

Pharmacist-Led Migraine Group Appointments at the UBC Pharmacists Clinic

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Background

- Migraines are a common type of headache that affects 8.3% of the Canadian population.¹
- While pharmacotherapy remains the cornerstone of migraine treatment; in isolation it may be insufficient to reduce or prevent migraines.²
- Headache education groups, typically led by nurses or physicians, have shown improvement in clinical outcomes and reduction in clinic visits for acute headache treatment. Social groups, such as these, provide support systems for patients to allow them to generate a community, share experiences, and gain emotional support to develop self-efficacy in managing their medical conditions.^{3,4}

Objectives

- To develop, pilot, and, evaluate Pharmacist-Led Migraine Group Appointments at the UBC Pharmacists Clinic with the aim of evaluating the impact on participant migraine management.

Methods

Design: Feasibility study conducted from October 2019 to April 2020

Participants: ≥18 years of age who are diagnosed with migraine

Recruitment process: Participants were recruited via posters and UBC human resources newsletters

Intervention: Three 90-minute group appointments over 3 months facilitated by a clinical pharmacist, with a survey at 6 months.

Data collection: Two anonymous surveys (A and B) repeated at four time points over six months

A. Migraine Frequency and Severity Survey (Survey A):

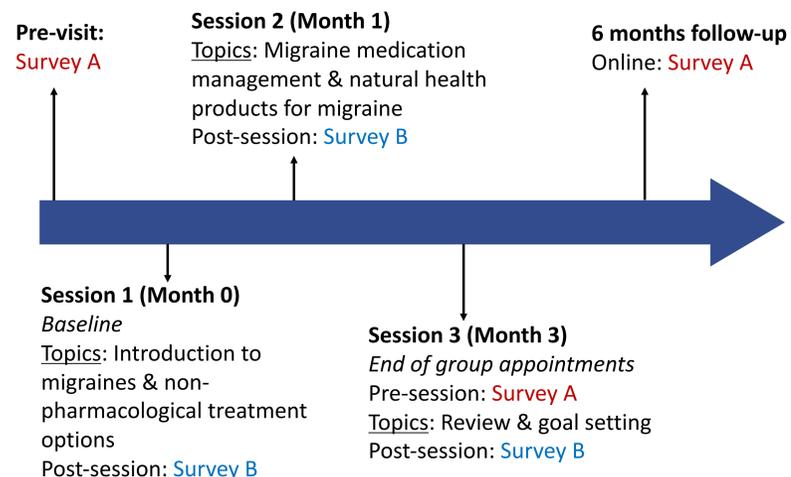
Migraine Disability Assessment Test (MIDAS), healthcare service utilization due to migraine, adherence to pharmacological and non-pharmacological recommendations, and attitude and self-efficacy in migraine management.

B. Migraine Group Appointment Survey (Survey B):

Participants' perceptions and attitudes towards appointment content and service delivery in a group setting.

Data analysis: Descriptive statistics and paired t-test for quantitative data. Thematic analysis for qualitative data.

Figure 1. Study Timeline



Results

- 5 participants were recruited to participate in migraine group appointments.

Table 1. Patient Attitudes Towards Migraine Management

	Baseline (N=5)	3 months (N=4)	Follow-up (N=5)
Believe they have knowledge and resources to self-manage migraines	4 (80%)	4 (100%)	4 (80%)
Compliance with abortive medications	4 (80%)	4 (100%)	3 (60%)
Compliance with preventative medications	3 (60%)	1 (50%)*	0 (0%)
Believe that medications prescribed to treat migraines are effective	3 (60%)	4 (100%)	4 (100%)*

