

Headache patients' perspective on access to specialised medical care and preventive treatment in Portugal: A Cross-Sectional Study

HPR179

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Objectives

To characterise headache healthcare access in Portugal from the patient's perspective.

Methods

A cross-sectional study in adult headache patients' convenience sample, using an anonymous self-administered online questionnaire shared by MiGRA Portugal (Portuguese Headache and Migraine Patients' Association).

A descriptive analysis and Poisson regression models were used, adjusting for relevant variables and potential confounders.

Variables considered in this study were: frequency of headache days, type of primary headache, years with headache, residency, income, institution used in medical follow-up (public, private), sex and age.

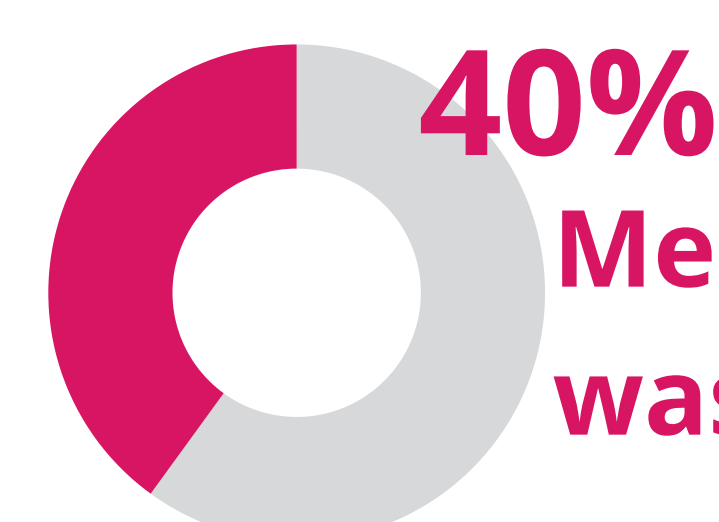
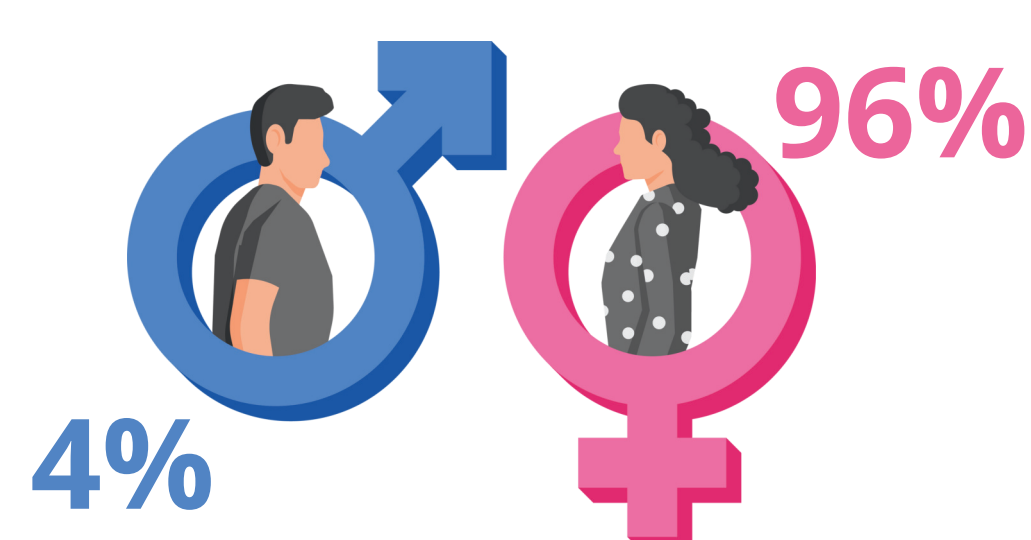


Results

552 respondents

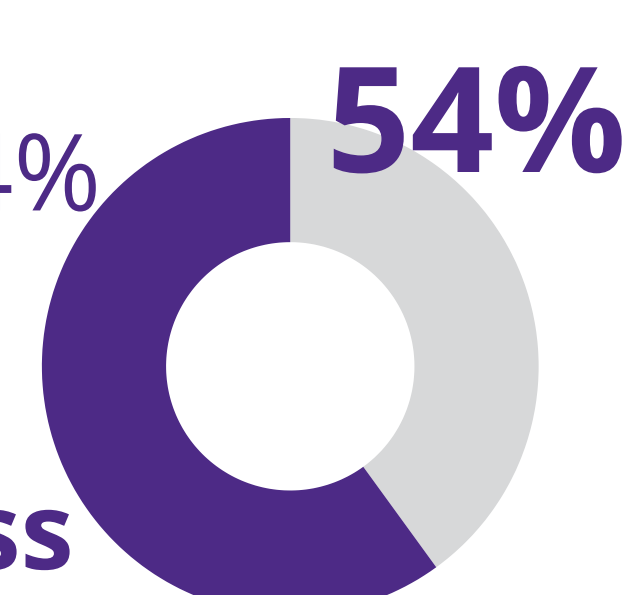
Mean age of 38 years

74% with migraine



40% Medical follow-up for headache was lacking in 40% of participants

Private institutions were used by 54% of patients with medical follow-up



54% mainly (56%) due to limited access to neurologist follow-up in public hospitals

Respondents followed in private institutions:



26% with financial constraints to pay for it

20% paid it out-of-pocket without any co-payment

Preventive medication was not used by 54%

Over 60% of respondents with preventive treatment were **not satisfied**, 84% of the cases due to lack of effectiveness



Chronic headache - 15 or more days of headache attacks



11% did not have medical follow-up for their headache

31% did not use preventive medication.

Multivariate regression analysis

Adjusting for relevant variables, **opting for private institutions** was the **only statistically significant variable** and it was associated with

77% increased likelihood of being followed by a neurologist or headache specialist

Prevalence ratio=1.77, Confidence interval=1.26 to 2.50, p-value=0.01

Conclusions

These findings highlight considerable constraints in access to medical care and effective preventive treatment for headache in Portugal. Limitations of this study include potential recruitment bias, as the survey was disseminated through a patients' association likely reaching individuals with more severe conditions who are more proactive in seeking specialized care.

In a country with a national health system that is intended to be universal, a considerable number of patients rely on private healthcare for headache management due to insufficient access to public services. An improvement of healthcare policies is urgent to ensure adequate headache management.



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