THINK TALK TREAT MIGRAINE™ ALGORITHM



AMONG A SURVEY OF ADULTS IMPACTED BY MIGRAINE, **APPROXIMATELY...**

50%

HESITATED TO SEEK CARE.1

REASONS FOR HESITATING INCLUDED:



WANTED TO MANAGE THE SYMPTOMS ON THEIR OWN



WERE CONCERNED ABOUT NOT **BEING TAKEN SERIOUSLY**



THOUGHT THEIR MIGRAINE **WAS NOT SERIOUS ENOUGH TO** WARRANT CONSULTING.1

THE THINK TALK TREAT MIGRAINE ALGORITHM CAN HELP YOU IDENTIFY KEY SYMPTOMS OF MIGRAINE AND DETERMINE A PROPER TREATMENT PLAN.

THINK TALK TREAT MIGRAINE ALGORITHM^{2,3,4,5}



THINK MIGRAINE

Identify the 4 key signs and symptoms:

- 1. Headache
- 2. Impact
- 3. Photophobia
- 4. Nausea

A headache accompanied by ≥ 2 symptoms = 93% positive predictive value for migraine²



TALK MIGRAINE

headache impact



TREAT MIGRAINE

Use your patient's answer treatment path:

- 2 1 day/month = acute
- > 4 days/month = acute + preventive treatment



For more information on the Think Talk Treat Algorithm and additional resources to help discuss and treat migraine with your patients, visit **ThinkMigraine.com**.

- 1. Shapiro RE, Nicholson RA, Zagar AJ, et al. Reasons for hesitating to consult for migraine care: Results of the OVERCOME (US) Study [abstract]. Headache. 2021;61:10. https://doi.org/10.1111/head.14130
 2. Lipton RB, Dodick D, Sadovsky R, et al. A self-administered screener for migraine in primary care. The ID MigraineTM validation study. Neurology 2003;61;375-382.
 3. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. Headache 2019;59:1-18. https://doi.org/10.1111/head.13456
 4. Katsarava Z, Buse D, Manack A, et al. Defining the differences between episodic migraine and chronic migraine. Current Pain Headache Reports. 2012;16:86.
 5. Blumenfeld AM, Payne KA, Varon SF, et al. Disability, HRQOL, and resource use amongst chronic and episodic migraineurs. Results from the International Burden of Migraine Study (IBMS). Cephalalgia. 2011;31:301.