



OSLO HODEPINESENTER

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# DISCLOSURES

All: Allergan-Abbvie, Novartis, Teva, AZ, GSK, MSD, NycoMed, Organon, Pfizer, Lundbeck, Eli Lilly

**Relevant disclosures: Allergan-Abbvie, Novartis, Teva, Lundbeck, Eli Lilly**



# **THE HEADACHE CALCULATOR – A DIAGNOSTIC TOOL**

**and the e-Diary**



## WHY?

- Headache disorders are one of the main reasons for contact with GP, and the large majority of headache patients are treated in primary care
- The management and clinical knowledge of headache disorders among general practitioners is not optimal
- Improved management in primary health care would be of benefit for both patients and society

# A QUESTIONNAIRE SURVEY



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**367 Norwegian GPs from 95 CME groups responded to a questionnaire survey**

- More than 50% reported headache management to be **clinically difficult**
- >96 % rated their own knowledge about Migraine and TTH as **good or medium**
- Only 9% regarded their own insufficient knowledge to be the most important **barrier**

*Kristoffersen et al. The Journal of Headache and Pain (2021) 22:136*

# BARRIERS



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- **No good treatment** of headache patients
- Headache patients are **difficult and demanding**
- **Too little time** in GP practice





- 70% reported that they believed that **OTC (over the counter) drugs** were the most commonly used medication by their CH patients to treat headache
- Only 4% thought that their headache patients used pain killers with **addictive potential**
- One-third of the participants wrongly stated that the most commonly used headache **prophylactics** (anti-hypertensives, antiepileptics, and antidepressant drugs) **could lead to MOH**
- Almost 30% did not know that **triptans may induce MOH**
- Only 8% used **diagnostic headache criteria ( ICHD-3)** on a regular basis



# UNMET NEED FOR DIAGNOSTIC AID



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- Pressure on **time and cost** in most healthcare systems
- Treatment guidelines for chronic diseases becoming **more complex**
- Migraine is **under-diagnosed** and patients **suboptimally treated**
- More than **200 different diagnoses** in headache (ICHD-3)
- **Increased patient flow** from GPs to headache specialists due to more advanced treatments



# HEADACHE CALCULATOR CLINICAL DECISION SUPPORT TOOL



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## 1) Migraine diagnosis

Based on the IHS Classification ICHD-3

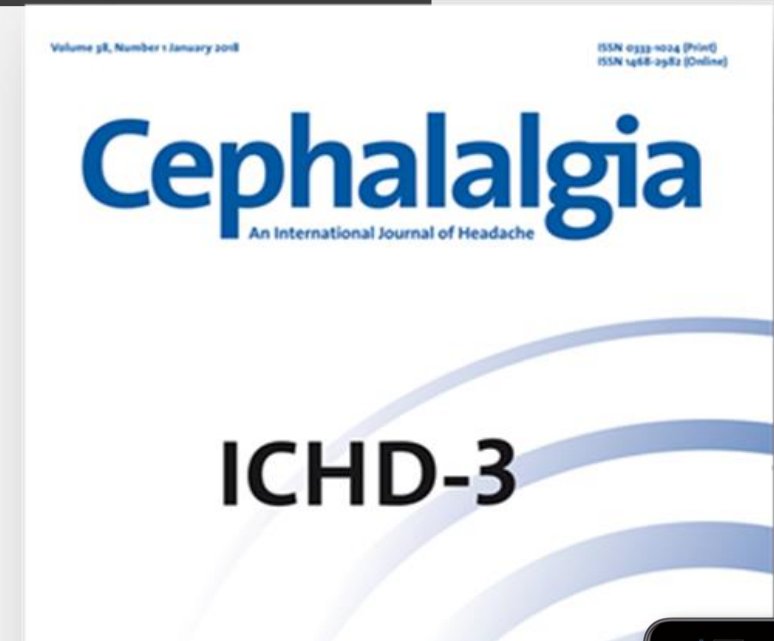
The registration of data is made as **part of the anamnesis** during consultation

