

Person-centric communications in migraine: Delphi-like consensus on best practice recommendations for people with migraine and healthcare professionals

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Introduction

- The importance of a person*-centered model for migraine care that considers individual priorities when making treatment decisions has been recognized.¹
- Pertinent to delivering person-centered care is cultivating optimized
- communication based on collaborative and empathic discussion.²
- Given how improving healthcare communications positively affects migraine outcomes,3 we examined person-centered migraine care in the context of communication.

Footnote: *The term 'patient' may be incorrect as only some percentage of people with migraine are under medical care. In addition, it may inadvertently dehumanize people with migraine and reinforce inequities in relationships with healthcare professionals (HCPs). Therefore, we opted to use the alternative term 'person with migraine' and the concept 'person-centric' and 'person-centricity' in

Objective

To provide actionable recommendations for people with migraine and HCPs to improve person-centricity in healthcare communications and work towards including patient input in individualizing migraine management.

Methods

- Given the limited resources that integrate perspectives from people with migraine and HCPs on adapting communications during migraine clinical encounters, a Delphi-like approach* was used to reach unified consensus (Figure 1).
- The panel comprised 4 patient advocacy group representatives,

2 specialist neurologists, 2 specialist nurse practitioners, and 1 migraine expert

Here, we report on recommendations for which ≥85% of panelists gave a rating of 4 (high positive impact) or 5 (very high positive impact) in the final voting round.

Footnote: *The Delphi-like approach is a systematic communication method that uses multiple rounds of anonymous voting surveys to determine expert consensus for a defined problem with little or no definitive evidence.

Results

- All panelists (n=9) rounds and participated in revision of the recommendations after the first voting round.
- The conceptual framework the following 3 focus areas: "Promoting understanding and awareness of migraine in clinical practice,"
- "practicing person-centric communication," and "individualizing migraine
- In total, 7 and 12 recommendations for people with migraine and HCPs, respectively, met across focus areas (Tables 1–3).

Figure 1: Overview of the Delphi-like methodology

In-person workshop

and (2) HCPs

of conceptual person-centric communications framework and preliminary lists of recommendations for

on impact using a 5-point scale (1=no positive impact; 5=very high positive impact) Rated recommendations on clarity using a 3-point scale (1) people with migraine (1=unclear; 2=needs revision;

First online voting round

3=clear)

Regroup for discussion of aggregated results from the first online voting round, with focus on identifying most important recommendations and revising recommendations for greater clarity

Virtual discussion

Rated revised recommendations on impact using a 5-point scale (1=no positive impact; 5=very high positive impact)

Final online voting round

HCP, healthcare professional.

