrhage	-	14(93.3)	1(6.7)
• Brain Tumor	3(20)	12(80)	-

S.No	Category of Case Vignette	Practice among MOs	Correct n (%)	Not-correct n (%)	Partially Correct n (%)
1.	Migraine	Investigation	12(80)	3(20)	-
		Abortive Treatment Management of Headache & Prophylaxis	13(86.7)	1(6.7)	1(6.7)
		Non Pharmacological Management	12(80)	1(6.7)	2(13.3)
2.	Tension Headache	Investigation	8(53.3)	6(40)	1(6.7)
		Abortive Treatment Management of Headache & Prophylaxis	13(86.7)	-	2(13.3)
		Non Pharmacological Management	13(86.7)	-	2(13.3)
3.	Cluster Headache	Investigation	9(60)	6(40)	-
		Abortive Treatment Management of Headache & Prophylaxis	1(6.7)	6(40)	8(53.3)
		Non Pharmacological Management	8(53.3)	2(13.3)	5(33.3)
4.	Glaucoma	Clinical Investigations	3(20)	5(33.3)	7(46.7)
		Drugs Prescribed for Acute & Long Term Management	1(6.7)	10(66.7)	4(26.7)
		Investigation	11(73.3)	4(26.7)	-
5.	Subarchanoid Haemorrhage	Referral to Higher Center	14(93.3)	1(6.7)	-
		Investigation	9(60)	6(40)	-
6.	Brain Tumor	Referral to Higher Centre	11(73.3)	4(26.7)	-
		Investigation	9(60)	6(40)	-

5-Result and Conclusion

Among medical officers, 80% had correct knowledge of a provisional diagnosis for Tension Headache, 60% correctly made the provisional diagnosis for Migraine. However, 6.7% MOs made a correct provisional diagnosis for Cluster Headache. Para-medical health personnel (Pharmacists / ANMs) did not have the correct knowledge and practice on headache disorders. Key informant interviews held across sub-district, district and state level showed that there is a high burden of headache disorders as evidenced with the number of consultations sought. However, there were no organised or structured services for management of headache disorders within the district. None of trainings undertaken in the district had a component of headache disorders either directly or indirectly. Interestingly, most of the headache drugs listed in essential list of Karnataka and investigations like CT and MRI to rule out secondary headaches are available within district.

In conclusion, despite a heavy burden, there is no organised headache services in the District of Kolar. This suggests for increasing capacity building and training initiatives for primary care providers regarding appropriate management of headache disorders. The time to bridge the missed opportunity is now.