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cervico-dorsal level [2].

Furthermore, the case showed the efficacy of EBP to treat cases of SIH resulting in coma. Sometimes, it can appear inefficacious because of the incorrect execution of this procedure. Therefore, it is necessary to perform a neuroimaging examination post-EBP to confirm the correct execution.

#### References

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## CARE MODELS

### HEADACHE AT AN EMERGENCY UNIT

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**Introduction** To evaluate the final diagnosis of patients referred to a tertiary medical care unit in 2005 as a means of critically evaluating primary care previously provided in the region of Calabria.

**Materials and methods** We reviewed the medical records of patients who came to the Emergency Unit of the Hospital "Pugliese-Ciaccio" of Catanzaro with headache as the major complaint. Those who stayed more than 12 h in the hospital environment were automatically considered to have been admitted.

**Results** Of the 1 454 patients seen (54% women), 1 375 (94%) were discharged after the administration of parenteral analgesics and not more than 12 h in the hospital because they had no pain and their clinical-neurological examination was normal. Only 96 patients (8.7%) stayed in the hospital more than 12 h. In the first group, 71.5% had migraine or tension-type headache and did not require additional examination for diagnosis. Among those who stayed more than 12 h, 70.3% had secondary headaches and 51.5% required additional examination.

**Discussion** Primary care for headache in the Calabria region is unsatisfactory. Many patients with primary headaches are referred to tertiary medical services, overloading the already precarious care for acute cases in these services, which indicates the need to disseminate the diagnostic criteria of the International Headache Society among general practitioners.

**Conclusions** When the headache crisis does not improve with the administration of regular parenteral analgesics, the probability of the presence of a secondary headache and the need for additional examinations increases.

### CLINICAL PRACTICE GUIDELINES AND HEADACHE PATIENT MANAGEMENT BY GENERAL PRACTITIONERS

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**Introduction** This study explores the awareness of technical terms used in Evidence-Based Medicine (EBM) and the manner of treating patients with migraine among a random sample of 500 General Practitioners (GPs). EBM for chronic headache management for primary care physicians has been developed in many countries. Their objectives include: demonstrating how to make a diagnosis, recommending what medications to use, what to use when the medications do not work, and when it is appropriate to refer the patient to somebody with greater expertise. **Materials and methods** During the period October to December 2002, a survey was conducted on a random sample of 500 GPs in Calabria. A mailed questionnaire included questions on GPs' demographics and practice characteristics, awareness of EBM, sources of information about migraine and EBM, and patient's treatment behaviour.

**Results** Of 500 questionnaires distributed, responses were received from 455, a response rate of 91%. Only 27.2% of GPs agreed that clinical trials are needed to evaluate the efficacy of treatments and this awareness was higher in those who learned about migraine from scientific journals or continuing education courses. For two-thirds of GPs, disability is equivalent to the diagnosis of illness, and this behaviour was more prevalent in those who agreed that clinical trials are needed to evaluate the efficacy of preventive or curative treatments of migraine. In addition, the clinical approach to migraine required an evaluation of clinical effectiveness in those who treated a lower number of headache patients who were older, and who did not use guidelines. Most GPs (93.1%) felt that it is important to integrate clinical practice with the best available evidence.

**Discussion** This behaviour was more frequent in those who agreed that the clinical approach to migraine requires an evaluation of clinical effectiveness. In addition, clinical trials are needed to evaluate the efficacy of migraine treatments and in those who attended EBM courses. In contrast, when scientific evidence indicates that a current treatment is less efficacious or more expensive than the new treatment, only 14% and 3.1%, respectively, of GPs would modify the treatment.

**Conclusions** Additional training and continuing educational programmes on guidelines for treatment of headache for GPs are strongly needed.

### ADOPTION OF AN ANAMNESTIC QUESTIONNAIRE: WHAT'S CHANGED IN A CENTRE FOR THE STUDY, CARE AND DIAGNOSIS OF HEADACHES

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**Discussion** For over a year we adopted an anamnestic questionnaire at our centre for the study, care and diagnosis of headaches.

The questionnaire contained all information necessary for establishing the diagnosis according to ICHD-II, 2004 classification.

Use of this questionnaire conformed to the diagnostic and international standards for headaches and better followed SISC guidelines.

Moreover, it allowed diffusion of essential criteria for the diagnosis and care of paediatric headaches among Hospital paediatricians.

### FREQUENCY OF CRISES AND PAIN: EFFICACY OF THE INTEGRATED APPROACH IN PATIENTS SUFFERING FROM CHRONIC TENSION-TYPE HEADACHE FOLLOWING PHARMACOLOGICAL PROPHYLACTIC THERAPY

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**Introduction** A retrospective study was conducted on patients from our clinics suffering from chronic tension-type headache (CTTH), diagnosed according to ICHD-II classification criteria, code 2.3 (OMS G44.2). The objective of this study was to demonstrate the efficacy of prophylactic therapy on an integrated approach (pharmacological and psychotherapeutic) compared to an exclusively pharmacological one.