Figure 2: Migraine-specific person-centric communications framework

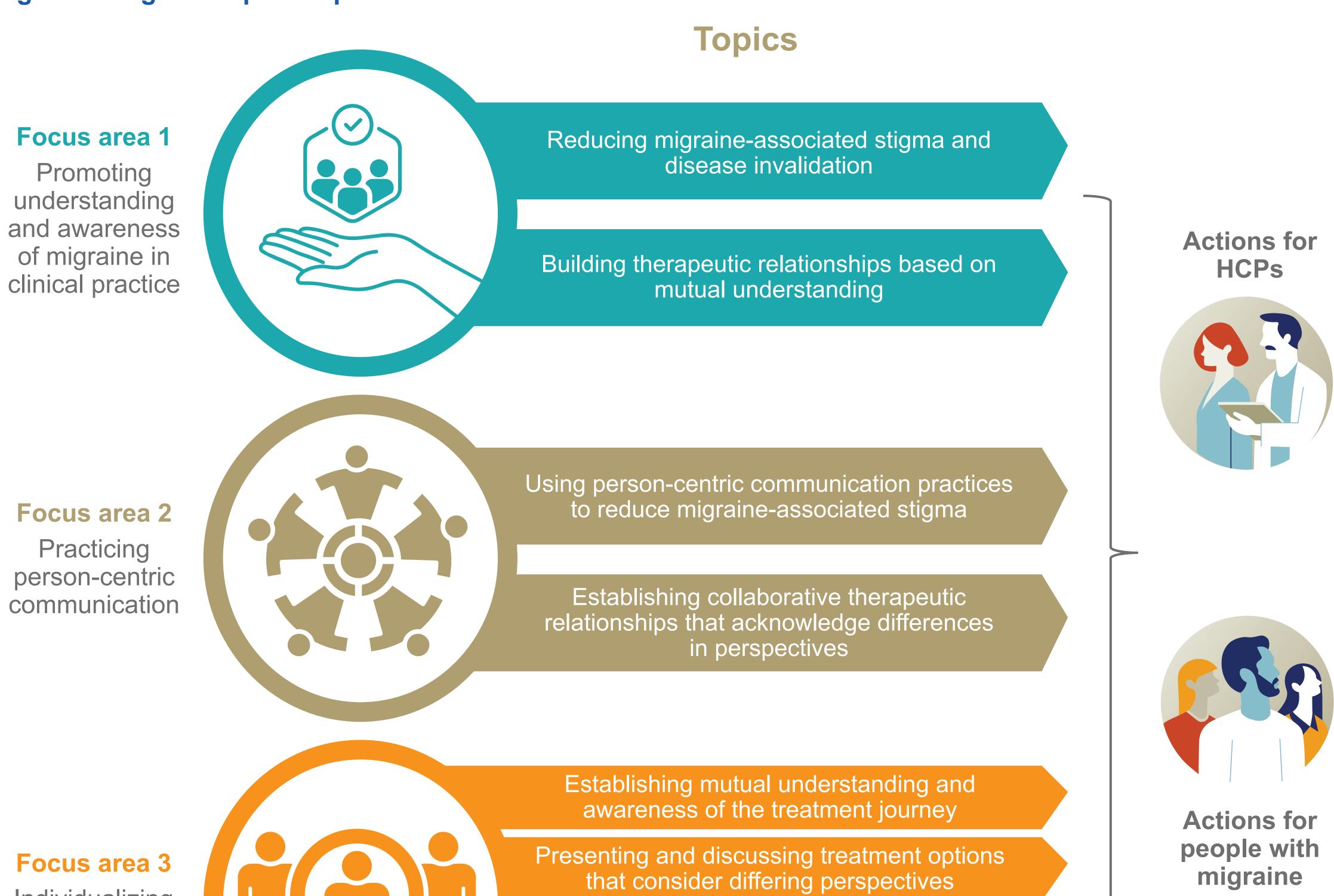


Table 1: Recommendations meeting the consensus threshold

Recommendations for HCPs	Advisors rating as highly impactful* (%)
Topic: Reducing migraine-associated stigma and disease invalidation	
In the absence of objective migraine diagnostic measures, HCPs are encouraged to make use of validated migraine assessment tools (e.g., ID Migraine™)⁴ with the aim of eliminating perceptions of disease invalidation and better structuring conversation around migraine diagnosis, symptoms, disability, and changes over time.	20
Recommendations for people with migraine	Advisors rating as highly impactful* (%
Topic: Building therapeutic relationships based on mutual understanding	9
HCPs largely depend on feedback from people with migraine to know whether a	
treatment strategy is working for them, and people with migraine are encouraged to communicate openly about their treatment preferences and experiences to help their HCPs make informed decisions about future treatment directions that consid their input.	

Focus Area 2.

Recommendations for HCPs	Advisors rating as highly impactful* (%)	
Topic: Using person-centric communication practices to reduce migraine-associated stigma		
Language used to communicate around migraine, particularly around acute medication overuse and medication-overuse headache, can be unintentionally stigmatizing and judgmental, causing people with migraine to feel they are to blame when their migraine worsens. During these conversations, HCPs are encouraged to always use language that is accessible, respectful, and free from medical jargon without explanation.	100	
HCPs are encouraged to develop core competencies in both verbal and nonverbal communication strategies to create environments wherein people with migraine feel heard, respected, and validated, and are, therefore, likely to be more forthcoming with sharing their thoughts, concerns, and experiences.	100	
Topic: Establishing collaborative therapeutic relationships that acknowledge d	ifferences in perspective	
To help establish mutual understanding, HCPs are encouraged to always consider each person with migraine's individual level of migraine literacy and tailor the language used to communicate around migraine, accordingly.	100	
To provide opportunity for productive follow-up, HCPs are encouraged to refresh their recall of prior visits ahead of follow-up consultations and consider alternative, more accessible appointment formats to encourage active participation (e.g., virtual or by telephone), particularly when people may be unable to attend in-person visits during migraine attacks.	89	
Recommendations for people with migraine	Advisors rating as highly impactful* (%)	
opic: Establishing collaborative therapeutic relationships that acknowledge of	differences in perspective	
People with migraine are encouraged to acknowledge that their HCPs are people too, and asking questions as well as being open to sharing information will provide the greatest opportunity for their HCPs to understand them better as individuals and consider their unique perspectives when making treatment decisions.	89	
To provide the greatest opportunity for productive and satisfying healthcare visits, people with migraine are encouraged to share with their HCPs any information about their migraine ahead of time or bring their own records (e.g., migraine diary) with them to consultations. It is important for HCPs to be made aware of any changes in migraine following treatment, including signs of migraine getting worse or better, and changes to the impact migraine is having on daily life.	89	

