NHF Insights - Edition 2
Part 3: Triggers Routinely Encountered in Frontline Profession Settings

Hope O’Brien, MD:
Welcome back for our final episode of our three-part series on frontline workers navigating their experience with migraine.

In the first episode we talked about the impact of migraine on frontline professionals and how individuals cope despite symptoms as they navigate the demands of their oftentimes life threatening and dramatic experience. And the second we talked about how the professionals often face with triggers that are oftentimes out of their control. And in this session, we'll wrap up by discussing the importance and need for adequate treatment for individuals living with migraine, particularly those on the front lines.

I'm your host, Dr. Hope O’Brien, and I'm again joined by the fabulous Dr. Merle Diamond. Welcome, Dr. Diamond.

Merle Diamond, MD:
Thank you. This is so much fun. We've had such a good time doing this.

Hope O’Brien, MD:
I know and this is our last session, so let's make this one a good one.

Merle Diamond, MD:
Okay.

Hope O’Brien, MD:
Let's start by talking about migraine in general. And maybe given our listeners who aren't familiar with migraine, kind of what that is, and let's talk about some of the increasing disability that may be associated with migraine.

Merle Diamond, MD:
My dad used to say migraine was a sick headache. And then he'd say, and you can't do anything when you have a migraine. And that certainly was true early on. Migraine is usually at least moderate to severe pain associated with a lot of difficult other pieces: nausea, vomiting, light and noise sensitivity, dizzy, lightheaded, cognitive dysfunction, neck pain. There's just so many things. And for many years we ignored all the different pieces of migraine. But the one unifying factor was what he taught me when I first came to work at the clinic, which is if someone's sitting in your office and they need to talk about headache, it's because they can't function. They're disabled.

And I think now we have a whole bunch of research that definitely talks about that and speaks to the level of discomfort, and not just the pain of the headache, but the level of not being able to show up for your life. That I think is probably the unifying feature that drives so many of our patients to come and see us.

Hope O'Brien, MD:
Absolutely. And two thirds of people with migraine have either mild to moderate disability. More than a quarter of all respondents have said that their last migraine attack completely prevented them from being productive. I think that's important because migraine tends to affect individuals within their productive years. And nearly 80% reported that they had to endure a migraine attack at work or at school at least once a month because their acute treatment did not work quickly.

And that's oftentimes why they end up in my office. What are some of the stories that you've heard Dr. Diamond from patients who have come in to say, you know what, I need help here.

Merle Diamond, MD:
I think there's always this sort of moment and I tend to talk to my new patients about it. What made you, because they'll have had migraine for 5 to 7 years and kind of played with stuff at home, taken remedies that people have told them to do, and it's just not working. And so they end up in the office.

And I always say, what made you come today. What was happening in your life that drove you to come and get a diagnosis and to get some treatment. And the unifying feature, again, is the level of disability people have. Like my kids keep talking about the fact I have headaches all the time, or I missed work and my boss is really on my case about not being able to count on me. And maybe I should have chosen a different career or, I'm not sure what to do.

There's that level of anxiety and fear. Number one, what do I have. Number two, it's migraine, does that mean I can't do anything about it. Is there something wrong with me? Yeah. You have migraine. But there are tools and there are things you can do.

I think that having that ability to make that diagnosis, number one. And then to get an effective therapy, be it either prevention or acute therapy. Anyone who has migraine needs an acute therapy, but not everybody needs prevention. And so talking about that and telling patients we have medicines that can help with this. We have to teach you how to use them. We want to make sure you don't have any adverse effects from them if we can avoid it, and we want to make sure that you don't have to miss time if we can avoid it.

Hope O'Brien, MD:
Great points. And it's always fascinating to me that as a health care provider, the number of physicians and medical students who have migraine that may be undiagnosed or undertreated. And according to some studies, the prevalence of migraine among physicians and medical students in the US is quite high. And when you look at migraine prevalence across the U.S. population, of course it affects women three times as high as males.

When you look at a deeper dive in our male neurologists, our colleagues, 34.7% prevalence over a year, 46.6% lifetime prevalence. And in comparison, for our female neurologists, 58% prevalence in a year and 62.8% lifetime prevalence. When we look at male headache specialists, this is interesting. And you wonder whether or not this is why they went into headache medicine. Prevalence in our male colleagues, it's 59% over a year and 71.9% lifetime prevalence. So in terms of the physicians and medical students in general, 24% overall prevalence. So, again quite high, but we don't really talk about it amongst each other. And you wonder why patients don't talk about it. Why do you think that is?

Merle Diamond, MD:
I think patients are worried, as well as clinicians who might have migraine, that sometimes they're less than. They should be able to manage this. And it goes back to that whole thing of is migraine a disease. For many years they just made it into that psychiatric category. Well, of course you may have panic attacks if you have migraine, or you might have anxiety or mood disorder because you can't count on your day.

