# Updates for Migraine Management in Primary Care

### A CME-certified Grand Rounds Activity

*The information on this form **must** be completed to receive CME credit. Please use a dark pen and press firmly. Return completed form to on-site staff. You may also mail to **PCME, 8335 Guilford Rd., Suite A, Columbia, MD 21046.***

## ACTIVITY SURVEY QUESTIONS

> *Fill in your responses to each "ACTIVITY" polling question as it is asked during the program.*
> *Use the bubbles to mark your answers.*

1. Please rate your confidence in your ability to differentiate migraine from other types of headache:

   Ⓐ  Not confident
   Ⓑ  Slightly confident
   Ⓒ  Confident
   Ⓓ  Very confident
   Ⓔ  Expert

2. The ID Migraine screening tool evaluates for all of the following EXCEPT:

   Ⓐ  Associated nausea and vomiting
   Ⓑ  Photophobia
   Ⓒ  Sinus pain
   Ⓓ  Limitation of work or activities
   Ⓔ  They are all part of the ID Migraine tool

3. Which of the following is *NOT* an alarm sign in patients with possible migraine?

   Ⓐ  Neurologic symptoms
   Ⓑ  New, abrupt onset
   Ⓒ  New onset after age 50
   Ⓓ  Long-standing history of headaches
   Ⓔ  History of cancer

4. Which of the following suggest a patient should start preventive strategies?

   Ⓐ  Nine or more headaches per month
   Ⓑ  Symptoms interfere with daily life
   Ⓒ  Use of acute medications more than two times per week
   Ⓓ  Patient request
   Ⓔ  All of the above

5. How long should you advise a patient it may take for preventive medications to be fully effective?

   Ⓐ  1 week
   Ⓑ  2 weeks
   Ⓒ  1 month
   Ⓓ  2-3 months
   Ⓔ  6 months

6. Given Maria's worsening migraine pattern despite compliance with behavioral and medication strategies, which of the following would be an appropriate next step?

   Ⓐ  CGRP inhibitor
   Ⓑ  Gabapentin
   Ⓒ  Clonazepam
   Ⓓ  Lamotrigine

## POST-ACTIVITY SURVEY QUESTIONS

*Please wait and fill in your responses to the "POST-ACTIVITY" questions after completion of the program. This will allow us to measure learning and identify remaining gaps for future education.*

1. The ID Migraine screening tool evaluates for all of the following EXCEPT:

Ⓐ Associated nausea and vomiting      Ⓓ Limitation of work or activities
Ⓑ Photophobia      Ⓔ They are all part of the ID Migraine tool
Ⓒ Sinus pain

2. Which of the following is *NOT* an alarm sign in patients with possible migraine?

Ⓐ Neurologic symptoms      Ⓓ Long-standing history of headaches
Ⓑ New, abrupt onset      Ⓔ History of cancer
Ⓒ New onset after age 50

3. Which of the following suggest a patient should start preventive strategies?

Ⓐ Nine or more headaches per month
Ⓑ Symptoms interfere with daily life
Ⓒ Use of acute medications more than two times per week
Ⓓ Patient request
Ⓔ All of the above

4. How long should you advise a patient it may take for preventive medications to be fully effective?

Ⓐ 1 week      Ⓓ 2-3 months
Ⓑ 2 weeks      Ⓔ 6 months
Ⓒ 1 month

5. Given a patient's worsening migraine pattern despite compliance with behavioral and medication strategies, which of the following would be an appropriate next step?

Ⓐ CGRP inhibitor      Ⓒ Clonazepam
Ⓑ Gabapentin      Ⓓ Lamotrigine

## CME PROGRAM EVALUATION

This activity is approved for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*™. Please indicate how many credits you are requesting for your participation in this activity: ○ 0.25   ○ 0.50   ○ 0.75    ○ 1.0

**Activity Assessment:** *For each of the following statements, please indicate your agreement.*

| This educational activity: | AGREE | DISAGREE |
|---|---|---|
| Achieved the educational objectives | ○ | ○ |
| Provided me with strategies to improve my practice and better prepared me to care for my patients | ○ | ○ |
| Was scientifically rigorous | ○ | ○ |
| Was fair, balanced, and free of commercial bias* | ○ | ○ |
| Was well-organized | ○ | ○ |

\* If you disagree, please explain: _____

_____

Approximately, what percentage of this content was *NEW* to you *(please select one)?*

    ○ 0%    ○ 25%    ○ 50%    ○ 75%    ○ 100%

Would you recommend this activity to your peers?    ○ Yes  ○ No

Did you receive information on faculty disclosures?    ○ Yes  ○ No

After participating in this activity, how familiar are you with migraine management?
- Ⓐ Not familiar
- Ⓑ Slightly familiar
- Ⓒ Familiar
- Ⓓ Very familiar
- Ⓔ Expert

After participating in this activity, please rate your confidence in your ability to differentiate migraine from other types of headache:
- Ⓐ Not confident
- Ⓑ Slightly confident
- Ⓒ Confident
- Ⓓ Very confident
- Ⓔ Expert

After participating in this activity, in what proportion of your migraine patients will you discuss prevention strategies?
- Ⓐ All of my patients
- Ⓑ >50% of my patients
- Ⓒ 25%-50% of my patients
- Ⓓ <25% of my patients

Please rate how much of a barrier the following issues are in managing your patients with migraine *(1=not a barrier to 5=extreme barrier)*:

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Differentiating migraine from other types of headache | ○ | ○ | ○ | ○ | ○ |
| Lack of guidelines for migraine diagnosis and/or management | ○ | ○ | ○ | ○ | ○ |
| Selecting optimal therapy for the individual patient | ○ | ○ | ○ | ○ | ○ |
| Staying up to date with efficacy/safety data of newer therapies | ○ | ○ | ○ | ○ | ○ |
| Treatment-related adverse events | ○ | ○ | ○ | ○ | ○ |
| Patient-provider communication | ○ | ○ | ○ | ○ | ○ |
| Lack of training in migraine management | ○ | ○ | ○ | ○ | ○ |
| Other (e.g. lack of time, cost of therapies, insurance, etc.) [specify in blank below] | ○ | ○ | ○ | ○ | ○ |

_____

Did the activity address strategies for overcoming barriers that you encounter in practice?    ○ Yes    ○ No

*Please print clearly:* **Name:**_____

**E-mail address:** _____

**Degree:**    ○ MD/DO  ○ Resident/Fellow  ○ RN/BSN  ○ PharmD  ○ NP/PA  ○ Other: _____

**Specialty:**  ○ Internal Medicine  ○ Family Medicine  ○ Primary Care  ○ Other: _____

**Practice type:** ○ Hospital-based ○ Group Practice ○ Solo Practice ○ Managed Care ○ Academic

**How many years have you been in practice?** ○ <10  ○ 10-20  ○ 21-30  ○ >30 years  ○ I am retired

**Approximately, how many patients with migraine do you see each month?** ○ 0 ○ 1-5 ○ 6-15 ○ 16-25 ○ >25

Additional comments/suggestions for future topics: _____

_____

*In order to meet ACCME requirements, all activity participants will be contacted in 2 months to participate in a brief, follow-up outcomes survey. Please respond to the survey, as your participation will help shape future CME activities.*