



MIGRAINE WORLD SUMMIT

INTERVIEWS WITH WORLD-LEADING EXPERTS

TRANSCRIPT



MAKING THE MOST OUT OF YOUR DOCTOR'S APPOINTMENT

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Introduction (00:05): I think the big thing is that you need to become an educated consumer. So, the more information you come in with, you know, that you have a — potentially; you can't say you definitely do, but — "I think I've got migraine. You know? And if you agree, I want an acute therapy." So basically, and then maybe you even looked it up and you say, "Well, I want to try this med, and maybe that med." Or, "What would you think about this med or that med?" So, come in prepared. And then in some instances you might want to quantitate the frequency and what impact it's having on your life. And you come armed, and you develop a collaboration with your healthcare provider to come to the right therapy.

Kellie Pokrifka (00:48): What are your thoughts when you go into a new appointment? Are you anxious about finding new treatments? Are you worried that you're going to be told there's no new options? Are you worried you're going to be dismissed or overlooked by your doctor? To discuss how to best prepare for this appointment, we have Dr. Vince Martin. And what's great about Dr. Vince Martin is he's both a general practitioner and a headache specialist. So, he's going to be able to go over the most general to the most specific questions for any level of practitioner we may encounter. Dr. Martin, welcome back to the Migraine World Summit.

Dr. Martin (01:21): It's a pleasure being here.

Kellie Pokrifka (01:23): So how can we prepare the best for our appointments?

Dr. Martin (01:25): First, if you're trying to figure out if you've got migraine, it kind of helps to know whether you have migraine kind of going in. And one of the simple things to do in that situation is, if you're having recurrent headaches that are impacting your life, then that's kind of one mental image of what a migraine might be. Or, if you've got moderate to severe headaches with either sensitivity to light or noise. What that means is that light or noise is actually making the headaches worse. Or, you're getting nauseated with those moderate to severe headaches, it's probably a migraine. And there are some tools that you can use, like the National Headache Foundation does have a little migraine diagnosis tool that you key in three symptoms and get an idea of whether or not you have migraine.

Dr. Martin (02:10): So the first step is, have some idea what your headache type might be. Now it may be that you still can't determine that, and that's fine. But if you go in thinking that you probably have migraine, it can really help streamline your office visit. So, the second thing is, after you've done that, would be to make a dedicated headache appointment. And what you *don't* want to do if you're going to see your primary care physician would be to talk about 10 different things at the same time. So, you want to go in and just talk about headache, and you say, "Well, why is that? Why can't I talk about my high blood pressure and my diabetes?" But the reason for that is that it really probably takes the whole office visit to come up with a diagnosis and a treatment plan for you when you're going to see your primary care physician. Now, if you're already seeing a specialist, it's a slightly different animal because maybe in that situation you already have your headaches diagnosed. But I would argue that you still need to come in with a plan when you see your physician or healthcare provider.

Kellie Pokrifka (03:14): Definitely. So, most of the people watching this will probably already have the migraine diagnosis. But for those who don't, or even for those to be able to tell other people, what are those three things that you were talking about?

Dr. Martin (03:26): There's something called ID-Migraine, and it was a screener that was developed in a primary care population. And the results were published roughly about 20 years



ago. And the three things that are important for that screener would be: headaches that have nausea, headaches that have sensitivity to light — which is what we call photophobia — and the third one is headaches that are disabling. And if you have two of those three criteria, then you know, you may have migraine. It's not a definite diagnosis, but it's kind of a nice screener for figuring out whether you have migraines. So, I would suggest for those that don't have a diagnosis, that you kind of come in with the idea of, well, I might have a diagnosis of migraine. Now ultimately the person who determines that will be the healthcare provider. But if you kind of know what you might be dealing with beforehand, it helps you formulate your plan and goals for the visit.

Kellie Pokrifka (04:18): Does it matter what type of practitioner we're looking to see?

Dr. Martin (04:21): I think it does. If you're seeing a primary care physician, there are varying levels of expertise of primary care physicians. Like, for example, the average primary care physician may only have two hours or so of training. So, you know, some are going to have more expertise than others. If you get to a neurologist, they should have more training. And finally, the ultimate level would be headache providers, as well. So, there are different levels of training.

