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Challenging Migraine Stereotypes: Improving Patient Care Through Empathy and Insight

Dr. Turck:

Welcome to *On the Frontlines of Migraine* on ReachMD. I'm Dr. Charles Turck, and joining me to break down stereotypes and stigma in migraine care is Dr. Rashmi Halker Singh. She's a Professor of Neurology and sits on the Executive Board of Directors at the American Headache Society.

Dr. Halker Singh, welcome to the program.

Dr. Halker Singh:

Thank you so much for having me.

Dr. Turck:

So to start us off, Dr. Halker Singh, let's examine the stereotype that a migraine is just a headache. How has that idea distorted clinicians' perceptions of this disorder?

Dr. Halker Singh:

I'm so glad you asked. This comes up so frequently in clinical practice. So patients often share with me about how they're often misdiagnosed and told that what they have is just a headache, and we know that migraine is so much more than just head pain. There are so many other symptoms that go along with this, and by not fully recognizing the complexity of neurologic symptoms that go along with it, this often leads to a delay in care. All this can have a big impact because we know that there's a significant burden that goes along with migraine to the patient, their families, their employers, and really to all of us.

Dr. Turck:

How can stereotypes and the stigma around migraine care influence clinical behavior in practitioners, especially in primary or emergency care settings?

Dr. Halker Singh:

I think when we have stigma around migraine, it can impact the diagnosis. So it can impact how often we're recognizing it with our patients. It can also impact how we treat migraine—whether we choose to give patients triptans or appropriate acute medications and also if we choose to put them on or even have a discussion about prevention. There's a big push now within the headache medicine community that people should be offered prevention not only based on attack frequency, but also based on their lived experience with migraine—fully recognizing that there is so much more that goes into migraine and a person's lived experience that goes beyond how often they're having attacks.

We truly recognize that this is a complex neurologic problem that has the attacks and the disability associated with that as well as how somebody feels in between attacks as well. And I think that there's a lot of stigma in not fully understanding what a migraine diagnosis entails, what happens with the attacks, and how somebody feels in between them, and that can all contribute to how we care for our patients.

Dr. Turck:

For those just tuning in, you're listening to *On the Frontlines of Migraine* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Rashmi Halker Singh about how stigma and stereotypes can impact patients with migraine.

So, Dr. Halker Singh, I'd like to pivot our conversation to ways in which we might improve our approach to migraine care. What

strategies could be used to help identify and validate migraine in a more inclusive and equitable way?

Dr. Halker Singh:

I'm so glad you asked that question. I think this is a situation where really listening to our patients makes all the difference. We know that with migraine, our diagnosis comes really from the experience that the patients tell us. So we don't have specific tests that we can do to confirm a diagnosis of migraine. It really comes from the patient's history. When someone has migraine, their MRI scans or physical exams really should be normal.

And then the other thing to keep in mind is that many people who have migraine, they may have waited a long time for this appointment. It might have taken a lot for them to come in and even see a clinician for their symptoms, and with that perspective in mind, they might only be sharing what they think is the worst symptoms or the symptoms that bother them the most. And as a clinician, I really want to know about all of their symptoms so I can provide the most comprehensive care. So listening to my patients, asking open-ended questions, and validating their experience is really important.

Dr. Turck:

And in terms of education and advocacy, what changes would you like to see in how healthcare professionals are trained in migraine care?

Dr. Halker Singh:

I think it's really important to make sure that headache is brought into medical school curriculum. We know that even though many medical students might not become headache subspecialists, everyone is going to see patients who have headache symptoms, regardless of what specialty they go into. Headache is one of the most common reasons a patient will go to see their primary care physician, or really any other subspecialty. Patients have headache problems, and being able to take a good headache history and understanding how to approach patients who have headache problems is really important. I think that's a key component that I'd like to see changed.

And I also want to make sure that we know how to approach stigma and bias appropriately in our training as well. Very frequently, people will say, "You know, headache is probably a woman's problem"—I hear so many stereotypes, and I think we need to tackle that head on because we know as clinicians that our own personal biases can affect our clinical decision making. And we can do a better job about that.

Dr. Turck:

Now, as we approach the end of our program, Dr. Halker Singh, do you have any key takeaways you'd like to share with our audience about how we can better approach migraine management?

Dr. Halker Singh:

Yes. I think this comes down to listening to our patients. They have a lot to share with their lived experience. There's a big change coming within the headache medicine community where we really think about offering treatments based on a person's lived experience with migraine. This is a true neurologic disorder. There are complex symptoms involved even beyond head pain. It has been identified as a leading cause of years lived with disability in people under the age of 50.

There is a lot of research happening at the moment as well with so many new treatments being available for patients that can really be life changing as well. And I think being able to offer these treatments means that we have to be able to listen to our patients so that we can know what the right treatment plan really would be.

Dr. Turck:

Such a great comment for us to think on as we come to the end of today's program. And I want to thank my guest, Dr. Rashmi Halker Singh, for joining me to discuss how we can overcome stereotypes in migraine care.

Dr. Halker Singh, it was great having you on the program.

Dr. Halker Singh:

Thank you so much.

Dr. Turck:

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