You don't know what your day is going to look like. And so there's lots of false impressions of migraine that I think are really important. In fact, I had a new patient yesterday who's going to medical school starting in the spring and her therapies have not worked well for her. So she doesn't want to miss any more time. When will this be manageable for me. And so we set out to make a plan for her and try to get her some therapies that she can count on when she's in school. Because you can't take the day off.

Hope O’Brien, MD:
You can’t. And I love the fact that you said trying to get effective therapies for her. And I think patients may wait or may not want to try therapies because of their experience they've had with some of the older treatments for migraine. The side effects where they can't afford to have the side effects while they're in medical school or in practice. And they can't afford to lay down. And so now in this age where these new therapies have come to fruition, we're so excited. It's an exciting time to be a headache specialist. What kind of things do you tell your patients when they're maybe hesitant about starting something new?

Merle Diamond, MD:
That's a great question, I think. Again, I always talk about why these new therapies are important and the fact that we've learned so much more about the brain and what's happening to the brain and migraine. And that we now have specific therapies. We're not just finding out something worked in migraine. We're actually looking at the mechanism of migraine.

Patients often will just take this big sigh of relief. Like oh, you know what's going on? Can you show me? And I think that is important because they start to believe that this is a disease. But there are therapies available, and those therapies today tend to be much more tolerable.

Hope O’Brien, MD:
And I always tell them this is the goal of our treatments. It's not just okay to soothe the pain or get you better. What does better mean. And we look at the guidelines by the American Headache Society that says the goal is to have three or less headache days per month. And we really need to continue pushing for that in order to minimize the likelihood of transformed migraine and to really keep them well controlled.

So what is your approach to discussing preventive medications? Because I think acute medication is one thing, especially if they have an attack. But to convince someone to take something even when they don't have an attack to decrease the frequency and severity can be a little bit of a harder sell. What is your approach?

Merle Diamond, MD:
So my approach and it's changed over the years. That's what I love about headache. Every few years we get some new tool. And so the tools we have today are really important. And when I start to talk about prevention, one of the things I always tell my patients, and it is true, just because you need prevention today does not mean that this is a lifelong pill that you're going to take for the rest of your life or shot or whatever it might be. And that migraine over a lifetime is going to change, and that this is where you are today.

It is also true today that I can give you something very specific actually made for your migraine. I think some of the older prevention could work, but because it was developed for something else tended to have a lot more side effects or tolerability issues in general. And I think patients are much more apt to recognize that now that we understand what's going on and we're focusing on a specific target, that they're more comfortable with it.

I think the other thing to share with patients when you talk about prevention is that it's not going to be gone like this. It takes time and you have to share what is the outcome we're all looking for. And it's important to hear what your patient says. What is my patient's goal. And then what are our goals together. And I think sharing that information is really important.

Hope O'Brien, MD:
And sharing is important indeed. And I try to have a discussion with my patients about advocacy because it's so important for not just patients to advocate for themselves, but as frontline workers and healthcare providers that we advocate for our patients and ourselves. What kind of guidance or tips would you give patients if they were to come to you and say, Dr. Diamond, how can I spread awareness? How can I get more involved in terms of moving the needle towards better diagnosis and treatment for migraine?

Merle Diamond, MD:
Well, I think organizations like the National Headache Foundation are so important. They're critical. Patients need a support vehicle to help them to go from A to B. And I always think that my patients carry that message once they understand what's going on and what we can do to help them.

I also think it's important to support our patients, for example, our shift workers. Can we help them to be successful? Sometimes they need to continue shift work, but going from night to day to p.m., to night to day to p.m. every week is havoc. So, I will do my night shift, but can we group it together so that it can be more successful doing it? Giving our patients that permission to negotiate what would work best for them and being able to support them. And that is really important as well. I mean, in my perfect world, you'd have a good therapy. If you needed prevention, you'd go on it and you'd have the support of your community, whatever that is to get you the other tools you need to have good treatment of your disease.

Hope O’Brien, MD:
I agree. This has been such a great discussion, Dr. Diamond. Is there any last-minute thoughts you want to share with our audience as we close out this final episode?

Merle Diamond, MD:
Be your own self advocate. Get a diagnosis. If it doesn't make sense, see somebody who likes to treat headache. It's important. And look at support organizations like the National Headache Foundation. They do have a list of consultants in hopefully your community that you could have access to. And educate. Get as much information as you can. Sometimes I think my patients know more than some of the other people in their community. But you can be a great self-advocate, and you can advocate for other migraineurs, which is important.

Hope O’Brien, MD:
Thank you so much Dr. Diamond for this wonderful discussion. And thank you our listeners, for tuning in to our three-part series on frontline workers with migraine.

Coming out of our discussion, we encourage the migraine community to advocate for further research into the impact of migraine across various employment sectors, especially focused on those that are in their prime, productive years. We also need to support ongoing research in the development of treatments that address unmet needs. And finally, continue to support and encourage our frontline workers because you never know what they're facing that day, especially if they're struggling with migraine symptoms.

For more information about migraine, please go to the National Headache Foundation website or talk to your doctor or health care professional. Take care. Bye bye.