## 2) Local guidelines

Aligned with **local treatment guidelines** and medication reimbursement\*

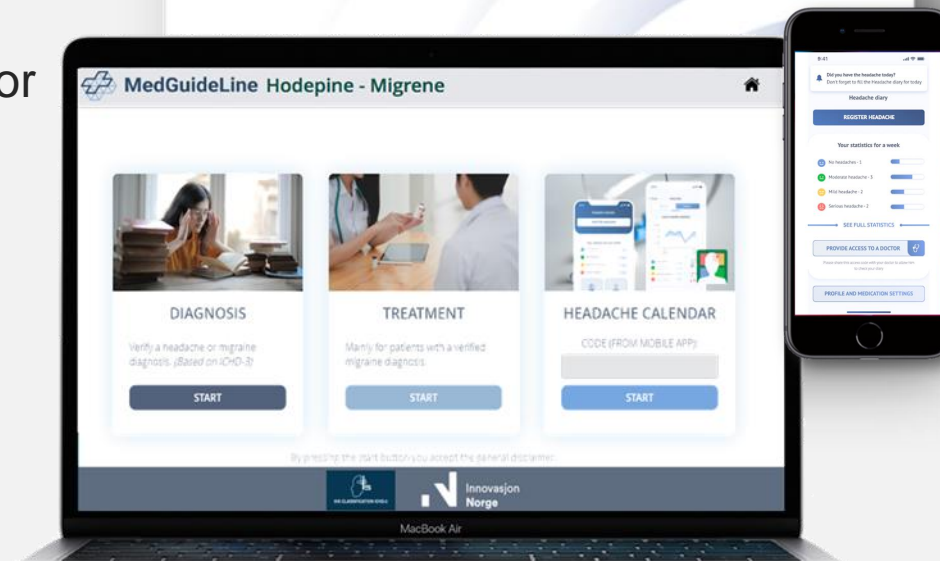
## 3) Headache diary data from patient APP

Import of patient **headache eDiary** to portal ( GDPR-adapted with code) for inclusion in patient journal systems



<http://medguideline.com/>

*KBB medic AS*



- \*Local adaption depending on treatment culture needed in different countries



## DIAGNOSIS

Verify a headache or migraine diagnosis. *(Based on ICHD-3)*

START



## TREATMENT

Mainly for patients with a verified migraine diagnosis.

START



## HEADACHE CALENDAR

CODE (FROM MOBILE APP):

START



# DIAGNOSIS – TREATMENT – HA CALENDAR



These tools are web based and easy to use

## MALE 25 YEARS OLD



- Recurrent headache since childhood
- Diagnosed Migraine without aura 17 years old
- Sumatriptan with side effects – stopped
- Frequency increased gradually
- Now more than 16 headache days every month
- Twice every week severe – bedridden
- Unilateral, moderate to severe, pulsating
- OTC doesn't help



# Diagnosis

## Does the patient have several types of headaches?

If the patient has several types of headache, you can run the diagnostic tool once for each type, to get a better picture of the diagnosis. Then use the characteristics that best describe the headache for each type you examine.

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# Diagnosis

## Does the patient have several types of headaches?

If the patient has several types of headache, you can run the diagnostic tool once for each type, to get a better picture of the diagnosis. Then use the characteristics that best describe the headache for each type you examine.

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## Diagnosis

### About the patients headache

When did the most severe symptoms start?

Less than 3 months ago

More than 3 months ago

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## Diagnosis

### About the patients headache

Episodes with the most severe headache in life:

Less than 5

5 to 9

10 or more

Only aura symptoms



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## Diagnose

### Om pasienten

Hvor gammel er pasienten?

< 18 år

18 - 50 år

> 50 år

TILBAKE

VIDERE

[Tilbake til forsiden](#)



# Diagnosis



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## Duration

What is the duration of a typical untreated headache attack?

< 30 minutes

½ - 3 hours

4 - 72 hours

days/weeks

months

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## Diagnosis

### Headache last 3 months

Has the patient experienced **15 or more headache days** a month ,  
for longer than three months?

Yes

No

Can headache attacks occur multiple / many times a day?

Yes

No

Has the patient been taking headache medication **at least 10 days a month** for the past 3 months?

Yes

No



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## Diagnosis

### Headache Characteristica

The patient has 15 or more days of headache per month. How is the headache at its worst?

During the attacks, the headache has the following characteristics:

- Unilateral location. ?
- Pulsating quality ?
- Pressing / Tightening (non-pulsating) ?
- Moderate or severe pain intensity ?
- High or very high pain intensity.
- Located around the eye, above the eye and / or in the temple.
- Occurs during sleep and leads to awakening
- Aggravation by physical activity. ?

