

Headache Toolbox

Your Visit to the Doctor: Achieving a Satisfactory Result

No matter how well-prepared you may feel, once seated before the doctor you may find yourself unable to speak or rambling on without saying what you meant . . . to the frustration of all, and often with little or nothing gained by the visit's conclusion. This is particularly true for disorders such as headache, wherein the medical problem is largely subjective in nature and a concise, accurate history is thus critical to effective management. As a headache patient, what can *you* do to maximize the benefit to be derived from your visit to the physician?

First, be aware that despite the prevalence of headache (and migraine in particular), relatively few physicians are adept at headache diagnosis and treatment. Unless the physician you are seeing is a known expert in the subspecialty of headache medicine, it is advisable to acquaint yourself with some of the most basic fundamentals of headache. For example (and this is a fact unknown to many competent physicians), over 90% of patients who present nonemergently for evaluation of headache have migraine or probable migraine as the cause of their headache disorder; knowing this, you should take the time to learn the common clinical features of migraine and determine whether these "fit" your own headache disorder. Where can such information be easily obtained? While this is the subject of another Toolbox, the American Headache Society (www.americanheadachesociety.org) and the National Headache Foundation (www.headaches.org) maintain excellent websites that offer patient education, and through those websites you also may learn of self-help books for headache sufferers produced by reputable authors.

Whether you have migraine, another primary headache disorder, or headaches that reflect an underlying disease, there is certain specific informa-

tion that will be helpful to your physician: (1) at what point did you begin having headaches sufficiently bothersome to interfere with your routine daily activities? (as a young teenager? during a pregnancy? last summer? yesterday?); (2) how often are you experiencing headache, and how often are those headaches severe enough to interfere with your routine activities? (a simple, straightforward headache diary can be extremely helpful in providing answers, and in another of our Toolboxes such a diary is provided; if possible, complete the diary during the month prior to your visit and bring it with you); (3) what is the character of your headaches? (for example, typical duration, quality, and location of pain, associated symptoms such as nausea, light/sound sensitivity, tearing, runny nose); (4) has there been any recent change in the character or frequency of your headaches? (and if so, *how* have they changed?); (5) what medications have you tried in the past either to prevent the headaches or to treat them as they occurred? (and what was your response to those medications?); (6) what diagnostic testing have you had? (for example, brain computerized tomography or magnetic resonance imaging scans, spinal tap, brain angiogram); (7) what medicines are you taking now for your headaches? (what are the doses, and how often do you take these medicines; include nonprescription medications obtained "over-the-counter"); (8) what are the major components of your medical history, and what other medications are you taking?

Bring with you any relevant medical records . . . but avoid overdoing it. Little dismays a physician more than the patient who arrives with a stack of x-rays and scans that would fill a shopping cart and a sheaf of randomly assembled (and largely irrelevant) medical documents a foot thick; while CDs may be

easier to transport, they do little to reduce the time and effort it will require for your physician to review their content. Try in advance of your visit to compose a coherent headache history, medical history, and list of current medications (and doses) that does not exceed 1 page in length. Attempt to obtain copies of any reports of brain scans or brain angiograms you have undergone in the past, along with copies of any discharge summaries from headache-related hospitalizations or clinic notes from visits you have made to physicians for evaluation of headache in the past.

As mentioned previously, learn something about the topic of headache before you see the doctor. To consult with a doctor regarding one's headaches without any idea whatsoever as to what "migraine" is or how it may be treated will do little to accelerate the process of arriving at an effective management plan. Be prepared to ask questions such as: do I need to be on preventive medication for my headaches? what can I use for an acute headache if I'm too nauseated

to swallow a pill? what side effects of medication should I expect? what nonmedicinal strategies should I pursue to best control my headaches? what is safe for me to take for my headaches if I am attempting to become pregnant?

In summary, to optimize your visit: come armed with some knowledge about headache, a concise history that addresses the individual components previously listed, and that portion of your past medical records which is most relevant to the headache evaluation to be conducted. Luckily, if the diagnosis is accurate, and the physician has experience in managing headache disorders, your chances for improvement are excellent.

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