

### Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/clinical-practice/general-medicine-and-primary-care/how-utilize-headache-screening-tests/9959/>

### ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

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## How To Utilize Headache Screening Tests

### Opening Announcer:

This is ReachMD. Welcome to this special series, Rethinking Migraine, sponsored by Lilly. On this episode, titled How To Utilize Headache Screening Tests, we will hear from Dr. Stephanie Nahas, the Director of the Headache Medicine Fellowship Program at the Jefferson Headache Center in Philadelphia.

### Dr. Nahas:

As part of ongoing management of migraine, it's important to continually assess the impact of the disease for your particular patient. And this is not just how patients feel during attacks and what activities are affected by the attacks but also the medications that patients use, what the impact is of those, because medications can come with side effects, and that as part of the migraine management plan can be an important factor that patients need to discuss. The 2 most commonly used screeners in practice tend to be the Migraine Disability Assessment Scale, or the MIDAS, and the HIT-6, or the Headache Impact Test. Both of these assess how migraine affects functioning for the individual. There are 2 other brief screeners which also take into account the frequency of headaches and the frequency of acute medication use **and** the effectiveness of acute medication. One is called the Brief Headache Screen. This is a 4-question questionnaire which asks patients to describe how often certain things occur to them, either on a daily or near daily basis, a few times a week, a few times a month, a few times a year, rarely, and the questions revolve around the intensity of headache. So, how often

are headaches severe and disabling, or how often are headaches just mild? It also asks: How often do you take pain-relieving medication, and how often do headaches affect your ability to function? These last 2 questions are especially important because taking too much abortive medication can lead to rebounding headache, and not taking enough relative to how often headaches are occurring can lead needlessly to disability from the attacks. Another quick screener is the Migraine-ACT Questionnaire, which uses 4 yes or no questions to assess the impact of acute medication in your patient's plan. First, does acute medication work consistently attack to attack? Are you pain-free in 2 hours most of the time? Do you consistently return to normal function within 2 hours after taking acute medication? And do you have confidence in your acute medication to allow you to do the things that you need to do that day? The benefit of having these screening tools is not just so that you have them in your armamentarium to use every single day. That's not practical or feasible. But being familiar with them can at least help to guide your conversations to make sure that you're assessing the full range of impact of migraine and medication for your individual patient.

Closing Announcer:

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