

## MIGRAINE IN A MINUTE

*Adapted from Morris Maizels, MD, Kaiser Permanente*

Use the frequency of severe and mild headache and medication use to categorize patients as migraine (i.e.: episodic, severe), daily headache and/or medication overuse.

**Q1. How often do you get severe headaches (i.e. without treatment it's difficult to function)?**

*This question alone identifies migraine. Any patient with severe headaches which are episodic should be assumed to have migraine.*

**Q2. How often do you get other (milder) headaches?**

*Daily headaches should always be evaluated for "worrisome" features. Patients with daily headaches (at times severe and migrainous) may have "transformed migraine," often due to medication overuse.*

**Q3. How often do you take headache relievers or pain pills?**

*Use of symptomatic medications more than 3 days/week represents medication overuse. The label, "drug rebound headache," should not be applied without a complete evaluation that has considered secondary and "worrisome" headaches. When drug rebound headache is recognized, symptomatic medications must be withdrawn for the patient to improve.*

**Q4. Has there been any recent change in your headaches?**

*The best screening question for "worrisome" headaches. A patient with a stable pattern of headache for 6 months has the same likelihood of an underlying tumor as a patient without headache.*

**Q5. How often do you miss work (or leisure activities) because of headache?**

*Good question for headache-related disability.*

**Q6. Are you satisfied with your current headache medicine?**

*Rapidly assesses acute therapy.*

**Q7. Are you on a preventive medicine for headache? If not, would you like to be?**

*Determines the patient's preference for prophylaxis.*