



Knowledge, attitude and practice of general physicians related to migraine

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ABSTRACT

Among many neurological problems, migraine is most commonly temporal or retro/intra-orbital. Diagnosis and treatment is must for the migraine on the basis of associated symptoms and duration of pain. Treatment must be either pharmacological or non-pharmacological, depends on the knowledge, attitude and practice of the physician. General physicians are the first counselor/consultant for the migraine. In this study we aimed to gather data regarding knowledge, attitudes, and practices of general physicians related to migraine, an area about which little is currently known.

Key-Words: Knowledge, attitude, practices, migraine, diagnosis, treatment.



INTRODUCTION

Migraine is most commonly temporal or retro/intra-orbital. Migraine may present with pain in the neck, just below the occiput and this may be unilateral. Associated symptoms are most important clue to the diagnosis. Duration of migraine is from four hours to four days. Migraine often presents with nausea-vomiting, phonophobia or photophobia. Classically migraine is pulsating or throbbing type and it was described to increase with each heartbeat. Migraine is moderate to severe [1].

Nonpharmacological (identifying and avoiding the triggers, eating nutritious food regularly, having sound sleep and stress management) as well as pharmacological (drugs) interventions can be used to manage the migraine[2], while several studies focusing on the importance of self-management interventions such as behavioural therapy and stress management [3,4]. For acute severe attack of migraine, ergots and triptanes can be used taking appropriate precautions as both these agents are vasopressors and vasoconstrictors. It must be remembered that patient frequently misuse these drugs and sometimes, doctors also prescribe these drugs for chronic use which can result in development of medication-overuse headache, which is often refractory to the treatment. In general, analgesics, ergots and triptanes must not be used more than 4–5 days a month. If a patient is

complaining of more frequent migraine, prophylactic drugs must be started. Here the study aimed to gather data regarding knowledge, attitudes, and practices of general physicians related to migraine, an area about which little is currently known [2-5].

METHODS

Study was conducted with 200 general physicians participating in different conferences in India. It was a paper based survey in between conference timings. A questionnaire with informed consent was provided to each general physician and collected after the answers of questionnaire as well as the signed informed consent. Data on clinical practice patterns, attitudes, and knowledge of general physicians were collected.

RESULTS

In this study all the participated general physicians had knowledge about the migraine, with its symptoms as well as the treatment (Non-pharmacological and pharmacological). The 60 general physicians (30%) were consulting migraine patients daily in OPD, 100 general physicians (50%) were consulting migraine patients twice a week in OPD, while remaining 40 general physicians (20%) were consulting migraine patients once a week in OPD. Out of 200 general physicians 140 (70%) were prescribing for the drugs available

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for treatment of the migraine, 50 (25%) general physicians focused on non-pharmacological treatment like life style modification, exercise, good sleep etc. to migraine patients, while remaining 10 (5%) general physicians referring the patients to the neurologist for the treatment of the migraine.

DISCUSSION

General physicians plays most important role in any medical setup (hospital/ institution/ organization) with impact on health care and decrease the mortality and morbidity [1,6,7] . Migraine is one of the common disorders where patient reports lower quality of life [3,8,9]. Many studies focused the non-pharmacological treatment of migraine while on other hand many forced towards the pharmacological treatment. In present scenario pharmacological treatment of the migraine is best choice for the physicians as it provides

quick relief to the patients. If we focus on the long term relief drugs providing quick relief with several side effects while non-pharmacological treatment is without side effect with complete relief with time [2,5,10].

CONCLUSIONS

General physician is first counselor for the migraine patient. It is a need to perform knowledge attitude and practice study in general physicians. With reference to the results there a need exists for education regarding the treatment options (pharmacological and non-pharmacological) to general physicians. Migraine being a neurological problem should be taken seriously by not only the general but also by the doctors. Choice of treatment should be in contrast with maximum satisfaction as well as the relief to the patients.

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