Ergebnisqualität bei der Behandlung chronischer Kopfschmerzpatienten in einer Migräneklinik. Eine Kohortenstudie mit einjähriger Nachbeobachtung

Abstract:

Quality of Outcome in Treating Patients with Chronic Headache within a Hospital Specialized for Migraine. A Cohort Study with One-Year Follow-Up

Aims: To describe characteristics of in-patients with chronic headache syndromes being treated with complementary methods, short-term effects at time of discharge as well as long-term effects covering a catamnesis of 1 year.

Methods: The study was designed as a prospective cohort study with outcome measurements 2 months in advance of admission to the hospital, at admission, and at time of discharge, continued by follow-up queries 2, 6 and 12 months after discharge from the hospital. The parameters for describing the course of headache symptoms were registered by questionnaires and diaries. During the first 6 months in 1996, a total of 424 consecutive patients with migraine or tension-type headache at the 'Migräne-Klinik Königstein' were included. Results: 82.9% of the patients were women, the mean age was 46.3 ±13.0 years. The median of the duration of the disease was 23 years. At discharge from the hospital there was a marked improvement regarding frequency of headache attacks, intensity of headaches, and concomitant symptoms. 60.5% of the patients were classified as 'responders'. 67.5% responded to follow-up queries.
questionnaires. With exception of the duration of headache attacks, a significant improvement regarding the 6-month follow-up compared to base level was observed. Intake of drugs could be diminished and quality of life was improved. Patients suffering from tension-type headache showed smaller effects in general. Conclusions: Taking into account the mean duration of disease of more than 20 years the results suggest a clinically relevant success from the patients’ view regarding the short-term as well as the long-term course. The problem of data loss with follow-up queries and missing comparative data reduce the conclusiveness of the results.