Using Non-Pharmaceutical Techniques with Headaches
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BACKGROUND

Headache complaints are a common complaint for the general public. It is estimated that half to three quarters of adults 18-65 years old have experienced a headache in the last year. The burdens caused by headache disorders are financial burdens, personal suffering, impaired quality of life, destruction of family and social life, as well as employment burdens. Patients with recurrent headaches suffer enormously and may have difficulty finding relief from pharmaceutical treatments. Not to mention, the cost for medical expenses for migraine related headaches alone are approximately $1 billion per year. Research has found evidence incorporating the combination use of pharmaceutical therapy with non-pharmaceutical therapy providing a decrease in headache symptoms, ultimately leading to a better quality of life for the patients. Introduction of non-pharmaceutical techniques will engage patients into their own care allowing more autonomy and a diverse option of treatment plans.

PICO

In patients age 19 years or older, who complain of 3 or more headaches per week, does the addition of non-pharmaceutical techniques verses pharmaceutical therapy only, aid in reduction of headache frequency and distress?

Search Strategy

Databases searched included Academic Search Complete, CINAHL, PubMed, Cochrane, MEDLINE, and National Guideline Clearinghouse. Eleven articles were selected based on best available research. Five level I studies were chosen, and included four systematic reviews and one clinical practice guideline. Four level II studies were included and each comprised of randomized control trials. All of level I and level II research studies evaluated headache interventions that included nonpharmacological techniques in adult populations. Research suggested that improved headache outcomes can be the outcome of non-pharmaceutical techniques with and without the addition of pharmaceutical therapy.

PURPOSE

The purpose of this project is to evaluate the effectiveness of implementing non-pharmaceutical techniques in headache treatment plans.

METHODS

Target population: Men and women 19 years and older who complain of three or more headaches per week.

Outcome: Patient Autonomy. Decrease in headache pain and increase in QOL.

Measures: Headache Impact Test (HIT-6)

Small Test of Change Intervention: Three and six week phone calls and/or email of questionnaires and QOL assessment. Education on non-pharmaceutical techniques.

Follow-up: Email or phone call follow up at 3 weeks and 6 weeks for those identified with complaint of 3 or more headaches per week and assessed for 1) adherence to non-pharmaceutical technique, 2) perceived symptom management, and 3) post HIT-6 improvement score

Data Analyses: Descriptive statistics and initial/post comparison of HIT-6 score.

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<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
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<tr>
<td>Age</td>
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CONCLUSIONS

Recommendations

- Non-pharmaceutical therapy with/without pharmaceutical treatment should be used in treatment to reduce headache frequency, intensity and pain. (Grade A)
- Intervention elements consist of therapy in office and extended to the home. (Grade B)
- Healthcare providers should become informed on the additional practices other than pharmaceutical regimes in order to better achieve patient satisfaction and provide quality patient care. (Grade A)

CONCLUSIONS

Findings suggest:

- 85.7% of headache patients screened with HIT-6 were identified as having headaches that were having a severe impact on their life (HIT-6 score of 60 or more).
- Non-pharmaceutical techniques were introduced into patients headache treatment plan with significant (p<0.05) improvement of symptoms at 3-6 weeks follow-up.
- Introduction of non-pharmaceutical techniques could potentially be beneficial to headache patients
- Further implementation of the project is warranted to evaluate the long-term effectiveness of using a non-pharmaceutical technique in headache treatment plans.
- Recruiting participants from multiple sources could increase the population and make it more realistic.
- Having participants complete a headache diary for a shorter duration may increase number of complete responses.

- Adding questions relating to frequency and intensity on self-assessment questionnaires will be beneficial

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Key References: