

COMMENTARY

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Migraine and hemorrhagic stroke: data from general practice

Raffaele Ornello, Francesca Pistola, Diana Degan, Antonio Carolei and Simona Sacco*

Migraine is one of the most disabling headache disorders and the seventh most disabling disease worldwide [1]. Several epidemiological studies have investigated the association between migraine and vascular disease [2]. Two meta-analyses found a clear increase in the risk of ischemic stroke in subjects with migraine, mostly migraine with aura (MA), as compared with non-migraineurs [3,4]. Another meta-analysis found an increased risk of hemorrhagic stroke (HS) in subjects with migraine [5], although potential sources of heterogeneity can be found among the studies included in that analysis. Most studies did not distinguish between intracerebral hemorrhage (ICH) and subarachnoid hemorrhage (SAH) when assessing the outcomes and some of them did not report the outcomes separately for MA and migraine without aura (MO). In addition, in the available studies little consideration was given to migraine activity and duration.

The case-control study published in *The Journal of Headache and Pain* by Gaist and colleagues [6] adds important data gathered from general practice to the link between migraine and vascular diseases. In that study, data from 1,797 subjects with ICH and 1,340 subjects with SAH from a large epidemiological dataset, The Health Improvement Network (THIN), were reviewed and frequency-matched with control subjects for sex, age (± 1 year), and calendar year of diagnosis. After adjustment for sex, age, calendar year, smoking, alcohol, body mass index, hypertension, previous cerebrovascular disease, oral contraceptive use, and health services utilization, the authors did not find an increased risk of overall HS or of ICH or SAH in subjects with migraine compared with non-migraineurs. Analysis according to migraine type showed that neither MA nor MO were associated with an increased risk of HS, ICH or SAH [6]. Only subjects with a long history (≥ 20 years) of migraine had an increased risk of ICH compared to control subjects, and even they did not show an increased risk of

SAH [6]. The results of this study conflicted somewhat with previous studies [5,7-10] which indicated that the overall increase in the risk of HS associated with migraine was mostly driven by ICH rather than SAH and by MA rather than MO.

To understand the discrepancies we should consider the strengths and limitations of that study. The enrolment of a large number of patients with HS in a general practice setting confers an advantage to this new study. In addition, the authors performed separate analyses for ICH and SAH, well known clinical entities with different pathogenesis. Most importantly, this is, to our knowledge, the first case-control study that includes migraine duration in the statistical analyses suggesting a correlation between time from migraine diagnosis and risk of vascular events. This is in line with the Women's Health Study which found evidence of the increased risk of HS in migraineurs only after the 13.6 years of follow-up [10]. Likewise, when considering the risk of cardiac ischemic disease in migraineurs, the association between migraine and coronary heart disease was evident only after not less than ten years of follow-up [11-13]. This finding contrasts with the risk of ischemic stroke, which is increased even in studies with shorter follow-up [14]. These same data suggest that the vascular risk associated with migraine increases over time, with variable effects on different vascular diseases. However, the study by Gaist et al. has some limitations that suggest caution in considering their findings as conclusive. Migraine diagnosis was ascertained retrospectively and was not confirmed by headache experts, thus potentially introducing a bias. Criteria for migraine diagnosis were not standardized and not comparable to those of the International Classification of Headache Disorders [15]. Pitfalls in diagnosis might have been even greater when addressing migraine subtypes since some auras may have been missed or misdiagnosed. Besides, authors did not describe how they managed cases with incomplete records or with headaches attributable to probable migraine. Moreover, migraine duration was measured as the time

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Migraine In General Practice

Patrick A. Boudewyns, Francis J. Keefe



Migraine In General Practice:

