From the University of Mississippi Medical Center Division of Public Affairs

BEHAVIORAL TREATMENT FOR MIGRAINES A COST-EFFECTIVE ALTERNATIVE TO MEDS, STUDY FINDS

For more information contact Jack Mazurak at (601) 984-1970 or jmazurak@umc.edu.

JACKSON, Miss. – Treating chronic migraines with behavioral approaches – such as relaxation training, hypnosis and biofeedback – can make financial sense compared to prescription-drug treatment, especially after a year or more, a new study found.

Longtime behavioral therapy researcher and practitioner Dr. Donald Penzien, University of Mississippi Medical Center professor of psychiatry, coauthored the study. He said the costs of prescription prophylactic drugs – the kind chronic migraine sufferers take every day to prevent onset – may not seem much even at several dollars a day.

"But those costs keep adding up with additional doctor visits and more prescriptions," Penzien said. "The cost of behavioral treatment is front-loaded. You go to a number of treatment sessions but then that's it. And the benefits last for years."

Published in the June issue of the journal Headache, the study compared the costs over time of several types of behavioral treatments with prescription-drug treatments. The research team included investigators from Wake Forest University, UMMC and the University of Mississippi.

The researchers found that after six months, the cost of minimal-contact behavioral treatment was competitive with pharmacologic treatments using drugs costing 50 cents or less a day. Minimal-contact treatment is when a patient sees a therapist a few times but largely practices the behavioral techniques at home, aided by literature or audio recordings.

After one year, the minimal-contact method was nearly \$500 cheaper than pharmacologic treatment.

"We have a whole armamentarium of behavioral treatments and their efficacy has been proven. But headache sufferers are only getting a tip of these options," said Dr. Timothy Houle, associate professor of anesthesiology and neurology at Wake Forest University, and the study's principal investigator.

"One reason is people think behavioral treatment costs a lot. Now with this study, we know that the costs are actually comparable, if not cheaper, in the long run."

At a time when health-care costs are under national scrutiny, the study offers a framework for comparing costs that researchers can update and use for years to come.

"We thought, 'Wouldn't it be fun to model this and see how it comes out over time?" Penzien said. "All the figures are there so if someone disagrees with it, they can plug in their own numbers."

The researchers didn't compare the effectiveness of methods, nor did they calculate the costs over time of individual drugs, since dosages and prices vary widely. Rather, they figured the per-day costs of each method based on fees of physicians and psychologists. For the physician group, they added in the cost of prescription beta-blocker drugs at various prices.

For instance, among the psychologists surveyed, one-on-one behavioral sessions cost between \$70 and \$250 for the intake visit and \$65 and \$200 for follow-up visits. That put the median intake cost at \$175 and median follow-up cost at \$125 for a median 10 visits.

The researchers calculated the median cost of pharmacologic approaches at \$250 for the intake session and a professional fee of \$140 per session. Median time to the first follow-up was 52.2 days, rising to 60 for the second with a median five visits per year.

To get information on behavioral treatments, the researchers surveyed members of the Behavioral Issues Group of the American Headache Society. For figures on pharmacologic treatments, the researchers surveyed a group of Headache Society-member physicians they knew treated substantial numbers of headache sufferers.

The most expensive behavioral treatment method – individual sessions with a psychologist in clinic – cost more than pharmacologic treatment with \$6-a-day drugs in the first months. But at about five months, individual sessions become competitive. After a year, they are cheaper than all methods except treatment with drugs costing 50 cents or less a day.

Overall, group therapy and minimal-contact behavioral treatment were cost-competitive with even the cheapest medication treatment in the initial months. At one year, they become the least-expensive headache treatment choice.

Grant funding from the National Institute of Neurological Disorders and Stroke supported the research.

07/01/2011

Please forward this message to colleagues who might be interested. If you wish to be removed from this list or know of a colleague to add, send an e-mail message to: <u>LAGriffin@pubaffairs.umsmed.edu</u>.

The University of Mississippi Medical Center, located in Jackson, is the state's only academic medical center. University of Mississippi Health Care represents the clinical programs of the Medical Center and includes University Hospitals and Health System and University Physicians, the faculty group practice. UMMC encompasses five health science schools, including medicine, nursing, health related professions, dentistry and graduate studies, as well as the site where University of Mississippi pharmacy students do their clinical training. The Medical Center's threefold mission is to educate tomorrow's health-care professionals, conduct innovative research to improve human health, and to provide the highest quality care available to the state's citizens. A major goal of the Medical Center is the improvement of the health of Mississippians and the elimination of health disparities. For more information, contact the Division of Public Affairs at 601-984-1100 or visit us on the Web at http://info.umc.edu/.