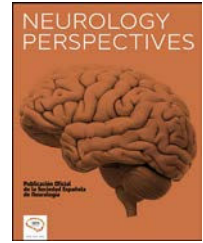




NEUROLOGY PERSPECTIVES

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LETTER TO THE EDITOR

Descriptive study of the activity at a headache day hospital



Estudio descriptivo de la actividad en un hospital de día de Cefaleas

Dear Editor:

Headache is one of the most frequent causes of loss of quality of life in working-age individuals, and is associated with poorer professional performance and negatively impacts social and family life. It generates direct costs related to care, as well as indirect costs associated with workplace absences; this effect is particularly marked in the case of migraine.¹

Headache is also one of the main reasons for consultation in the emergency department and neurology consultations. A high percentage of patients require treatment with anti-calcitonin gene-related peptide (anti-CGRP) monoclonal

antibodies, botulinum toxin, pericranial nerve blocks, or intravenous treatments. The creation of headache day hospitals (HDHs) can lead to an improvement in the treatment of these patients, enabling optimisation of healthcare resources.

Studies addressing patient satisfaction with the activity of HDHs as a new care model report favourable results, although few such studies have been conducted.² In addition to the administration of treatments, these centres have specialised nursing teams offering patients lifestyle-related advice. In order of frequency, the interventions performed were: administration of intravenous treatments, subcutaneous infusion of monoclonal antibodies, and diagnostic techniques.²

The generalised introduction of HDHs would improve the administration of both preventive and symptomatic treatments in patients requiring urgent or priority care.

This study presents data on care activity at our HDH between April and December 2022. Data were collected retrospectively, and statistical analysis was performed with the IBM SPSS statistics software package, version 27.

Table 1 Demographic characteristics of the sample.

Variable	Overall	Women	Men
<i>N</i>			
Value	101	79 (78.2%)	22 (21.8%)
<i>Age, years</i>			
Mean (SD)	49 (13)	47 (13)	55 (12)
Range	19–81	19–81	33–74
<i>Headache type</i>			
Migraine	44 (43.5%)	42 (53.2%)	2 (9.1%)
Migraine + TTH	7 (6.9%)	6 (7.5.9%)	1 (4.5%)
TTH	2 (1.9%)	2 (2.5.3%)	
Cluster headache	12 (11.8%)		12 (54.4%)
Trigeminal neuralgia	9 (8.9%)	5 (6.3%)	4 (18.2%)
Intracranial hypertension	3 (2.9%)	3 (3.7%)	
Other	24 (23.9%)	21 (26.6%)	3 (13.6%)
<i>Origin of referral</i>			
Headache clinic	81 (80.2%)	62	19
Neurology department	17 (16.8%)	14	3
Other (neuroimmunology, paediatrics, emergency department)	3 (3%)	3	

SD: standard deviation; TTH: tension-type headache.

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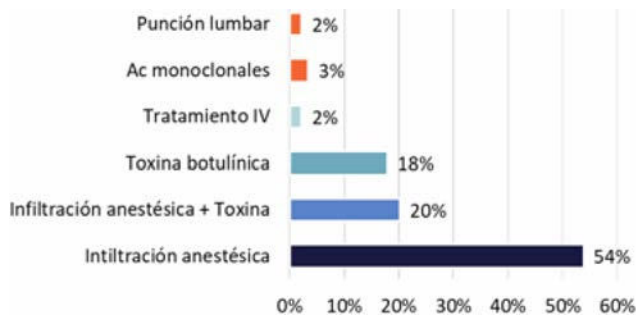


Fig. 1 Interventions performed at the headache day hospital.

During the study period, 101 patients were attended at our centre. Patients could be referred by any neurologist, although the majority of referrals were from headache consultations. Mean age was 49 (13.5) years. The majority of patients were women (78.2%) (Table 1).

In order of frequency, the disorders treated were chronic migraine (43.56% of patients), trigeminal autonomic cephalalgias (16.8%), and trigeminal neuralgia (8.9%). Infiltration of mepivacaine for local anaesthesia was performed in 55.6% of cases, with some of these patients also receiving triamcinolone (Fig. 1). In decreasing order of frequency, the nerves targeted were the greater occipital nerve, supraorbital nerve, auriculotemporal nerve, and trochlear nerve (Fig. 2). Botulinum toxin was administered alone in 15.8% of cases and in combination with anaesthesia in 16.8% of cases. These procedures were combined with intravenous treatments, with 2% lidocaine being the most frequent. Finally, diagnostic/therapeutic lumbar puncture was performed in 2 cases. No severe adverse events were reported. The most frequent adverse effect was presyncope.

In conclusion, HDHs are able to offer urgent and priority care to patients requiring it, administer intravenous treatments and anaesthetic infiltrations of different cranial nerves, perform diagnostic/therapeutic lumbar punctures,

and detect immediate complications of treatment. As an added benefit, patients receive support from specialised nurses. These centres are able to improve the care provided to patients at a small economic cost.

Future analyses should use standardised scales to evaluate patient satisfaction in terms of symptom improvement and the appropriateness of care provided by the health system.

Funding

This article was prepared with public resources, and no private funding was needed.

Informed consent

Patients signed informed consent forms prior to the intervention and after explanation of the procedure. The form specified that their anonymised data may be used for research purposes.

Ethical considerations

Patients' demographic and administrative data were anonymised, and ethical and legal standards were observed.

This article presents original data from our department, with the exception of those from bibliographic references. Part of this study was presented in poster format at the 75th Annual Meeting of the Spanish Society of Neurology.

Declaration of competing interest

The authors have no conflicts of interest to declare.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.neuro.2024.100166>.

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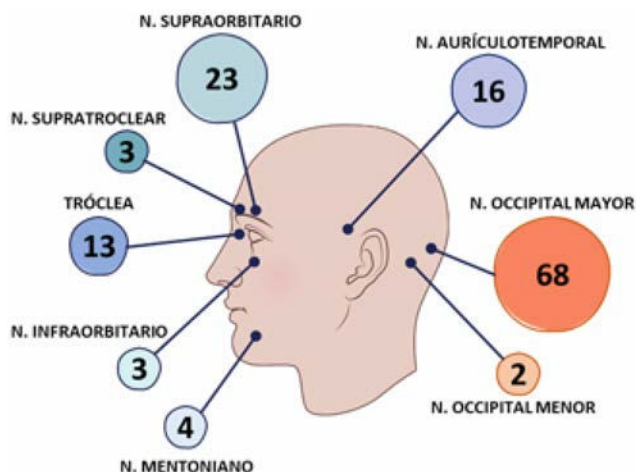


Fig. 2 Number of anaesthetic infiltrations administered to different pericranial nerves.