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Quick Review of Model System Research

Headache After Traumatic Brain Injury: A National Survey of Clinical Practices and Treatment Approaches[1]

What is the study about?

Researchers were interested in assessing how physicians around the country approach the evaluation and treatment of headaches that occur after traumatic brain injury (TBI). The complexity of TBI often results in patients receiving treatment from multiple providers and in multiple clinical settings. It is important to understand how the evaluation and classification of post-traumatic headaches and their management vary among providers in order to develop a consistent standard of care.

Who participated in the study?

This study included 193 respondent physicians surveyed about their current clinical practice for classifying, evaluating, and treating headache after TBI. Participants in the study were from 40 U.S. states, Canada, as well as 1 participant each from the Bahamas, Australia, and Ireland. The largest percentage of respondents were practitioners working in specialty headache clinics (38%).

How was the study conducted?

Researchers developed a 20-question survey. The survey was sent to all physicians enrolled in the Central Nervous System Council of the American Academy of Physical Medicine and Rehabilitation, and the American Headache Society membership list. The survey asked about factors such as participants' clinical setting, type of headache classification systems used, what type of diagnostic procedures they ordered, pharmacologic and nonpharmacological treatment approaches, and perceived treatment success.

What did the study find?

The results of the survey indicated there was variation in the clinical practices used for evaluating and treating headaches across different types of clinics. For example, physicians in the study sample who practice in specialized headache and neurology clinics reported more frequent migraine headaches among patients, and used headache diaries and standardized classification criteria to diagnose headaches more often than physicians from other types of clinics. Specialty TBI and rehabilitation clinics were more likely to see TBI patients with objective neurological impairments and diagnose tension type headache. In addition, neurologists were more likely to use pharmacologic treatments, while rehabilitation clinicians were most likely to use nonpharmacological approaches. The researchers suggest that in light of this variation in clinical practice, the opportunity exists for bringing together practitioners to promote the consistent use of headache diagnostic classification and measures of headache-associated disability.

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[1] Brown, A.W., Watanabe, T.K., Hoffman, J. M., Bell, K.R., Lucas, S., & Dikmen, S. (2014). Headache After Traumatic Brain Injury: A National Survey of Clinical Practices and Treatment Approaches. *Physical Medication & Rehabilitation.* 7(1), 3-8.