

Migraine Miscommunication

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Proper and open communication is the beginning of good headache treatment. Unfortunately, both doctors and patients can fail to express their thoughts clearly. Doctors may not clearly explain the diagnosis and treatment recommendations to patients, and patients may not clearly express their fears and concerns about their illness, as well as misunderstandings about the prescribed treatment. When this happens, even the best headache recommendations may fail to produce results.

Our clinic experimented with a role-playing exercise in which patients and doctors played each other--exaggerating the foibles of each. Patients mimicked medicalese and satirized doctors for rushing through their explanations. Doctors poked fun at patients who gave their whole life story followed by umpteen-thousand questions. Both "sides" agreed they had learned something from the experience.

Let's look at just how much can be misunderstood--or go unsaid--when the busy Dr. Smith encounters the anxious Mrs. Jones:

What They Say	What They Mean
Doctor: Tell me about your headaches, Mrs. Jones.	<i>A new headache patient--and I'm already 20 minutes behind!</i>
Patient: Well, it all started when I was 3 years old. ...	<i>I brought 10 years worth of charts for him to review and he never even looked at them!</i>
Doctor: Yes, yes, that's fine. How frequent are your headaches? Do you have an aura?	<i>Doesn't she realize I've already read 10 years worth of records about her? Why did she bring all of these if she's going to tell me every detail that's in them anyway!</i>
Doctor: I see you brought your MRI scan. I'll show it to you. See, this is the brain, and this is the skull. And see these little white spots? They're high-signal intensity abnormalities on T2-weighted images that can occur with headache.	<i>This is a normal MRI scan. There is no tumor or abnormal blood vessels. Often small white spots are seen in patients with chronic migraine, but they are not a sign of any disease or damage.</i>
Patient: Oh.	<i>Does he think I have a brain tumor? Are those spots an infection?</i>
Doctor: Migraine is caused by abnormal blood vessels in the brain. Serotonin imbalance within the brain causes the blood vessels to react abnormally and cause headache.	<i>Migraine is not serious. There is no reason to worry.</i>
Patient: So will I need surgery? Is it serious? Is it fatal?	<i>Abnormal blood vessels! My uncle died of a brain aneurysm--is that what I've got?</i>

	<i>What's serotonin, and how did I get it?</i>
Doctor: You don't have any serious problem and you don't need surgery. Are you depressed?	<i>She's not even listening to me! She seems very anxious and high-strung. Could be a mood disorder--not unusual with chronic headache. Maybe that's why she's not focusing on what I'm telling her. Luckily some migraine medications treat both.</i>
Patient [with tears welling up in her eyes]: Not at all!	<i>Not again! My husband doesn't believe me, my boss thinks I'm a faker. I can't even find a doctor who'll take my headaches seriously.</i>
Doctor: For people with your particular condition, we often use antidepressants. And we'll have you meet with the psychologist. They have good treatments for you. Biofeedback and relaxation are also effective migraine therapies.	<i>She's in denial. Maybe this mood problem is more serious than I thought! Antidepressants are great headache preventive medications, so that would be a good choice.</i>
Patient: How do I take these?	<i>He really does think I'm just crazy. I'll try these pills and see if they help. I'm so desperate at this point I'd try anything!</i>
Doctor: Just take one pill before you go to bed and I'll see you back in 4 weeks.	<i>She needs to take this every day for several weeks before it will work.</i>
Patient: Okay. Before you go, I wanted to ask a few questions. Here's a list I wrote down for you.	<i>I wonder what the side effects are. I'll take it a couple of times and see if it works.</i>
Doctor: Here's a couple of pamphlets and we'll answer any questions you may still have at your next visit.	<i>She brought 4 pages of questions! I don't have time to answer 4 pages worth of questions today.</i>
Four weeks later....	
Doctor: Feeling better, Mrs. Jones? Now, you're still taking that pill every day, right?	<i>She's not complaining so the headaches must have improved.</i>
Patient: Uh, no. I just take it when I have a bad headache before I go to sleep like you said.	<i>It's not working at all! But if I complain you'll dismiss me as a patient and then what will I do?</i>
Doctor: I'll have my nurse come talk to you. Good-bye for now, Mrs. Jones.	<i>Oh, good grief! I specifically told her to take it every day! Maybe my nurse will get the medication instructions straight with her. I'll see her again in a couple of more weeks to check on things.</i>
Patient: Good-bye, doctor.	<i>That's it. I'm being dismissed by the nurse. He won't even speak to me. Time to find a new doctor.</i>

Both patients and doctors need to communicate clearly to effectively treat headaches. As a patient, you can't directly improve your doctor's skills, but you can make sure your own concerns are expressed.

1. Focus on the most important questions. Whenever you are first discussing headaches with your doctor, there are many questions to ask about symptoms, other illnesses, family history, and headache triggers. It takes a long time to answer these questions. This can become a bit overwhelming for both the patient and the doctor. Recognize that it's hard work for your doctor to organize all of the information you're telling him. At the end of this visit, you may both feel tired. Don't try to get all of your questions answered at the end of one visit. Decide what you need to know at this visit, and what questions can be asked at a later visit. Feel free to ask the doctor a few questions at the end of the session, but don't hesitate to save a few questions for later visits.

2. Understand your diagnosis. Ask your doctor directly, "What's causing my headaches?" Realize that you may not get a definitive answer at the first visit. Modern medicine does a good job figuring out what problems you *don't* have. You don't have a brain tumor. You don't have an aneurysm. It's often more difficult to figure out what you *do* have. Headaches are diagnosed by matching your headache description to typical headache patterns. When your headache pattern is not typical, this can be difficult. The doctor may need to review old tests you had done, order new tests, or confer with a colleague. If the doctor can't give you a headache diagnosis, that does not necessarily mean that the headaches are caused by something serious.

3. Share your concerns and reactions. Don't be afraid to rephrase what you're hearing to be certain you have it right. Mrs. Jones might have said things like, "Are you telling me I have a serious disease of the blood vessels?" Or, "I don't think I'm depressed. I'm just very frustrated with these headaches and I'm afraid no one believes that anything is wrong. Do you think I have a mental disorder?" Doctors have a much easier time answering pointed questions.

4. Understand your treatment recommendations. Headache treatment can be complicated. Acute care medicines cannot be taken more than a few days per week, while preventive medicines must be used daily in order to work. Some doctors will have their nurses explain medication instructions to you. Feel free to ask for written instructions. Also, you can ask the pharmacist to clarify any medication questions that weren't asked or answered in the doctor's office.

Remember, successful headache treatment depends upon an open relationship with your doctor. That relationship will be built over time. Your goal should be to answer a few important concerns at each visit, knowing there will be future visits to address future concerns. Both doctor and patient need to convey clear messages to each other. As the patient, you will help train your doctor to be clearer by asking pointed questions and making sure that you understand the answers.

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