Kellie Pokrifka (04:48): Interesting. So, what if we get a general practitioner and we're not lucky enough to get you? So we get a general practitioner who has almost no knowledge about migraine, specifically, what do we do from there?

Dr. Martin (04:59): If you have an idea you might have migraines, but maybe your PCP doesn't have as much knowledge, you really need to kind of guide them into the diagnosis potentially. And then even talk to them about some of the acute therapy. So you need to educate yourself before you come in. So learn as much as you can about migraine, its diagnosis, and also its treatment. Like, there are two kinds of treatments you may want to consider with your primary care physician: One is acute therapies. So, acute therapies are medications that you take just when you have a migraine to treat the pain of the migraine and also what we call the associated symptoms like sensitivity to light, noise, and nausea. And then there are preventive therapies for migraine. And those are considered when you have more than four or more days per month with migraine.

Dr. Martin (05:47): So you need to kind of come in with what your plan is. And what I usually tell people is: Why don't you write it out on paper, the things that you want to accomplish before you go into your visit with your healthcare provider. And if it's a primary care provider, you may really need to say, "Hey, look, I want an acute therapy for migraine and I looked at these, and these are the ones I might be interested in. Like, I might be interested in sumatriptan, which is called Imitrex, or I might be interested in one of the new meds like Nurtec or Ubrelvy, as well." So, I think you really need to kind of focus in, and you're more likely to have a productive visit if you come in with very discrete goals: "I want to make a diagnosis and I want an acute therapy. I want to make a diagnosis and I want to be put on a preventive therapy." Or some other thing. Maybe you want to talk to them about lifestyle: "What are some of the lifestyle things I can do to improve headache?" You might want to talk to about diet. So, there are lots of different things a patient may want to talk to their healthcare provider about.

Kellie Pokrifka (06:45): That actually brings me to CB's question — one of our viewers. So, they go in and they want to talk about different complementary medicines, treatments, and lifestyle



factors. But it seems like their doctor always dismisses them. What do we do in a situation like that?

Dr. Martin (07:00): Well, I think once again, it's a matter of what level of education that the primary care physician might have. They may not know that much about lifestyle factors that might improve headache: things like having a consistent sleep schedule; so, not sleeping too much or too little; getting seven to nine hours of sleep; hydrating yourself – drinking eight 8-ounce glasses of water per day. But not all PCPs are going to be savvy to those kinds of things. And also, some of the newer therapies, like devices, I would say probably the typical primary care health provider won't know those. Now in some cases, if you're seeing a neurologist, they might, they might not. But if you're seeing a headache doctor – you know, the highest level of education – they'll know about all the different things. They'll know about lifestyle changes to educate you on.

Dr. Martin (07:48): They'll know about devices, they'll know about nonmedical therapies, as well, like acupuncture and mindfulness and other things that can help migraine, as well. So, it really depends on the level of training in terms of what they're going to be able to offer you. And even primary care, there's going to be a wide disparity in those that have more headache training and those that have less. So, it really kind of depends. So, if you're not making progress with your primary care provider, then the next step would probably be to go to see a neurologist or headache specialist in your area.

Kellie Pokrifka (08:21): Is that something we discuss with them directly? Like, if our doctor doesn't really have the right amount of training for something that we're talking about or we're seeking out as our goal, how do we handle that?

Dr. Martin (08:32): Well, I don't think that you want to berate the healthcare provider or make them feel bad. I think that you just want to say, you know, "Hey, we've tried a couple things here and they haven't quite worked the way I would hope. And I'd like to see a specialist, either a neurologist or a headache physician." So, I think that most PCPs ... I mean, if someone wants to see a specialist for whatever the problem is, as a primary care provider myself, that doesn't really bother me at all. I'm happy to do that referral. So, I don't think that's going to be much of an issue.

Kellie Pokrifka (09:06): Is there any way we can make it easier? Because that's a scary concept to be like, "This isn't working for me." It's, you know, you're going through a breakup. How do we address that with our doctor?

