

Abstract Submission ESCP 2011 Dublin

Pharmaceutical care

ESCPD11-1154

SELF-MEDICATION OF REGULAR HEADACHE: A COMMUNITY PHARMACY-BASED SURVEY

E. Mehuys¹*, K. Paemeleire², T. Van Hees³, T. Christiaens⁴, L. Van Bortel⁵, I. Van Tongelen¹, L. De Bolle¹, J.-P. Remon¹, K. Boussery¹

¹Pharmaceutical Care Unit, Ghent University, ²Department of Neurology, Ghent University Hospital, Ghent, ³Department of Clinical Pharmacy, CHU of Liège, University of Liège, Liège, ⁴Department of Family Medicine and Primary Health Care, ⁵Heymans Institute of Pharmacology, Ghent University, Ghent, Belgium

Is this work original?: Yes

Please choose in which of the following ways you would prefer to present your work, if the abstract is accepted :

Oral communication

Introduction: Headache is a common reason for self-treatment with over-the-counter medication. This observational study aimed to investigate the headache characteristics and the medication use of persons with regular headache presenting for self-medication. These data should allow us to design a rational pharmaceutical care intervention for self-medicating headache patients.

Materials & Methods: This descriptive study was performed in 157 community pharmacies (Belgium). Participants (aged ≥ 18 y and suffering from headache ≥ 1 x/mo) completed a questionnaire to assess drug consumption and previous physician diagnosis. They also completed the ID Migraine Screener (to detect migraine in undiagnosed patients) and the MIDAS questionnaire (to measure headache-related disability).

Results: Participants (n=1205) had a mean age of 46 years and were predominantly female (81.6%). Fifty-six % of the participants (n=677) had a physician diagnosis of headache, mainly migraine and tension-type headache. Forty-four % of the study population (n=528) did not have a physician diagnosis, and 225 of them (225/528, 42.6%) scored positive on the ID Migraine Screener. About 40% of the study population reported moderately to severely limiting disability (MIDAS grade III-IV). The most commonly used acute headache medicines were paracetamol (used by 81.9% of the study population), NSAIDs (39.0%), acetylsalicylic acid (13.2%), triptans (10.4%), opioids (6.3%) and ergots (1.9%). One-quarter of the patients physician-diagnosed with migraine used triptans (106/426), and about 11% used prophylactic migraine medication (49/426). About one fifth of our sample (21.5%) chronically overused headache medication (i.e., for simple analgesics: ≥ 15 d/mo; for ergots/opioids/triptans: ≥ 10 d/mo), which puts them at risk of medication-overuse headache. Only 14.5% was ever advised to limit intake frequency of acute headache treatments.

Discussions, Conclusion: This study identified three main problems: (i) migraine is underdiagnosed, (ii) patients with a physician diagnosis of migraine receive suboptimal treatment, and (iii) the prevalence of medication-overuse is high. Based on these findings, pharmaceutical care for self-medicating headache patients should include: (i) screening for migraine (using the ID Migraine Screener) in pharmacy customers seeking self-medication for regular headache, (ii) referral of migraine patients with frequent disabling attacks who are not experiencing sufficient pain relief with their current treatment, and (iii) prevention of medication-overuse (headache) by simple pharmacist advice about the maximum intake frequency of acute medication.

Disclosure of Interest: None Declared

Keywords: Headache, Self-medication