

# Headache UK

An alliance working for people with headache



**Headache - Improving Management in Primary Care  
Based on a presentation by  
Professor Leone Ridsdale and Dr David Kernick  
at the All-Party Parliamentary Group on Primary Headache Disorders  
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## **Background**

As 95% of headache consultations present to primary care, this setting offers important opportunities to reduce the burden of headache in the UK. Headache has a low priority in the policy arena when compared with other public health priorities, so opportunities for change may be limited and expectations must be realistic.

## **The impact of headache**

Headache (including migraine) is in the World Health Organisation's top ten causes of disability and has a high impact at home, work and school. Community studies suggest that headache is the most common symptom experienced in the population but not a major reason for consultation with a GP. Only 50% of migraineurs have ever seen a doctor and of those who have, the minority are under continuing care. The majority of patients self medicate leading to high levels of medication overuse.

## **What is happening in primary care?**

Headache is the commonest neurological symptom presented to GPs and 4% of all adults consult a GP for headache each year. 2% of these cases are referred to neurologists and 1% to other specialities. In children and adolescents, headache is also the most common primary care neurological symptom and the most common cause of pain. Although 11% of children have migraine and 20% of children have headache that bothers them once or more times a week, only 1.6% of children consult their GP each year. The referral rates are much higher than in adults, 25% of consultations being referred to a paediatrician. This may reflect the uncertainty and concern of GPs when dealing with paediatric headache.

The health seeking behaviour of children with headache reflects the adult population. Research is needed in this area to explore why this is the case but reasons given in children are belief that nothing could be done, not wanting to reinforce illness behaviour or not realising a child had migraine. As migraine tends to run in families, it is likely that parental health seeking patterns of behaviour are transferred to their children.

### **Do all headache sufferers need a referral to a neurologist?**

Twenty-five per cent of new referrals to neurologists are for headache, a level that may be difficult to justify. Patients referred to a neurologist do not have more severe headache but are likely to be more anxious about it. Unfortunately neurologists are not always interested in the area and surveys have suggested dissatisfaction with hospital consultations in some cases.

There is often cause for concern by both practitioner and patient that headache may reflect an underlying pathology and in particular, a brain tumour. However, investigation should only be undertaken if there is a high likelihood of an underlying problem as incidental findings can lead to long standing anxiety. Although investigation may be effective in the short term to alleviate patients' concerns, studies show that patient anxiety returns over the longer term.

### **How do GPs diagnose and manage headache?**

Unfortunately the majority of adult and child headache presentations in primary care do not receive a formal diagnosis. When they do, the diagnosis can be incorrect and treatment inadequate. For example, although over 90% of headache presentations to GPs will be migraine, this is only diagnosed in 20% of headache cases.

### **The development of general practitioners with a special interest**

General practitioner with a special interest (GPwSI) is a practitioner who spends the majority of time in general practice but develops an interest in one area. The focus is on both service delivery and education of peers. One model of headache care proposes that GPs continue to provide the care for the majority of consulters, referring difficult cases to their GPwSI colleagues. More complex cases are referred by the GPwSI to neurologists with a special interest in headache.

Studies undertaken on GPwSI services have shown that patients who are referred have a similar impact and disability as those referred to neurologists and satisfaction is high. The GPwSI service is also considerably cheaper per case than a neurology referral.

### **The Royal College of General Practitioners headache initiative**

In order to strengthen the focus on direct clinical care, the RCGP has nominated a number of key clinical areas of which headache is one. This offers important opportunities to work with other stakeholders to raise the profile of headache, encourage research, develop guidelines and educate healthcare professionals and students. This three year programme commenced in January 2009. Dr David Kernick has been appointed to take this initiative forward. An important area will be developing General Practitioners with a special interest in headache to improve both service delivery and education of primary care health professionals.