Dr. Martin (09:17): Well, I don't look at it like that as a primary care provider. I look at it as we're a team. So, and if I can't ... if I don't have either the knowledge or expertise to handle that particular problem, it'd be like someone coming in and saying, "Hey I want to see a diabetes specialist." I'd be like, "OK, no problem at all. You want to see a diabetes specialist." So, I don't know that there's a real problem with that. Now, occasionally you might have a doctor who has, he or she has a, you know, big ego and they get offended by that. But that's going to be an individual call by the patient. You know about how that will go down. But I can tell you with myself, that doesn't bother me at all if patients want to get a second or even a third opinion.

Kellie Pokrifka (10:01): All right, what about lengths of appointments? So, sometimes we go in and we have so much to discuss and we know that there's no way that the doctor's schedule is going to be able to accommodate that. How do we handle it?



Dr. Martin (10:13): Well, the nice thing about primary care is that there are multiple visits. So you don't have to accomplish everything in one visit. Because primary care is perfectly adept at seeing people over a long period of time. So maybe one time maybe you would talk about – if they're skilled in it – you might want to talk about healthy lifestyle factors in your migraines. One time might be, you talk to them about diagnosis. Another time you might talk about acute therapies. Another time you might talk about some other issue related to migraine. You don't have to cover everything in one visit. Because if you try to cram too much in, then you won't accomplish anything, because you'll be hitting on a little bit of this and a little bit of that, a little bit of that, and you walk out and you'll say, "Gee, I didn't accomplish anything."

Dr. Martin (10:56): So I would say that you probably need to focus on one or two things. Maybe in some instances, one. You know, like a preventive therapy is — you talk about this drug A, and you talk about drug B, and then you talk about drug C. That can take almost the entire visit, honestly. When there's back and forth in questions, you know? So, I think that you just have to be careful about not overloading your healthcare provider either, because if you go in there with too much, then you're going to overwhelm the healthcare provider and you won't accomplish your basic goals.

Kellie Pokrifka (11:31): And with being overwhelmed, what about those of us with health histories that go on for pages and pages. We're medically complex, and we know if we mention one diagnosis, then the doctors will tend to — if it's a new appointment and they, you know, don't have a history with us — they'll tend to really want to focus on that. When we're trying to say, "Please, like, pay attention to my migraine, like, this is really bad, please listen to me." How do we go about that? And what do we know is going to be relevant, and we should mention, versus going through, you know, like 10 pages of history. Is that for us to determine or do we have to say it?

Dr. Martin (12:07): I mean, if you're seeing somebody for the very first time, the doctor may try to focus you a bit because like — for example, when I see a headache patient in a headache clinic, I may literally have 150 or 200 questions to ask them. And while we'll let them talk a little bit, if I don't get the basic information down, I can't even make a diagnosis or establish a treatment plan. So, you have to realize it in some instances that some of that will need to be streamlined. So, once again, I would try to kind of focus in on basic things that you want to accomplish and not let all this extraneous stuff distract you from the primary goal, which is coming up with a headache diagnosis. So if they want to talk to you about your fibromyalgia, then you're going to have to redirect.

Dr. Martin (12:51): You're going to say, "Hey, I'm really happy that you're interested in my fibromyalgia, but really, my most pressing problem is my headaches, which I think are probably migraine. And would it be OK if we just talk about those during this visit?" So in some cases, the doctor or the healthcare provider will refocus you if you're kind of all over the place. And in some cases, the patient needs to refocus the doctor and kind of get them on the same straight and narrow. And the other thing I would say is that you mentioned, what do you do if you've got all these medical problems, is that you may need a longer visit. You know, you might need a half an hour visit as opposed to a 15-minute visit, because that may not be adequate.

Dr. Martin (13:34): But I would just really, once again, state that you need to discuss just your migraines, or your headaches for that office visit and not bring in all these other problems. Now, sometimes the other problems, though, can play a role in your headaches. Like for example, if you're having really bad neck problems, that can often refer up into the back of the head, or the



top of the head, and sometimes even into the forehead. So sometimes these other disorders are important to the migraines because they might be triggering migraines, or maybe you've got really bad allergies and you get worse in the springtime and maybe that's triggering your headaches. So sometimes that stuff can be relevant. The patient may not always know that it is, but I would leave that to your healthcare provider to decide.