During the attacks, the patient experiences:

- Nausea or vomiting
- Light sensitivity
- Sound sensitivity

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## Diagnosis

### Unilateral Symptoms

During the seizures, the patient experiences on the same side as the headache:

- Red eye and / or tear flood
- swollen eyelids
- cleansing from the nose
- sweating on the face / forehead
- redness of the face / forehead
- pupil size difference or drooping eyelids
- restless / hoarse

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## Diagnosis

### Aurasymptoms

Does the patient experience any transient symptoms before the headache attack?

- Visual symptoms 
- Sensory symptoms 
- Motor symptoms 
- Speech or language symptoms 
- Retinal symptoms 
- Brainstem Symptoms 

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# Diagnosis

## Red Flag

Assess severity and differential diagnoses of headaches, cf. NevroNEL.  
*(Secondary headaches are very rare, but should always be considered)*

*See red flags: SNOOP. (not exhaustive)*

I have considered red flags

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# Diagnosis

## Headache last 3 months

**Assesed symptoms:** The headache is usually unilateral, pulsating and of moderate or high pain intensity and is aggravated by physical activity. During the headache episodes, the patient may experience sound and light sensitivity.

Of the days with headaches, are **at least 8 days** each month (average), with the reported symptoms?

 Yes No

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## Summary - Diagnosis

The patient has had headache symptoms for more than 3 months and has had at least 5 headache attacks with a duration of 4 - 72 hours. There have been more than 15 headache days and of these at least 8 days with the strongest symptoms per month, the last 3 months.

The headache is usually unilateral, pulsating and of moderate or high pain intensity and is aggravated by physical activity. During the headache episodes, the patient may experience sound and light sensitivity.

**Diagnosis: The symptoms listed meet the diagnostic criteria for chronic migraine, The headache meets all (5) main criteria for migraine according to ICHD-3 \***

\* Diagnosis criteria 

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Treatment

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## DIAGNOSIS

Verify a headache or migraine diagnosis. (Based on ICHD-3)

START



## TREATMENT

Mainly for patients with a verified migraine diagnosis.

START



## HEADACHE CALENDAR

CODE (FROM MOBILE APP)

START

By pressing the start button you accept the general disclaimer.



MacBook Air



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# TREATMENT

What diagnosis does the patient have?

The treatment is designed for Migraines. For other diagnoses, general advice is given.

Migraine

Tension headache

TAC - Cluster headache

TAC - Other

Unsure

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# Treatment

## About the patient

Female

Male

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## Number of headache days in the last 3 months (including migraine)

Number of headache days in the last 3 months

Number of migraine days in the last 3 months

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## Number of headache days in the last 3 months (including migraine)

Number of headache days in the last 3 months			
	1	2	3
	4	5	6
0	7	8	9
Ferdig			

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## Number of headache days in the last 3 months (including migraine)

Number of headache days in the last 3 months

Number of migraine days in the last 3 months

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## Number of headache days in the last 3 months (including migraine)

Number of headache days in the last 3 months			
	1	2	3
	4	5	6
0	7	8	9
Ferdig			

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## Number of headache days in the last 3 months (including migraine)

48 headache days in the last 3 months

24 migraine days in the last 3 months

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## About the patient's migraine

In most migraine attacks, the patient experiences:

- Headache accompanied by nausea and / or vomiting

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## Patient characteristics

Does the patient have any of the following factors?

- |  |   |
|--|---|
| <input type="checkbox"/> Smoking                 | <input type="checkbox"/> Overweight             |
| <input checked="" type="checkbox"/> Hypertension | <input type="checkbox"/> Cardiovascular disease |
| <input checked="" type="checkbox"/> Depression   | <input type="checkbox"/> Sleep disorders        |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Raynaud Syndrome       |
| <input type="checkbox"/> Asthma / COPD           | <input type="checkbox"/> Recent GI bleeding     |

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| <input type="checkbox"/> Asthma / COPD           | <input type="checkbox"/> Recent GI bleeding     |

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## Which medications has the patient tried?

