Dynamic Chiropractic

HEADACHES & MIGRAINES

Headache Solutions: Save Billions With Chiropractic Care?

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It was reported by Doheny in 2006 that migraine headaches cost U.S. employers more than $24 billion annually, including direct health care costs and indirect expenses such as absenteeism. Doheny went on to report that according to Michael Staufacker, director of program development for StayWell Health Management in St. Paul, Minn., "The programs are so few and far between because many companies 'don't perceive it as a priority.'"[1]

Much of the public perceive headaches and migraines as normal occurrences. For example, a patient will enter a doctor's office and report that they experience "normal" headaches, not realizing that pain is never a normal occurrence. Symons, Shinde and Gilles emphasized the nature of pain, quoting this statement from the International Association for the Study of Pain: Pain is "'an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage."[2] As a result of the public not taking many types of headaches as potential serious problems, they let the condition linger, leading to negative sequella.

According to Munakata, Hazard, Serrano, Klingman, et al., "neuroimaging studies have provided compelling evidence that suggests progressive brain changes in persons with migraines ... migraine frequency is associated with posterior circulation infarcts and diffuse white-matter lesions ... Welch, et al., showed that impairments in iron homeostasis in periaqueductal grey areas that were associated with migraine duration and chronic daily headache."[3]

Munakata, et al., also reported that the economic impact of migraines in both direct health care costs and indirect costs of absenteeism is a huge economic burden.[3] The direct cost of migraines ranges from $127 to $7,089 per victim, and the indirect cost due to absenteeism $709 to $4,453 per victim, making migraines an economic burden to the individual, the insurer, the employer, as well as local, state and federal entities who experience a lowered tax base from lost wages. It was also reported that between 2005 and 2006, there were 1,729,555 physician office visits, 186,603 advanced imaging procedures, 59,589 other diagnostic procedures, and 22,168 hospital days with a primary diagnosis of migraine or headache; all of which are paid by private or public insurers, or out of the pockets of individuals. In short, the costs are staggering and a burden to the economy.

Friedman, Feldon, Holloway et al., reported that acute headaches account for 5 percent of emergency department (ED) visits in hospitals. They also reported: "[T]he ED environment that may also contribute to unsatisfactory treatment response include limited physician contact time that may preclude a detailed history, overuse of ED by patients with substance abuse problems, the need for rapid triage, the competing distraction of patients with life-threatening conditions, and directives (or lack thereof) for care dictated by the referring physician. ...Thus, the treatment of migraine patients in the ED appears to be suboptimal and the high rate of recurrent headache may be attributed to underutilization of relatively 'migraine specific' treatment."[4]

Nelson, Suter, Casha, et al., reported on randomized clinical trials that took place over an eight-

week course of treatment. The results showed there was minor statistical differences in outcomes for improvement during the trial period for chiropractic care, amatriptyline or over-the-counter medications for treating migraine headaches. It was also reported that there was no statistical benefit in combining therapies. However, the major factor to consider is that in the post-treatment, follow-up period, *chiropractic was 57 percent more effective in the reduction of headaches than drug therapy.* In addition, it was reported that, with the drug group, "58% experienced medication side effects important enough to report them. In the amatriptyline group, 10% of the subjects had to withdraw from the study because of intolerable side effects. Side effects in the SMT (Spinal Manipulative Therapy) group were much more benign, infrequent, mild and transitory. None required withdrawal from the study."[5]

Although this study was conducted 13 years ago, a more current study by Chaibi, Tuchin and Russell reported that massage therapy, physiotherapy, relaxation and chiropractic spinal manipulative therapy might be equally as effective as propranolol and topiramate in the prophylactic management of migraine,[6] supporting the previous findings. Although more research is desperately needed, the above conclusions suggest a clear direction when it comes to managing migraines and headaches.

Using the 57 percent increased effectiveness that chiropractic has over drug therapy (leaving out the overlap that chiropractic could help without drugs) and the $24 billion U.S. employers pay for headaches and migraines annually, the savings from chiropractic care would approach *$13.7 billion annually*. Now imagine the reduction in the staggering costs currently incurred by the public, government and other entities for headache/migraine if that same percentage (57 percent) were applied. In addition, if chiropractic reduced the necessity for emergency room visits by 57 percent, ED doctors could focus on what their primary purpose is, to save lives in urgent scenarios.

With these cost savings, chiropractic benefits the federal government, local government, employers, private and public insurers and the public. It eases the burden on emergency rooms and prevents unnecessary side effects of drugs that are not clinically indicated, with a more viable and proven drugless solution. Although much more research is desperately needed to explore the benefits of chiropractic for migraines and headaches, the available research suggests chiropractic offers immediate solutions.

References

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