AN ENQUIRY INTO THE TREATMENT OF MIGRAINE

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This is the summary of an investigation carried out in 1960, into the treatment of migraine by general practitioners. Seven hundred members of the research register of the College of General Practitioners were sent a simple circular, asking them for details of the treatment of migraine in their patients. There were 157 replies from practices distributed throughout the British Isles and also from Rhodesia and South Africa; of these three-quarters stated that their replies were based on memory, and one-quarter on records.

The questionnaire first defined the criteria for migraine, dividing it into its three phases:

A. prodromal,
  (1) ocular,
  (2) non-ocular,
B. headache and
C. nausea and/or vomiting.

It was stated that (A) and (B) must be present in all cases and (C) should be present in 75 per cent of cases.

Next the type of practice was enquired into: urban, mixed, or rural; the distribution was as follows, 50 per cent urban, 25 per cent rural and 25 per cent mixed.

The number of patients in each practice averaged 3,290; giving a total figure of 465,019 patients as being recorded in this survey. The average number of migraine patients treated in 1959 came to 13.1 per practice; that is roughly four per thousand patients, whose sex distribution was M:F as 1:2.75.

Cases of migraine were divided into three types, mild, severe, and very severe; allocation of the particular case into each group had, of course, to be left to the doctor who filled in the summary, and no arbitrary standards were laid down. The results were: moderate attacks 63 per cent, severe attacks 29 per cent and very severe seven per cent.

Next was considered the interesting question of treatment, which

was divided into four main groups: analgesics, the ergot group, the sedative group which included the barbiturates and stemetil, and simple psychotherapy, and finally doctors were asked to state any particular treatment which they had found suitable. The results are tabulated below.

TREATMENT RECEIVED

Analgesics	.. 83 (54%)	*Ergot Preparations*	149 (91%)	*Sedatives*	.. 93 (59%)
Codeine	.. 150 (60%)	Cafergot	.. 83 (53%)	Barbiturate	.. 51 (55%)
Aspirin ..	.. 31 (37%)	Migril ..	.. 76 (51%)	Stemetil ..	.. 35 (38%)
Hypon ..	.. 9 (6%)	Femergin	.. 45 (30%)		

Simple psychotherapy 49—31%

Other treatments given: bellergal, diuretics, edrisal, drinamyl, epanutin, hypnosis, largactil, morphia, pethidine, spinal manipulations, tranquilizers, vitamins.

Next doctors were asked whether they referred patients with migraine to hospital, what percentage they did so refer, and to which department they sent them, and for what reason? The results showed that 34 per cent of the cases were at some time or another referred to hospital, usually to the neurology department, and 36 per cent had at some time been sent to an optician. The chief reason for sending them to hospital was stated specifically to be in over 20 per cent " exclusion of space occupying lesion in the skull"; e.g. tumour or aneurysm. Many stated that they did not use the specialist service in the hospital often, and some stated that they did not receive much help when they did so. Some used the hospital in cases of doubt to make sure that their suspected diagnosis was the correct one. The reason for sending patients to opticians or ophthalmic surgeons was to exclude a refractive error, which might be triggering off the attacks.

Practitioners were questioned as to their opinions on the origin of migraine; the three groups stated were:

A. psychosomatic,
B. vascular, and
C. any other origin.

Groups (A) and (C) were noted in the questionnaire in over 35 per cent of the cases and group (B) in 26 per cent. Under (C) were mentioned allergy (two mentioned chocolate as a specific allergen),

fluid balance, pregnancy, epilepsy, hypertension, prolapsed disc, stress, and psychoneuroses.

The final question asked was did they consider the following important in the aetiology of migraine, heredity, allergy, travel sickness, menstruation and the results were: heredity was incriminated in 42 per cent of cases, allergy in 13 per cent (that is not including those who felt that migraine actually originated from allergy), travel sickness in six per cent and menstruation in 35 per cent.

Discussion

The incidence of migraine in the population is stated to be about ten per cent, and, if this be correct, very few migraine sufferers are going to their family doctors. Of those who do go, 91 per cent are receiving the ergot preparations, cafergot and migril being those most prescribed, and it is of interest that the treatment of migraine by ergotamine injections was noted on only two occasions. It appears that doctors are relying predominantly on oral preparations (figure 1).

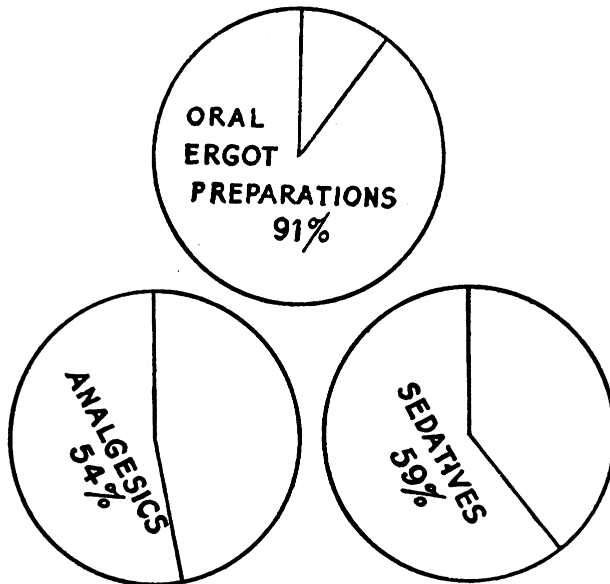

Figure 1. What the general practitioners give.

When considering the reason why patients are sent to hospital, the exclusion of a lesion which is impossible for the general practitioner to diagnose is frequently mentioned, few appear to expect that their patients would receive better treatment or advice than

they themselves are capable of giving; and special centres for the treatment of migraine were mentioned only on three occasions.

Migraine, it appears, is a condition largely to be treated by the patient himself, analgesics and the passage of time are his standby. This was confirmed by an investigation earlier in 1960, carried out by myself and Dr A. Childs, when we studied the incidence of migraine in a factory population and found that over one half of those suffering from this condition were relying on the analgesic group of drugs, only 12.5 per cent were taking ergot preparations and well over one third were having no form of treatment at all, this was in a condition which was causing a loss of work amongst those suffering from migraine of 0.7 of a day per man per annum and 2.4 days per woman per annum (figure 2).

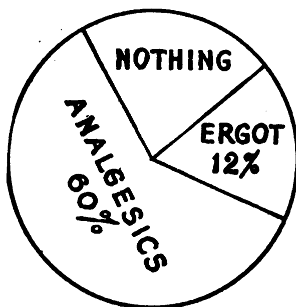

Figure 2. What the general public take.

Summary

This investigation shows that when a migraine patient goes to his doctor, there is a tendency to change the treatment to oral ergot preparations. About one third are sent to hospital for investigation, and one third are sent for sight testing.

This is not a very satisfactory state of affairs, the treatment of migraine should rest with the general practitioner, but research into its origin and rational treatment should be carried out in centres where large numbers of patients can be seen, the proper investigations carried out and controlled experiments on treatment investigated. The facilities at the moment are sadly lacking.

Acknowledgements

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