General Practice at a Glance Paul Booton, Carol Cooper, Graham Easton, Margaret Harper, 2012-10-24 Awarded First Prize in the Primary health care category at the 2013 BMA Medical Book Awards Following the familiar easy to use at a Glance format this brand new title provides a highly illustrated introduction to the full range of essential primary care presentations grouped by system so you ll know exactly where to find the information you need and be perfectly equipped to make the most of your GP attachment General Practice at a Glance Is comprehensively illustrated throughout with over 60 full page colour illustrations Takes a symptoms based approach which mirrors the general practice curriculum Offers one stop coverage of musculoskeletal circulatory respiratory nervous reproductive urinary endocrine and digestive presentations Highlights the interrelations between primary and secondary care Includes sample questions to ask during history taking and examination Features red flags to highlight symptoms or signs which must not be missed This accessible introduction and revision aid will help all medical students and junior doctors develop an understanding of the nature and structure of primary care and hit the ground running on the general practice attachment *Practical General Practice E-Book* Adam Staten, Paul Staten, 2019-06-10 Practical General Practice is a highly practical manual specifically designed for use during the consultation process Containing over 1000 conditions the unique underlying structure of the book allows the GP to see immediately what treatment is recommended and why All recommendations are highly specific giving a firm guide to the GP during the consultation process rather than a list of possibilities that the GP might wish to consider Bullet points for action which give the GP an immediate summary of the issues that must be covered in the consultation Bullet points of the key evidence which justifies those recommendations All chapters thoroughly revised to reflect changes in the evidence and in major guidelines since the last edition NNT values provided when available New editorial team New research and guidelines relating to evidence based medicine included Greater focus on international guidelines and opinion New introductory chapter Principles and Practice of Primary Care taking account of topics relevant to the MRCGP exam Appendices thoroughly revised and updated Many contributors new to this edition New chapters on Ethics Diabetes and Long term conditions Extensively revised combined chapter on palliative care and end of life issues Now with accompanying free e book on Expert Consult for the first time Now in full colour *General Practice Activity in Australia 2010-11* Britt Helena, Miller Graeme C, Charles J, Henderson J, Bayram C, Pan Y, Valenti L, Harrison C, O'Halloran J, Zhang C & Fahridin S, 2011 The book provides a summary of results from the 13th year of the BEACH program a continuing national study of general practice activity in Australia From April 2010 to March 2011 958 general practitioners recorded details about 95 800 GP patient encounters at which patients presented 149 005 reasons for encounter and 146 141 problems were managed For an average 100 problems managed GPs recorded 69 medications including 56 prescribed seven supplied to the patient and six advised for over the counter purchase 11 procedures 23 clinical treatments advice and counselling six referrals to specialists and three to allied health services

orders for 30 pathology tests and six imaging tests A subsample study of more than 31 000 patients suggests prevalence of measured risk factors in the attending adult 18 years and over patient population were obese 27 per cent overweight 35 per cent daily smoking 15 per cent at risk alcohol consumption 25 per cent One in five people in the attending population had at least two of these risk factors A companion publication A Decade of Australian General Practice Activity 2001 02 to 2010 11 is also available **International Record of Medicine and General Practice Clinics** Frank Pierce Foster,1887

Behavioral Medicine in General Medical Practice Patrick A. Boudewyns, Francis J. Keefe, 1982 **Neurology and General Medicine** Michael Jeffrey Aminoff, 2008-01-01 Better understand your patients complete medical profile and provide the best possible care This one of a kind reference provides a practical look at neurological disease and how it affects and is affected by other disease It helps neurologists manage patients with co existing medical conditions and helps internists understand and treat the neurological manifestations of patients primary diseases A new emphasis on diagnosis and management including advances in pharmacology genetic based therapies and new imaging techniques makes this 4th Edition more clinically valuable than ever Focused content highlights the vital links between neurology and other medical specialties promoting a better understanding of all disciplines as well as enhancing patient care Comprehensive coverage of advances in pharmacology such as new antibiotics for infectious diseases helps you successfully manage a full range of diseases and disorders An interdisciplinary team of authors provides insight into the neurological aspects of the conditions you see in daily practice Easy to read chapters apply equally well to neurologists and non neurologists providing essential knowledge that covers the full spectrum of medical care Expanded chapters emphasize key diagnostic and therapeutic information including appropriate testing and treatments for neurological disease An emphasis on advances in pharmacology and new imaging techniques helps you better manage your patients and understand how new drugs or therapies will affect your patients and practice New chapters on auditory and vestibular disease ocular disease and cutaneous disease provide a well rounded look at the specialty Updated illustrations make complex concepts easier to understand and apply

