

# EHF survey on resistant/refractory migraine

## PRELIMINARY AGREEMENT TO PARTICIPATE IN THE PROJECT

The handling of your data will comply with the provisions of the European Parliament and Council Regulation (EU) 2016/679 of 27 April 2016 on Data Protection. All the data will be only diffused in aggregated form.

I declare that I am a physician involved in headache care.  Yes  
 No

I declare that all the information I provide below is adherent to reality.  Yes  
 No

I agree to participate in this project and to be listed among project contributors in all related publications with the affiliation I will report below.  Yes  
 No

## PHYSICIAN GENERALITIES AND SETTING

(Those information are mandatory to acknowledge individual participation)

Name \_\_\_\_\_

Surname \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Affiliation (Hospital/University) \_\_\_\_\_

E-mail address  
(We will use only for future communication related to this project) \_\_\_\_\_

Gender  Male  
 Female  
 Other

Years in headache medicine after graduation  ≤ 5  
 6-10  
 > 10

Specialty  Neurology  
 Internal Medicine  
 Primary Care  
 Anesthesiology/Pain  
 Otorhinolaryngology (medicine/surgery)  
 Physical Medicine and Rehabilitation  
 Clinical Pharmacology  
 Obstetrician/Gynecology  
 Other

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Which of the following best describes your primary working setting (if you want more details on the definition please have a look at J Headache Pain 2011; 12:419-426: link)?

- General primary care/general neurology
- Special interest headache care (Ambulatory care delivered by physicians with a special interest in headache)
- Headache specialist center (Advanced multidisciplinary care delivered by headache specialists in hospital-based centers)

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Your working setting is:

- Mainly academic
- Mainly non-academic

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How many patients with migraine (considering both first visits and controls) do you visit per week?

- ≤10
- 11-50
- >50

Before going ahead with the remaining part of the questionnaire please consider the new definitions of resistant and refractory migraine by looking at the table below or by downloading the full paper (find the article)

<p><b>Resistant migraine</b> can be diagnosed if all the following criteria are met:</p> <p>A. Established diagnosis of 1.1 Migraine without aura and/or 1.2 Migraine with aura or 1.3 Chronic migraine according to ICHD-III criteria;</p> <p>B. Debilitating headache for at least 8 days per month for at least 3 months;</p> <p>C. Failure and/or contraindication to 3 drug classes* with established evidence for migraine prevention, given at an appropriate dose for an appropriate duration.</p>	<p><b>Refractory migraine</b> can be diagnosed if all the following criteria are met:</p> <p>A. Established diagnosis of 1.1 Migraine without aura and/or 1.2 Migraine with aura or 1.3 Chronic migraine according to ICHD-III criteria;</p> <p>B. Debilitating headache for at least 8 days per month for at least 6 months;</p> <p>C. Failure and/or contraindication to all classes with established evidence for migraine prevention, given at an appropriate dose for an appropriate duration.</p>
<i>Specifies to the diagnosis</i>	
<b>Definition of debilitating headache</b>	
Debilitating headache is defined as headache causing serious impairment to conduct activities of daily living, despite the use of pain-relief drugs with established efficacy at the recommended dose, and taken at the beginning of the attack; failure of at least two different triptans is required.	
<b>Drug classes considered for the diagnosis</b>	
<ol style="list-style-type: none"> <li>1. Antidepressant (Amitriptyline, Venlafaxine);</li> <li>2. Antiepileptic (Topiramate or Valproate);</li> <li>3. Beta-blocker (Atenolol, Metoprolol, Propranolol, Timolol);</li> <li>4. Calcium channel blocker (Flunarizine or Cinnarizine);</li> <li>5. Drugs acting on the CGRP pathway (Monoclonal antibodies and Gepants);</li> <li>6. Angiotensin-converting enzyme inhibitor (Lisinopril) or angiotensin II receptor blocker (Candesartan);</li> <li>7. OnabotulinumtoxinA (for chronic migraine only);</li> <li>8. Other pharmacologic preventive treatments with established efficacy in migraine (e.g. any new developed drug).</li> </ol>	
<b>Definition of drug failure</b>	
Failure, at any time, of migraine preventatives because of: <ol style="list-style-type: none"> <li>1. lack of efficacy due to persistence of headache with the required frequency for meeting criteria for resistant or refractory migraine, while the patient is on treatment with one of the recognized preventatives at an established dose and for an appropriate duration;<sup>5</sup></li> <li>2. lack of tolerability due to side effects which are unbearable for the patient, cannot be effectively managed and require stopping the drug.</li> </ol>	
<b>Definition of contraindication</b>	
Contraindication is any specific situation in which the use of a given drug is inadvisable. <sup>#</sup>	
<b>Assessment of patients</b>	
To validate definitions, we suggest the following: <ol style="list-style-type: none"> <li>1. Resistant migraine, evaluation by a Headache specialist with review of medical charts;</li> <li>2. Refractory migraine, evaluation in a tertiary level Headache Center with in-person follow-up for at least 6 months.</li> </ol>	
<b>Medication overuse</b>	
<ol style="list-style-type: none"> <li>1. For resistant migraine presence of medication overuse does not exclude the diagnosis;</li> <li>2. For refractory migraine presence of medication overuse does not exclude the diagnosis but attempts of unsuccessful medication withdrawal needs to be documented.</li> </ol>	
<b>Additional factors</b>	
Triggers and comorbidities need to be considered and managed; unsuccessful management of triggers and comorbidities is possible. Careful differential diagnosis with mimicking conditions must be done.	

**PART 2 - RESISTANT MIGRAINE**

How often do you see patients who meet criteria for resistant migraine in your clinical practice?

- Very frequently (daily/weekly)  
 Occasionally (monthly)  
 Rarely (less than one in a month)

In a scale from 1 (less confident) to 10 (more confident) how do you rate your confidence to treat patients with resistant migraine?

\_\_\_\_\_

According to your opinion, patients with resistant migraine should be managed in (if you want more details on the definition please have a look at J Headache Pain 2011; 12:419-426: link) (multiple choiches possible):

- General primary care  
 Special interest headache care  
 Specialized headache care

Do you manage yourself patients with resistant migraine or do you refer them to a more specialized center?

- I manage them in my center  
 I refer them to a more specialized headache center

**PART 3 - REFRACTORY MIGRAINE**

How often do you see patients who meet criteria for refractory migraine in your clinical practice?

- Very frequently (daily/weekly)  
 Occasionally (monthly)  
 Rarely (less than one in a month)

In a scale from 1 (less confident) to 10 (more confident) how do you rate your confidence to treat patients with refractory migraine?

\_\_\_\_\_

According to your opinion, patients with refractory migraine should be managed in (if you want more details on the definition please have a look at J Headache Pain 2011; 12:419-426: link):

- General primary care  
 Special interest headache care  
 Specialized headache care

Do you manage yourself patients with refractory migraine or do you refer them to a more specialized center?

- I manage them in my center  
 I refer them to a more specialized headache center