Non-opioid analgesics:

Yes

No



Triptans:

Yes / Choose

No



---

Preventive treatment:

Yes / Choose

No



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Click on medications that have been tried for migraine or other indication. +

Triptans:

Sumatriptan

Zolmitriptan

Rizatriptan

Naratriptan

Almotriptan

Eletriptan

Frovatriptan

FINISHED



Sumatriptan



Uses now

Used before

Sumatriptan



Uses now

Used before

Why did the patient stop?

Side effects

Lack of effect

Other reasons





## Which medications has the patient tried?

Non-opioid analgesics:

Yes

No



Triptans:

Yes / Choose

No



*Discontinued: Sumatriptan*

---

Preventive treatment:

Yes / Choose

No



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## Which medications has the patient tried?

Non-opioid analgesics:

Yes

No



Triptans:

Yes / Choose

No



*Discontinued: Sumatriptan*

Preventive treatment:

Yes / Choose

No



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## Acute treatment (Triptans)

The **first choice** for acute treatment of migraine is **a triptan with or without non-opioid analgesics (NSAID)**. The patient should get an opportunity to try at least three different triptan types in different routes of administration (tablet / orally disintegrating tablet, intranasal spray, subcutaneous injection). The patient experiences nausea / vomiting during the migraine attack. A parenteral triptan (intranasal spray, subcutaneous injection) in combination with **antiemetic (metoclopramide)** is the first choice.

*There is no evidence that Triptans are contraindicated in cardiovascular disease or hypertension. Exercise caution when using NSAIDs frequently, such as ibuprofen and diclofenac.*

## Select triptans the patient will use after this consultation

- |  |   |  |  |  |
|--|---|--|--|--|
| <input checked="" type="checkbox"/> Sumatriptan<br>Discontinued: Side effects<br>Important info: | <input checked="" type="checkbox"/> Zolmitriptan<br>Important info: | <input checked="" type="checkbox"/> Rizatriptan<br>Important info: | <input checked="" type="checkbox"/> Naratriptan<br>Important info: | <input checked="" type="checkbox"/> Almotriptan<br>Important info: |
| <input checked="" type="checkbox"/> Eletriptan<br>Important info:                                | <input checked="" type="checkbox"/> Frovatriptan<br>Important info: |  |  |  |

*The choice of particular medication must always be considered in relation to the patient's comorbidities, contraindications, drug interactions and medication side effects.*

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The first choice  
(NSAID). The p  
routes of adm  
The patient exp  
spray, subcutan  
*There is no evide  
caution when using*

opioid analgesics  
types in different  
neous injection).  
riptan (intranasal  
s the first choice.  
*hypertension. Exercise*

No evidence that Triptans are  
contraindicated in CV disease or  
hypertension  
Caution using NSAIDs frequently  
Comments: - tabl  
-nasal

### Select triptan this consultation

- |  |  |   |   |   |
|--|--|---|---|---|
| <input checked="" type="checkbox"/> Sumatriptan<br><small>Discontinued: Side effects</small><br><small>Important info: !</small> | <input checked="" type="checkbox"/> Zolmitriptan<br><small>Important info: !</small> | <input checked="" type="checkbox"/> Rizatriptan<br><small>Important info: !</small> | <input checked="" type="checkbox"/> Naratriptan<br><small>Important info: !</small> | <input checked="" type="checkbox"/> Almotriptan<br><small>Important info: !</small> |
| <input checked="" type="checkbox"/> Eletriptan<br><small>Important info: !</small>   | <input checked="" type="checkbox"/> Frovatriptan<br><small>Important info: !</small> |   |   |   |

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*The choice of particular medication must always be considered in relation to the patient's comorbidities, contraindications, drug interactions and medication side effects.*

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## Forebyggende behandling

Forebyggende medikamentell behandling bør overveies ved høy anfallsfrekvens (> 2-3 anfall per mnd) tross ikke-medikamentelle tiltak, kraftige anfall som responderer dårlig på anfallsbehandling, bivirkninger av akuttbehandling, hyppige eller meget langvarige tilfeller av aura, eller at pasienten ber om det.

Effekten av forebyggende behandling bør evalueres etter 2-3 mnd.

Pasienten har hatt **mer enn 5 migreaneanfall siste 3 måneder** og bør vurderes for forebyggende behandling.