Pharmacology for the Primary Care Provider - E-Book Marilyn Winterton Edmunds, Maren Stewart Mayhew, 2009-02-26 Written by and for nurse practitioners this practical textbook focuses on what primary care providers need to learn and practice drug therapy With an overall emphasis on patient teaching and health promotion you will learn how to provide effective patient teaching about medications and how to gain patient compliance Drug coverage focuses on key drugs rather than prototype drugs so you can find important information about the most commonly used drugs rather than the first drug in each class You will also find discussions on the legal and professional issues unique to nurse practitioners and other primary care providers The 3rd edition also features an expanded emphasis on established clinical practice guidelines and evidence based practice plus two new chapters that cover drugs for ADHD and drugs for dementia **UNIQUE** Written specifically for nurse practitioners with an overall emphasis on patient teaching and health promotion **UNIQUE** Covers

specific topics such as prescriptive authority role implementation and writing prescriptions Presents comprehensive coverage of the drugs most commonly prescribed in and the issues most relevant to primary care practice UNIQUE Identifies the Top 200 drugs in chapter openers with a special icon and covers them in depth to familiarize you with the most important need to know drug information Uses a consistent heading scheme for each prototype drug discussion to make it easier to learn and understand key concepts Includes an introductory chapter on Design and Implementation of Patient Education that highlights content on patient teaching and compliance Includes specific Patient Education sections in each drug chapter Provides extensive coverage of drug therapy for special populations to alert you to special considerations based on age pregnancy race and other factors A separate chapter on Complementary and Alternative Therapies discusses the available complementary and alternative modalities including detailed information on actions uses and interactions of commonly used herbs Drug Overview tables at the beginning of each chapter outline the classifications of drugs discussed and provide a handy reference of drug classes and subclasses generic names and trade names Clinical Alerts highlight essential information that primary care providers must remember in order to avoid serious problems including cautions for prescribing information about drug interactions or warnings about particularly ominous adverse effects An entire unit covers drugs for health promotion to introduce you to drugs commonly seen in outpatient primary care settings and to prepare you for practice in a society increasingly focused on health promotion and disease prevention Includes separate chapters on Immunizations and Biologicals Weight Management Smoking Cessation Vitamins and Minerals Over the Counter Medications and Complementary and Alternative Therapies The Journal of the Royal College of General Practitioners ,1984

General Medicine ,1907 *The Year Book of General Medicine* ,1907 **System, of Treatment by Many Writers: General Medicine and Surgery** ,1917 **Modern Treatment in General Practice Year Book** ,1956 **Oxford Textbook of Primary Medical Care** Roger Jones (Prof.),2005 **General medicine and surgery** Arthur Latham,Thomas Crisp English,1912 General Practice John Murtagh,2003 A simple problem based approach to general practice perfect for primary care physicians residents and medical students Updated and revised the third edition continues to feature the text s simple approach and logical structure to the diagnosis and treatment of a plethora of medical conditions Includes 11 new chapters as well as new techniques drugs and topics such as anthrax and hormone replacement therapy **Medical Clinics of North America** ,1924 Headache and Migraine in Practice Mansoureh Togha,Elham Jafari,Hossein Ansari,Samaneh Haghighi,Seyed Ehsan Mohammadianinejad,2022-05-19 Headache and Migraine in Practice provides practical and precise approaches to the headaches and facial pains commonly encountered in hospitals and clinics The book pays specific attention to the clinical features of headaches to present treatment solutions while also recommending ICHD3 differential diagnoses based on diagnostic criteria Topics covered were developed by colleagues with expertise in Neurology Nutrition Psychiatry Physical Medicine and Sports Medicine thus providing a collaborative authorship that adds interdisciplinary value Sections

cover the diagnosis and treatment of various types of headaches in children the elderly and women during different periods of pregnancy lactation and hormone related stages This book is recommended for general practitioners internists neurologists headache nurse specialists and all others who would like to contribute to better diagnoses and more effective treatment plans for patients with headaches and facial pains Provides practical guidance on the diagnosis and treatment of different primary and secondary headaches Includes classifications of headaches according to the latest international headache standards Covers a variety of migraine and headache types as well as disorders affecting cervical structures and cranial nerves **Annals of Medical Practice** ,1905 *The Old Dominion Journal of Medicine and Surgery* ,1908

Clinical Practice American College of Physicians (2003-),2005 Nearly 25 years ago the American College of Physicians ACP established an exciting program called the Clinical Efficacy Assessment Project CEAP Its goals were threefold to assemble and review the clinical literature on a specified topic to identify the best scientific papers and to analyze reformulate and present such information so that practitioners could readily determine the usefulness of diagnostic tests procedures and treatments CEAP has been so successful that ACP has become a premier source of quality evidence based guidelines The current U S Preventive Services Task Force USPSTF an independent panel of experts in primary care and prevention convened by the Agency for Healthcare Research and Quality AHRQ has been issuing evidence based recommendations in clinical prevention since 2001 The relationship between CEAP and AHRQ has prospered through the establishment and implementation of the latter s Evidence based Practice Centers EPC program Whenever possible ACP guidelines are being developed based on EPC reports

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