*Percentage of panelists rating recommendation 4 (high positive impact) or 5 (very high positive impact) on a 5-point scale. HCP, healthcare professional.

Table 3: Recommendations meeting the consensus threshold in Focus Area 3.

Advisors rating as

Recommendations for HCPs	highly impactful* (%)
Topic: Presenting and discussing treatment options that consider	differing perspectives
Before making treatment recommendations, HCPs are encouraged to explosive the individual healthcare needs of each person with migraine, their treatmest expectations and history, and preferences with regards to treatment types, dosing schedules, and methods of administration.	
Once mutual understanding around treatment beliefs and expectations is established, HCPs are encouraged to discuss all available, feasible, and relevant treatment options with people with migraine. These might include pharmacological approaches and nonpharmacological approaches, such as lifestyle modifications, behavioral therapies, neurostimulation, and complementary and integrative medicine.	100
Before making treatment recommendations, HCPs are encouraged to consider how different treatment options might work within the parameters of the life of each person with migraine, including their hormonal phase, comorbidities, functional impact and level of disability, and individual social pressures and responsibilities.	89
Topic: Establishing mutual understanding and awareness of the tr	eatment journey
To help establish personalized migraine treatment plans, HCPs are encourage to collaborate with the person with migraine undergoing treatment to establis predefined milestones and treatment goals to work towards, which can be continually reassessed and revised during follow-up.	
HCPs are encouraged to embrace opportunities for shared decision-making and goal-setting as a means of reducing treatment-related anxiety and instilling confidence in self-management between consultations.	89
In recognition of how people with migraine may become frustrated or discouraged when treatments are not working for them, HCPs are encouraged to set realistic expectations and provide anticipatory guidance around timelines for determining treatment response at the start of the treatment journey.	89
Topic: Establishing treatment plans based on shared decision-ma	king and shared goal-setting
To provide the greatest possible opportunity for people with migraine to become active and adherent participants in their own care, HCPs are encouraged to collaborate with them to establish a treatment plan that is feasible, achievable, and aligns with their individual treatment goals and expectations.	89
Recommendations for people with migraine	Advisors rating as highly impactful* (%
Topic: Establishing treatment plans based on shared decision-ma	king and shared goal-setting
To provide the greatest possible opportunity for establishing mutual understanding of the treatment journey, people with migraine are encourage to ask their HCPs any questions or express any concerns they may have around different treatments or potential side effects during the treatment planning stage.	ed 89
Topic: Establishing mutual understanding and awareness of the tr	eatment journey
There is currently no cure for migraine, and it may take some time and multip attempts at different treatments to find the plan that works best for each perse with migraine in the long term. During this process, people with migraine are encouraged to collaborate with their HCPs so that their concerns and though are considered when decisions are made regarding their own care.	on 89

*Percentage of panelists rating recommendation 4 (high positive impact) or 5 (very high positive impact) on a 5-point scale. HCP, healthcare professional

Topic: Communicating to support productive and effective follow-up

If a given treatment is not working or if any potential side effects are being

their HCPs as soon as possible rather than deciding to stop treatment on

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Individualizing

migraine

HCP, healthcare professional.

Disclosures

Establishing treatment plans based on shared

Communicating to support

productive and effective follow up

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KEY MESSAGE

Adopting a person-centric approach to migraine communications may lay foundations for trusting and productive patient-HCP partnerships, creating mutually agreed upon individualized treatment plans and goals, and fostering opportunities for optimal therapeutic adherence and migraine management outcomes.

CONCLUSION

Here, we present a set of actionable recommendations within the areas of "promoting understanding and awareness of migraine in clinical practice," "practicing person-centric communication," and "individualizing migraine management" as guidance for HCPs and people with migraine to improve person-centricity in communications during migraine clinical encounters as developed and agreed upon by a panel of migraine experts including patient advocates, researchers, and HCPs.