## Du kan velge ett forebyggende medikament i behandlingen.

### Blåresept:

- Propranolol  Metoprolol  Topiramate  Amitriptylin

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

### Hvitresept:

- Kandesartan  Valproat  Fluranizin  Nortriptylin  Venlafloxin

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

- Botox

Viktig info: !

Valg av medikament må alltid vurderes opp mot pasientens komorbide tilstander, interaksjoner med andre legemidler, kontraindikasjoner og bivirkninger. Sjekk opp pasientens faste medisiner på: [interaksjoner.no](https://www.interaksjoner.no)

Anbefalinger er basert på [NevroNEL](#) og [UpToDate](#)

TILBAKE

VIDERE



## Forebyggende behandling

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Effekten av forebyggende behandling bør evalueres etter 2-3 mnd.

Pasienten bør vurderes for forebyggende behandling hvis det er anfall siste 3 måneder og bør vurderes for forebyggende behandling.

## Valg av medikament i behandlingen.

Indication must be assessed by a neurologist  
Chronic migraine  
Not standard in episodic migraine

<input type="checkbox"/>	Amitriptylin	<input type="checkbox"/>	Venlafloxin
Beskrivelse: ?		Beskrivelse: ?	
<input type="checkbox"/>	Nortriptylin	<input checked="" type="checkbox"/>	Venlafloxin
Beskrivelse: ?		Beskrivelse: ?	
<input checked="" type="checkbox"/>	Fremanezumab	<input type="checkbox"/>	Galcanezumab
Beskrivelse: ?		Beskrivelse: ?	
<input checked="" type="checkbox"/>	Botox		
Viktig info: !			

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TILBAKE

VIDERE



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## Du kan velge ett forebyggende medikament i behandlingen.

### Blåresept:

- Propranolol  Metoprolol  Topiramal  Amitriptylin

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

### Hvitresept:

- Kandesartan  Valproat  Fluranizin  Nortriptylin  Venlafloxin

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

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Beskrivelse: ?

Beskrivelse: ?

Beskrivelse: ?

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Anbefalinger er basert på [NevroNEL](#) og [UpToDate](#)

TILBAKE

VIDERE



## Preventive treatment

Preventive treatment of migraine should be considered in case of higher frequency of migraine attacks (> **2-3 attacks per month**) despite non-drug treatment measures, severe migraine attacks that respond poorly to acute treatment, side effects of acute treatment, frequent or long lasting aura, or the patient's request.

The effect of the preventive treatment should be evaluated after 2-3 months.

## Selected treatment

The patient starts with Candesartan.

Comments: 

Change preventive treatment

*The choice of particular medication must always be considered in relation to the patient's comorbidities, contraindications, drug interactions and medication side effects.*

*The recommendations are based on UpToDate®*

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## Summary

### **The patient has a migraine diagnosis.**

The treatment should take into account that the patient **have hypertension**. The patient have tried non-opioid analgesics (NSAID), ibuprofen/paracetamol etc.

### **Acute medication:**

The patient have tried *Sumatriptan* (*Side effects*)

### **Preventive medication:**

**The patient will start using:** *Candesartan*.

### **Recommendations:**

- *The number of days with NSAIDS or triptans should not be more than 15 days a month.*
- *The patient is encouraged to use a headache diary. We recomend **Headache Calendar** (Mobile App)*
- *Triptans should be taken as early in the attack as possible.*
- *Triptans should not be used more than 8 days (average) per month.*

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FINISHED

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## Sammendrag

### Det er oppgitt at pasienten har migrene.

I behandlingen skal det taes hensyn til at pasienten **har hypertensjon**. Pasienten har prøvd enkle smertestillende som Paracet, Ibux, etc.

### Anfallskuperende medikamenter:

Pasienten har prøvd *Sumatriptan* (Bivirkninger)

### Anbefalinger:

- Triptaner eller annen anfallsbehandling bør taes så tidlig i anfallet som mulig.
- Triptaner skal ikke brukes mer enn 8-10 dager (gjennomsnitt) per måned.
- Ved bruk av kun NSAIDS og enkle analgetika som anfallsbehandling, kan man behandle inntil 15 dager per måned.
- Pasienten oppfordres til å før Hodepinedagbok. Vi anbefaler **Hodepinedagboken** (Mobil App)

TILBAKE

FERDIG

[Tilbake til forsiden](#)





# DAGSNOTAT

LINE DANSER, 13.11.1969



Rediger maler

Dato  
17.11.2021

Bruk mal  
Søk x v

Anamnese (Notat) ↺

Funn ↺

Vurdering ↺

Det er oppgitt at pasienten har migrene.  
I behandlingen skal det taes hensyn til at pasienten har hypertension Pasienten har prøvd enkle smertestillende som Parcet, Ibux, etc.

