

MEETING ABSTRACT

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EHMTI-0056. Self-medication of headache: identification of subgroups of patients through cluster analysis

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Introduction

We have previously shown that medication overuse is prevalent among individuals self-medicating regular headache.

Aims

In this study we evaluated self-medicating headache patients from a broader perspective, exploring the interplay between headache and concomitant pain conditions, pain-related disability and pain medication use. Identification of subgroups of patients could be helpful to tailor intervention strategies.

Methods

A hierarchical cluster analysis was used to group 1021 self-medicating headache patients according to their (1) socio-demographics, (2) pain characteristics, (3) pain-related disability and (4) pain medication use. Patients were recruited in 202 Belgian community pharmacies and fulfilled the following inclusion criteria: aged ≥ 18 years, purchasing an over-the-counter systemic analgesic, experiencing pain ≥ 1 full day/month and suffering from headache.

Results

Three subgroups were identified. Group 1 comprised patients with low socioeconomic status, low self-rated health, on average four concomitant pain conditions, high pain frequency, high disability, and high rates of medication overuse. Group 2 included older patients with a mean of two other pain syndromes, and low disability but high

pain intensity. Group 3 comprised young highly-educated patients diagnosed with migraine, having on average one concomitant pain condition, low pain frequency, low disability but high pain intensity, and low rates of medication overuse.

Conclusions

We have identified three subgroups in a large sample of individuals self-medicating headache. The marked differences across the three groups stress the importance of a holistic assessment of headache patients and the need for tailored strategies to reduce the risk of medication-overuse headache in primary care.

No conflict of interest.

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