

General Neurologists prescription Practices For Migraine Attacks With Emphasis On Opioids

Bancalari B., Ernesto¹, Wicht S, Astrid².



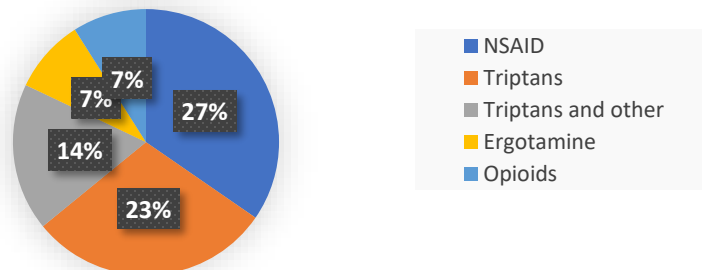
Introduction Opioids have been widely indicated for headaches in the past. Today, it is recognized as a Public Health problem worldwide. Physicians, specially neurologists, should avoid prescribing them for migraine headaches, since it's abuse is one of the causes of Medication Overuse Headache (MOH).

Objectives To understand migraine prescription practices between Neurologists attending the 2018 Peruvian National Neurology Congress.

Material and Methods We performed a 13 question survey between Neurologists attending the bi annual meeting in 2018 in order to understand their prescription practices. We also wanted to know if they considered opioids drugs were indicated for the treatment of migraine, and if so, if they indeed prescribed them. Out of 150 attendees, 56 of them answered the survey.

Results Around 27% of neurologists that answered the survey prescribed NSAIDs for a migraine attack, 23% Triptans as monotherapy, 14% Triptans and other analgesic, 14% ergotamine and 7% opioids.

Medication Prescribed in Migraine Attacks



When asked if Opioids were indicated for Migraine Headaches, 43% of them answered they were. When asked those that answered that opioids were indicated, if they in fact prescribed them, 88% did use opioids for migraine headaches. There was no difference in Neurologists' age and opioid indication believe. Those that were aware that opioids should not be indicated for migraine, did not use them at all. There was a statistical difference between those two groups ($p < 0.000$).

Discussion Medication overuse headache is a frequent cause of consultation at headache specialists' practice. A recent paper published in Headache Medicine found that neurologist, more than general practitioners, were causing medication overuse headache in migraineur patients. Understanding what neurologists prescribe for migraine headaches can give us a view on why MOH could be a problem generated by them. Although our survey is not intended to look for MOH, neurologist prescription practices could be a good indicative of the problem.

Our finding points out two interesting results. NSAIDs and Triptans are mostly used for Migraine attacks by neurologists, although there is a 7% of them that do use opioids. Ergotamine is no longer the main drug used for migraine headaches.

The second finding is that neurologist are not aware that the use of opioids for migraine headache is not a good practice. Since there was no statistical difference in prescribers age in the group of those that thought opioid should be used for migraine headaches, we can conclude that knowledge of this indication has been passed from teachers to residents.

Conclusion Efforts should be made to educate neurologists on migraine prescription practices specially on the use of Opioid therapy.