Anfallskuperende medikamenter:  
Pasienten har prøvd Sumatriptan (Bivirkninger)

Anbefalinger:  

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Tiltak ↺

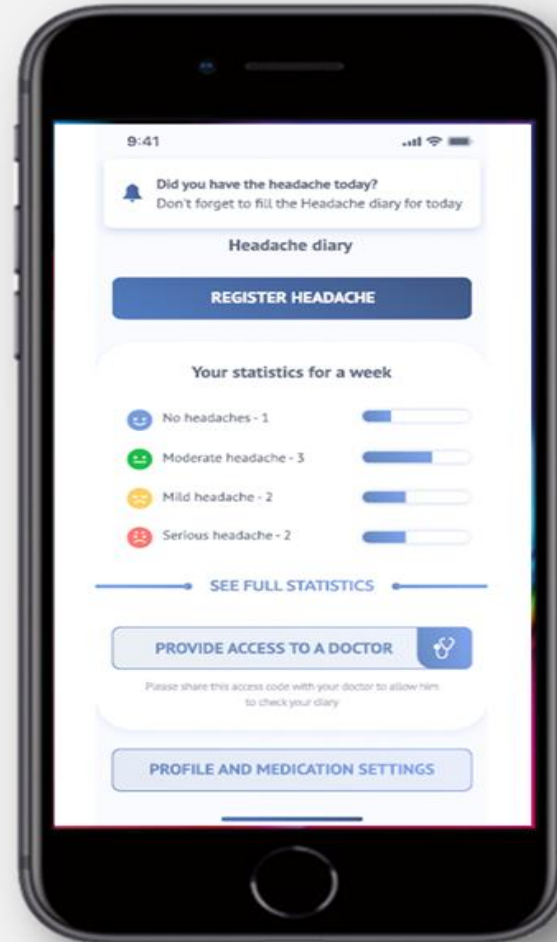


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# E-DIARY



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## DIAGNOSE

Finn riktig hodepine eller migrene diagnose. *(Basert på ICHD-3)*

START



## BEHANDLING

Hovedsakelig for pasienter med verifisert migrene.

START



## HODEPINEDAGBOKEN

KODE (FRA MOBIL APP):

START



Siste måned

	Ingen hodepine	23 dager
	Mild	2 dager
	Moderat	5 dager
	Sterk	1 dag



OVERSIKT



DEL DATA



DINE RÅD



INSTILLINGER



## DIAGNOSE

Finn riktig hodepine eller migrene diagnose. *(Basert på ICHD-3)*

**START**



## BEHANDLING

Hovedsakelig for pasienter med verifisert migrene.

**START**



## HODEPINEDAGBOKEN

KODE (FRA MOBIL APP):