**Materials and methods** We selected 7 patients suffering from CTTH, 1 M and 6 F, mean age 31 years (range 22–49), who used the integrated approach as prophylactic therapy (Group AI) compared with 7 patients suffering from CTTH, 3 M and 4 F, mean age 31 years (range 22–39), who used prophylaxis only with pharmacological therapy (Group F). Observations were carried out for 20 months. In the beginning, patient group AI had an average percentage of 100% of days/month with headache. They were treated with a daily pharmacological therapy of prophylaxis with amitriptyline (daily average dosage

25 – 40 mg) and a weekly session of relational systemic psychotherapy with individual and familiar meetings. The patients of group F had, in the beginning, an average percentage of 75% of headache days/month. They were treated only with the same pharmacological therapy of group AI. The clinical headache diary was evaluated in the beginning (T0) and after 20 months of treatment (T1). The experience of pain was evaluated using the VRS (Verbal Rating Scale) at T1.

**Results** The patients of Group AI showed a monthly average headache symptomatology of 9%, with a decrease of 91%. The patients of Group F showed a monthly average headache symptomatology of 13%, with a decrease of 80%. Comparison between the two treatments showed a moderate statistical significance ( $p < 0.05$ ). The results obtained from VRS (Verbal Rating Scale) showed a medium level of pain equal to 4 in group F and 2 in group AI, with an average value related to headache of the last 24 hours, respectively, of 6 and 3.

**Discussion and conclusions** In the prophylaxis of patients suffering from CTHH the integrated approach produces results that are more effective than only pharmacological therapy, affecting the monthly frequency of headache and pain perception.

### PATIENTS SEEKING TELEADVICE FOR HEADACHE: IDENTITY, CLINICAL PROBLEMS, COMMUNICATION ISSUES, MOTIVATION, AND EXPECTATIONS AS EXPRESSED IN E-MAILS SENT TO PHYSICIANS

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**Aim of the study** Electronic communication with physicians in the absence of a patient-physician relationship is a growing phenomenon about which little is known. The aim of this study was to analyse the identity, clinical problems, motivation, and expectations of patients seeking teleadvice to an ask-the-doctor service for headache and to evaluate the appropriateness of their requests and the potential for teleadvice to improve medical assistance for headache.

**Methods** *Design and setting:* exploratory survey and quantitative content analysis of the e-mails sent to an ask-the-doctor service on a website dedicated to headache from September 2005 to August 2006. *Main Outcome Measures:* identity and headache subtype of the writers, previous contacts with live physicians, content analysis of e-mails, motivation for contacting a virtual physician, possibility to answer without visiting.

**Results** A total of 332 e-mails were received in the study period, of which 69% were sent directly by the patients and 29% by first-degree relatives. Approximately 50% of the writers were aged between 15 and 35 years. Fifty-four percent of the writers reported a headache diagnosis (migraine 27.2%, cluster headache 24%, MOH 13%), while almost 50% of those not reporting a diagnosis cited use of symptomatic medication on an almost daily basis. Seventy-four percent of the writers declared to have seen a physician before. On content analysis the most frequent reasons to write were information about visits/physicians, general advice, information about therapy, and advice about therapy. Forty percent of the writers expressed frustration or disappointment about previous physicians, whereas 68% of the e-mails were judged as suitable to be answered via e-mail.

Seeking teleadvice is not a frequent activity (1/15000 website contacts). It is overused by young patients suffering from chronic or highly

demanding headaches, frustrated by previous medical experience, in different stages of their decision-making process regarding their need for medical help. E-mails supplement rather than replace the traditional visit and have the potential to improve several aspects of the medical support for headache.

### "THE HEADACHE DAYS" A NEW TOOL TO REDUCE BURDEN OF MIGRAINE INCREASING PATIENT INFORMATION: DEFINITIVE RESULTS ON 220 PATIENTS

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**Objective** In 2005, through "The Headache Week" is the informative point for a week in a headache centre: we found that 70% of participating patients, affected by severe headache, did not know where to refer for their headache. Our aim was to control and progressively modify the patient information by increasing the work of headache centres and their overall general activity.

**Methods** To favour the participation of more headache centres, we reduced the activity of each centre from 10 to 5 days (September 2005 - June 2006) - "The Headache Days".

**Results** Nine headache centres in Sicily participated in "The Headache Days" covering a period of three months: May, June and October 2006. The initiative was advertised in local newspapers, internet and on the headache website. Participating patients were classified by a headache specialist, based on international criteria and filled a questionnaire about physicians' contact, knowledge and usage of complementary therapies and preventive treatment.

**Results** Two hundred and twenty patients participated in "The Headache Days": 18% cluster, 49% tension, 33% about 70% of migraineurs never used triptans while these drugs were extensively taken by 15% of patients with tension-type headache; about 70% of migraine and tension-type headache patients never received prophylaxis; about 50% of patients receiving preventive treatment, and chose non conventional approaches (acupuncture, homeopathic medicines, etc.).

**Conclusions** Lack of information represents a major cause of poor recognition and treatment of migraine in the population. Giving continuity to initiatives like "headache days" can increase patients' knowledge about headache with the final goal (through more appropriate diagnosis and treatment) to reduce disability and burden of migraine.