*percentage of participants who answered the question

Figure 2. Monthly headache days at baseline and follow-up

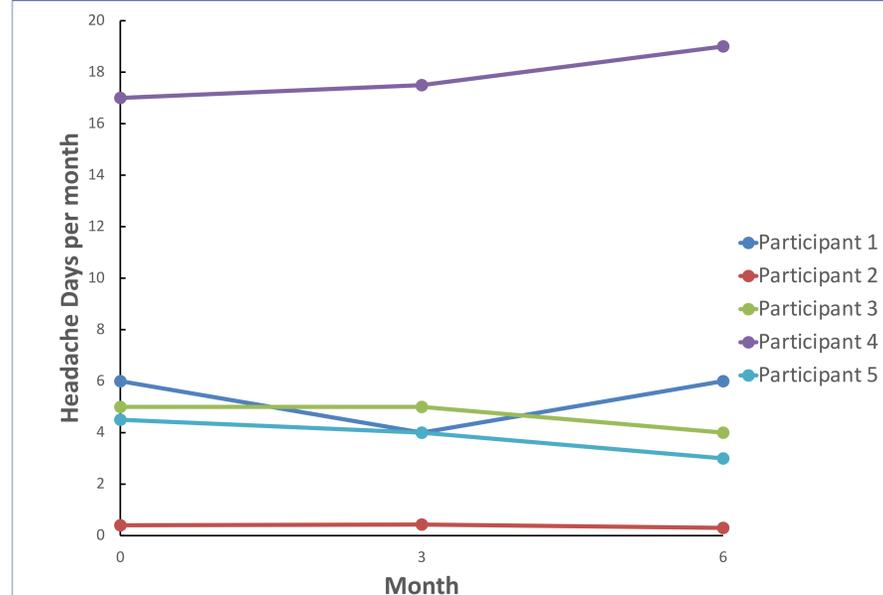


Figure 3. Participant MIDAS scores at baseline and follow-up

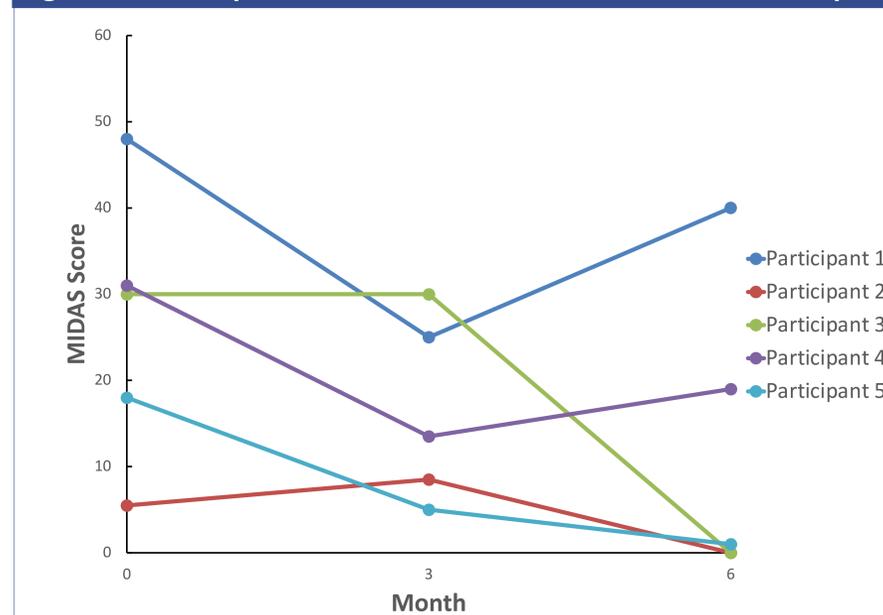
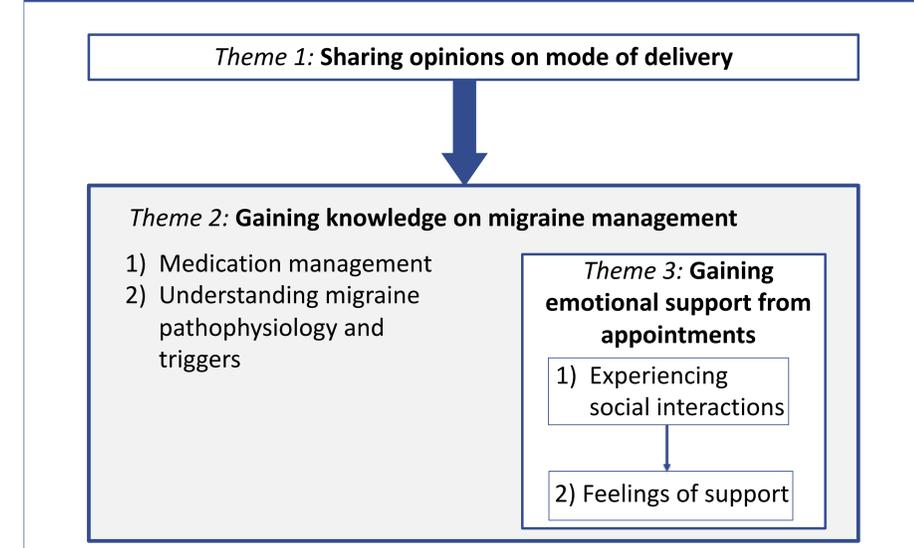


Figure 4. Thematic Map



Sample Quotes

Theme 1: "It was well structured and the feedback from all was appreciated- perhaps have 1 group who suffer chronic migraines and one group for those who have only a few per year"

Theme 2: "discovering new medication or medication new for me, gives me hope"

Theme 3: "[I felt] supported by other migraine sufferers and the facilitators"

Limitations

- Small sample size – unable to achieve statistical significance or make concrete conclusions on impact of intervention
- Selection bias may have occurred as participants motivated to attend group appointments are inherently engaged and self-sufficient

Conclusions

- Pharmacist-led migraine group appointments have the potential to reduce migraine frequency, provide emotional support, and facilitate discussion on migraine management and education.
- Pharmacist-led group appointments were well-received and participants emphasized the value these sessions had on their migraine management.
- A second, virtual, pharmacist-led migraine group appointment cohort is currently underway and awaiting final data collection.
- Further exploration of migraine group appointments with a larger sample size is needed to determine impact on patient outcomes.

References

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