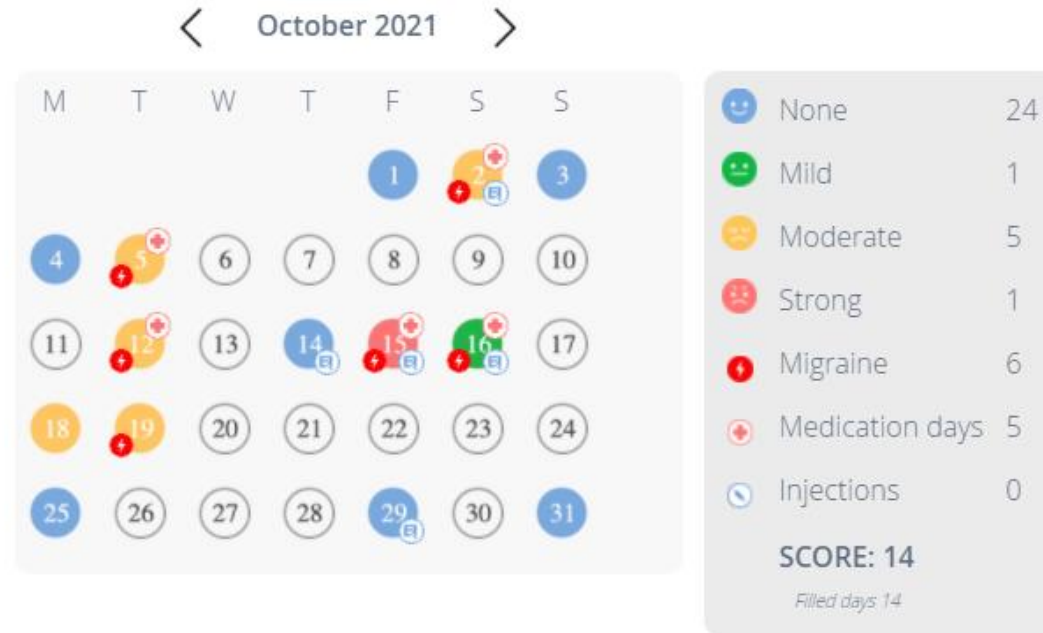
115577

**START**

# Headache Calendar



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- Show medication
- Show injections
- Show migraine attacks
- Display number of attacks
- Show notes
- Show days with period

SHOW SUMMARY

SHOW LOG

NEXT

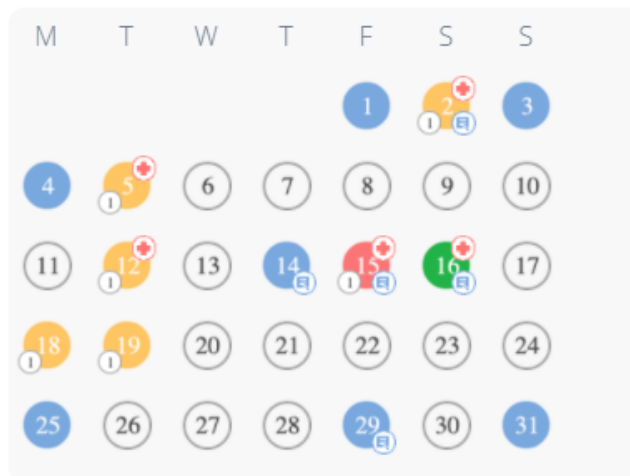
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# Headache Calendar



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< October 2021 >



None	24
Mild	1
Moderate	5
Strong	1
Migraine	6
Medication days	5
Injections	0

**SCORE: 14**  
*Filled days 14*

- Show medication
- Show injections
- Show migraine attacks
- Display number of attacks
- Show notes
- Show days with period

SHOW SUMMARY

SHOW LOG

NEXT

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# Headache Calendar

**Last 4 months:** The patient has had 18 days with headaches, of which 16 were experienced as migraines. The patient used acute medication in 14 cases.

Antall dager med:	Hodepine	(mild	moderat	sterk)	Migrene	Behandling	Score
August 2021:	0	( 0	0	0 )	0	0	0
September 2021:	5	( 1	2	2 )	5	5	11
October 2021:	7	( 1	5	1 )	6	5	14
November 2021 (hittil):	6	( 2	3	1 )	5	4	-

Tabel View (word docx)

Show migraine

SHOW CALENDAR

NEXT

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# DAGSNOTAT

LINE DANSER, 13.11.1969



Rediger maler

Dato

17.11.2021

Bruk mal

Søk

Anamnese (Notat)

Funn

Last 3 months: The patient has had 18 days with headaches, of which 16 were experienced as migraines. The patient used seizure suppressing treatment in 14 cases.

Antall dager med:	Hodepine	(mild	moderat sterk)	Migrene Behandling	Score
August 2021:	0	(0	0 0)	0 0	0
September 2021:	5	(1	2 2)	5 5	11
October 2021:	7	(1	5 1)	6 5	14
November 2021 (hittil):	6	(2	3 1)	5 4	-