Kellie Pokrifka (14:22): Is the longer visit something we can just ask for?

Dr. Martin (14:25): When you schedule your appointment, you could say that, "Hey, look, I've got a lot to address with my healthcare provider and I would like to request a half an hour appointment." And in most instances, they're going to give you that unless your healthcare provider is so busy that they have no half an hour slots for some humongous length of time. And in that case, you may need to settle for a 15-minute appointment or maybe two 15-minute appointments separated by, you know, on different dates.

Kellie Pokrifka (14:56): All right, I'm a new headache patient. What do you want me to come in with?

Dr. Martin (15:01): Well, it depends what setting you're in. If you're in a specialist setting, then I want you to bring a diary. And you say, "Well, what is a diary?" Basically, it can be several different things. One is, it could just be a calendar. So you could put like an "M" for your migraines, you know, if you've got a moderate to severe headache with sensitivity to light or noise. Or you could put an "H" for the less severe ones maybe that you don't think are migraines. And just write it on the calendar, "M, H, M, H, M, H" and just keep that for a couple months, or even if it's a few weeks before your office visit. So that's the simplest thing, is you just use a calendar.

Dr. Martin (15:36): Another thing you could do is, there's a headache diary — a paper diary — that can be downloaded from the National Headache Foundation. And it's a form basically where it says, "OK, did you have a headache that day? What's the pain severity on a zero to 10? And did you get nausea, yes or no? Did you, sensitivity to light, yes or no?" So, it's a formal diary — and are there any triggers, and did you take medications for it? So, it's like a paper diary that you can put in a binder, or it could be loose-leaf, and you bring that in with you when you come to your office visit. And then the third thing — and I kind of like this the best because it doesn't have a lot of paper, is you just get an app. There's a bunch of apps that you can get — free apps in the app store. And basically, you can go through there and you can basically put your symptoms in it.

Dr. Martin (16:22): It will even track them — like it'll tabulate them per month and things like that. But the one thing that you want to do if you want to simplify things is, if you — whether you're seeing a primary care physician or a headache specialist or a neurologist — you're going to want to tabulate the number of migraine days that you're getting per month. Or if you don't, if you can't quantify it per month, how many per week? Maybe I'm having three on average, three migraine days per week; I'm having 10 migraine days per month; or I'm having one migraine day every six months. So having some way to quantify how frequent the migraines are is important. I think the other thing to say to your healthcare provider is tell them what impact the headaches are having on your life. Because if you can say, "Oh my goodness, I missed three days of work in the last month," or "I missed" — God forbid — "my daughter's wedding," or something. And that does happen, believe it or not.



Dr. Martin (17:23): It really kind of brings home the impact of the headaches on the patient. And I think the PCPs are probably more likely to diagnose migraine in that situation when they see that the headaches are quite impactful on the patient. And, when did the headaches worsen? If they did, did they worsen three months ago? So, there's certain things that you can bring in. So, keeping a headache diary I think is very important. In some cases — like also the National Headache Foundation has some handouts that you can give your PCP on diagnosis or acute therapies or other things that you could actually bring with you and give to your healthcare provider.

Kellie Pokrifka (18:05): In the migraine diary, when we are counting number of days, is that total days affected by migraine? So, would that be our recovery days when we have our migraine hangover? Is that days leading up to it, or is it only the acute phase?

Dr. Martin (18:19): What I would say is that if you're going to meet with your primary care physician, if you throw too much at them, if you say, "Well, I had two headache days and — but I had symptoms before that and I had symptoms after that," and it just ... it gets to be too much in my opinion. Now if you're talking to a headache specialist, that's a different animal. You could say, "Well, I had 10 headache days, but I had another five days where I had what they call 'prodromal symptoms,' " which are symptoms that occur before the migraine where you can get intense fatigue and nausea and neck pain and a variety of other symptoms.

Kellie Pokrifka (18:55): Great. All right: Pros and cons for our migraine diary. Adding way more information than just good day/bad day.

