

Migraine Assessment for Prophylaxis (MAP) in Hong Kong: a Multicentre Study

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Background

A multi-national survey of the headache diagnoses and consequences among out-patients attending neurological services has recently been conducted in eight Asian countries. In Hong Kong, 7 of 12 acute hospitals with neurology services participated in the MAP Study. We aimed to describe the clinical characteristics and headache features of our patients and compare between the new referrals and existing patients.

Methods

MAP Study in Asia recruited out-patients who consulted neurology services for the first time with a chief complaint of headache. Patients suffering from headache for more than 15 days/month were excluded. Patients answered a self-administered questionnaire, and their physicians independently completed another questionnaire. Unlike MAP Study in Asia, investigators of MAP in Hong Kong also recruited existing out-patients with headache as the principal diagnosis. Their clinical characteristics and headache features were summarised, and comparisons were made between the new referrals and existing patients.

Results

Preliminary results were available from 216 patients (35 [16.2%] new referrals; 82.3% females; 77.1% had secondary or higher level of education; mean age, 41.8 [SD, 11.9] years). On average, they had 7.4 [SD, 7.6] severe headaches per month, 81.7% of them missed family, social, or leisure activities in the past year, and 82.3% missed school, work, or household chores in the past year. The median point on the visual analogue scale of pain was 8 out of 10. According to the physicians, 85% of them had migraine. When the criteria of the International Classification of Headache Disorders (ICHD), Second Edition, were applied, 71.8% and 12.9% had migraine and probable migraine, respectively. Agreement between the physicians' diagnosis of migraine and the ICHD criteria was about 95%. When compared with new referrals, existing migraine patients did not differ in terms of age, sex ratio, educational level, number of severe headaches per month, and the median point on the visual analogue scale of pain. Although a greater proportion of existing migraine patients were on prophylactic medications (67.7% vs 36%) when compared with new referrals, missing family/social/leisure activities and school/work/household chores were encountered more often in the existing migraine patients (88.5% and 90.5% vs 72% and 72%, respectively).

Conclusion

Migraine is the most common headache diagnosis among neurology services in Hong Kong. Despite the use of abortive and prophylactic treatment, a great majority of the patients have migraine-related disability. More effective prophylactic treatment should be considered or explored.