Vurdering



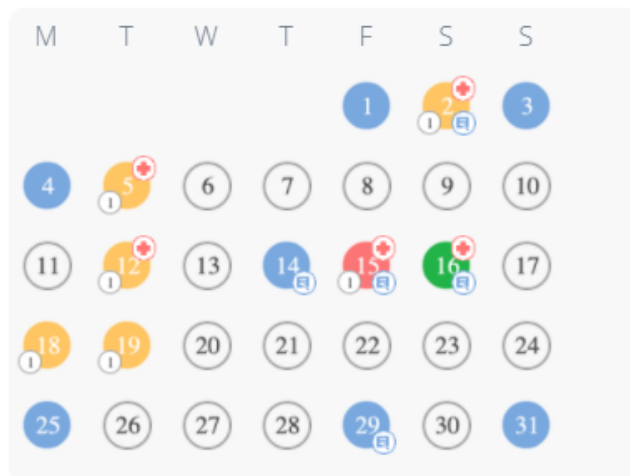
OSLO HODEPINESENTER

# Headache Calendar



OSLO HODEPINECENTER

< October 2021 >



None	24
Mild	1
Moderate	5
Strong	1
Migraine	6
Medication days	5
Injections	0

**SCORE: 14**  
*Filled days 14*

- Show medication
- Show injections
- Show migraine attacks
- Display number of attacks
- Show notes
- Show days with period

SHOW SUMMARY

SHOW LOG

NEXT

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# Headache Calendar



OSLO HODEPINECENTER

Dato:	Styrke	Varighet	Migrene	Medisiner	Notat
2/10 21	2	8 hours	Yes	Relpax	migrainous all day
5/10 21	2	9 hours	Yes	Relpax	-
12/10 21	2	9 hours	Yes	Relpax	-
14/10 21	-	-	-	-	nausea
15/10 21	3	6 hours	Yes	Naramig, Relpax	started at 3 am
16/10 21	1	24 hours	Yes	Naramig	pluss Naratriptan at bedtime
18/10 21	2	12 hours	-	-	-
19/10 21	2	6 hours	Yes	-	-
1/11 21	-	-	-	-	nausea
3/11 21	1	3 hours	Yes	-	wine
6/11 21	2	12 hours	Yes	Naramig	late night HA
7/11 21	-	-	-	-	nausea
8/11 21	2	4 hours	Yes	Relpax	woke up HA
10/11 21	2	2 hours	Yes	Naramig	wine
13/11 21	3	6 hours	Yes	Sumatriptan, Naramig	at work
17/11 21	1	16 hours	-	-	virus infection

SHOW CALENDAR



Siste måned

	Ingen hodepine	23 dager
	Mild	2 dager
	Moderat	5 dager
	Sterk	1 dag



OVERSIKT



DEL DATA



DINE RÅD



INSTILLINGER

18:49



OSLO HODEPINESENTER

< Tilbake

## Dine råd



**Triptaner bør brukes maksimalt to dager i uken og maksimalt åtte dager i måneden.**



**Hodepine som er nyoppstått etter 50 års alder bør diskuteres med lege.**



**Ca 25% av pasienter med migrene har Aura: forbigående symptomer som varer maksimalt en time, men oftest rundt 5-20 minutter. Aura kan være lysglimt, flekker med lys, sikksakkmønstre i synsfeltet, synsendring eller nummenhet i fingre, tunge eller nedre delen av ansiktet.**



**Migrenehodepine er ofte ledsaget av kvalme/oppkast og lyd-og/eller lydskyhet. Det er også ofte vanskelig å være i aktivitet.**



Hodepine kan ha mange utløsende faktorer (triggere). Eksempler er medikamenter, inntak av alkohol, noen matvarer, endringer ikaffedriking. Noen kan også reagere på stress, menstruasjon, lukter, støy og værskifte.



Regelmessig og nok søvn er veldig viktig for å forebygge hodepine. Dette gjelder også i helgene.



Regelmessig fysisk aktivitet er viktig for forebygging av hodepine.





## BARRIERS????

- **No good treatment** of headache patients
- Headache patients are **difficult and demanding**
- **Too little time** in GP practice



# ~~BARRIERS~~



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- Right **diagnose** is crucial for the right treatment
- There is **good treatment** out there
- Headache patients are **not difficult**
- **When short of time** in GP practice – this tool will be of great value
- Based on **diagnostic headache criteria ( ICHD-3)**





# CONCLUSION



OSLO HODEPINESENTER

Try the

- Diagnostic
- Treatment
- eDiary

tools

- You will be amazed how easy it is!

[www.medguideline.no](http://www.medguideline.no)

[www.medguideline.com](http://www.medguideline.com)