Dr. Martin (19:05): Keeping it simple, I think is always probably better. The one thing is, if you bring too much stuff and throw too much at them, once again, you won't accomplish anything. So, if you start telling them about your hair tingling, you know, and stuff like that, then that's just going to distract you from the primary purpose. So certainly, with a primary care provider, I think you really have to streamline the information that you provide. Otherwise, it's going to be a problem. Now, once again, as you get up the chain, you go from neurologist to a headache specialist, they're going to have a longer period of time than say, a primary care physician. So consequently, they may be able to listen to those other, you know, prodromal symptoms or other symptoms related to migraine that may occur on other days besides when they have their head pain.

Kellie Pokrifka (19:53): All right, what happens when we have to switch doctors? So, Jamie is asking: If we're switching insurance and they won't let us see the same doctor anymore, or we're going out of state or even out of country, how do we coordinate that care?

Dr. Martin (20:06): Well, I think first you're going to have to have your records transferred. And if you've had any imaging studies, then the doctor's going to, at a minimum, need the report of the imaging studies. And if it's a specialist, they're going to probably want to look at the actual scan itself — the MRI scan or the CAT scan. So, you may need to bring the disk in with you to the specialist. But I would say that the transfer of information is really important. Keeping track of what medications you've tried. So, if you've tried a beta blocker as a preventive or if you've tried propranolol. Or if you've tried topiramate, or if you've been on Botox. Maybe making a list of those medications so that you don't end up repeating the same treatment that you might have failed in the past. So, just streamlining it really quick. So, writing down the acute meds you've tried, the preventive meds you've tried, I think is really important. And making sure your records are transferred.



Kellie Pokrifka (21:06): All right. What about going through all of the paperwork? So, when we start at a new clinic and we have to go through, you know, 10 pages of paperwork that may not actually be read, how do we deal with that? Are there areas we should focus on at home? Can we complete all of the paperwork at home? Are there any tips on what sections we should really focus on and prioritize?

Dr. Martin (21:28): Well, I think if you're being asked to complete forms by your physician or healthcare provider, then they're probably going to expect all the forms to be completed. Some headache clinics, they base most of their diagnosis on a form that you complete in advance. So, they'll often send it to your house and it'll be like an entire headache history that you complete, and they'll look at it and they'll kind of decide, you know, what headaches that you might have, largely based on that questionnaire. So, if you're going to a primary care physician, there's usually not going to be a headache-specific questionnaire like you would see in a headache clinic, but they would have a lot of your past history, like what are your medical problems? What past surgeries did you have? What is your family history, and so forth, and so on.

Dr. Martin (22:17): I think that yes, it's possible that some of that may not be relevant to the headaches themselves, but you could argue that because so many different disorders can impact migraine, that knowledge of those other disorders — it probably is important for the healthcare provider to know. And there can also be drug interactions and other things that happen. That knowledge of — obviously the medications that you're on and what kind of reactions you've had in the past — the medications, is pertinent to the headache appointment.

Kellie Pokrifka (22:48): If we don't have a current doctor, do you have any tips or suggestions on how we can find one who is knowledgeable about migraine and headache?

Dr. Martin (22:56): There are two different certifications. There's the AQH — Added Qualification in Headache Medicine — that's offered by the National Headache Foundation. And we have somewhere in the neighborhood of 250, 280 healthcare providers throughout the country that have special expertise in headache medicine. Those are people that have completed educational courses. They've completed an exam that they passed as well. And then there's also something called the UCNS [United Council for Neurologic Subspecialties], and that's also a certification for headache physicians. And both of those groups can be identified. Like on the National Headache Foundation website, you can go to find a provider, and you can type in — it's either your ZIP code or the city that you're close to — and it will pull up the healthcare providers that either fulfill the AQH or the UCNS certification. So, and also on the American Headache Society's website, there is a "find a provider" tab, as well. So, you can find doctors. I think in their case they just probably just list the UCNS doctors. But that's another way to find a physician with expertise in headache medicine.

Kellie Pokrifka (24:09): So we were talking earlier about setting our goals before the appointment. Can you think of any other goals that a lot of patients may have?

Dr. Martin (24:17): Well, what's interesting about migraine is — and also myself being a primary care physician — is that all these different disorders and how well you take care of yourself impact your migraine. And you say, "Well, what does that mean?" Well, all the healthy lifestyles that we recommend for like heart disease — you know, things like eating healthy, diet and exercise, and keeping your weight down, and keeping yourself hydrated, and getting appropriate sleep, and not fasting, and so forth and so on— are all things that we would tell people for any disorder. So, I would say that living a healthy life will help your migraines in all



likelihood, maybe not in every instance, but oftentimes that helps. And all these other medical disorders that you have, or many of them, can also impact your migraines.

Dr. Martin (25:14): The key thing is, you want to prevent the headaches from evolving from an episodic and less frequent pattern into a chronic daily pattern or chronic migraine. Because once they evolve into that more severe and refractory migraine, you're in for a run for your money. And your doctor and/or healthcare provider is in for a run for their money because you're not going to respond as well to meds. And your trigger factors tend to multiply, and you're all of a sudden you become sensitive to just everything in the environment. And then you've got a problem. So, what I would say to your listeners is that when you're having headaches that are [more] frequent, and particularly if you see them on an incline, you need to act before you get to that chronic migraine category where there are 15 or more days with headache of any kind per month. And if eight or more per month have migraine characteristics, and you're in a really bad situation. So, try to intervene early.

Dr. Martin (26:16): And that's why I think it's really important for those of you that maybe haven't seen a specialist to get into your primary care physician, get on an appropriate acute therapy, get on an appropriate preventive therapy and prevent these headaches from progressing or transforming into chronic migraine.

Kellie Pokrifka (26:34): Definitely — can confirm it is terrible. All right, so what if I want to introduce a new medication or a neuromodulation device to my doctor and they've never heard of it before? How can I best do that?

Dr. Martin (26:51): Well, there's a lot of different ways that you could do it: You could come in and say, "Hey, I heard about this new medication, it's called blah, blah, blah, and I've heard it doesn't have many side effects or whatever. And I was hoping that maybe you might consider giving that to me." And frankly, if your PCP or healthcare provider doesn't really know much about it, then it depends on how open they are to new therapies. So, if they're open to that they might say, "You know, I've never prescribed that before, but let me look it up." So, they may get online and look the medication up in their drug database. Or they may say, "You know, I don't have any expertise or comfort with that. I need to refer you off to a specialist." So, I don't think that a lot of PCPs are going to have a tremendous amount of experience with medical devices. Now, in some cases you could say, "Well, I heard about this device, and you put it on your forehead, and you just put it on for a certain number of minutes. And this is how you get the device." Sometimes you can actually bypass the physician, even if they don't know much about devices, but devices can be very impactful to the treatment of the patient.

Kellie Pokrifka (28:09): All right, excellent. So, come prepared. Do all of the paperwork. Be mindful that not all doctors have the same experience, and if we need to, make sure that we at least try to level up on our practitioners if we need to. What other tips do we have? Anything else?

Dr. Martin (28:30): Well, I think the big thing is that you need to become an educated consumer. So, the more information you come in with, you know, that you have a — potentially; you can't say you definitely do, but — "I think I've got migraine. You know? And if you agree, I want an acute therapy." So basically, and then maybe you even looked it up and you say, "Well, I want to try this med, and maybe that med." Or, "What would you think about this med or that med?" So, come in prepared. And then in some instances you might want to quantitate the



frequency and what impact it's having on your life. And you come armed, and you develop a collaboration with your healthcare provider to come to the right therapy.

Kellie Pokrifka ([29:14](#)): All right. Where can we follow your work?

Dr. Martin ([29:17](#)): Well, we have a lot of YouTube videos on migraine, so there's lots of information. There's lots of stuff on the National Headache Foundation website, as well, where you can learn about migraine — what are the new therapies and so forth. And there's more to come. We've got some new videos we're going to be doing here pretty soon, as well.

Kellie Pokrifka ([29:32](#)): Excellent. And that's for the National Headache Foundation on YouTube?

Dr. Martin ([29:35](#)): Yes, it is.

Kellie Pokrifka ([29:36](#)): Perfect.

Dr. Martin ([29:36](#)): It is www.headaches.org.

Kellie Pokrifka ([29:39](#)): Excellent. Easy enough to remember. All right, Dr. Martin, thank you so much for being here. This is very helpful.

Dr. Martin ([29:45](#)): My pleasure. Anytime.