



→ Abstracts

Improving access to care for patients with migraine in a remote Pacific population

Objective To evaluate the efficacy of increasing access to care for patients with migraines in a rural setting. Outcomes include decreased resource utilization, decreased hospitalizations, polypharmacy reduction, and decreased disability in a remote Pacific population.

Methods Data were collected on all patients presenting to a single neurologist in a deployed military setting for migraines. Access to care was supplemented through health fairs, radio shows, telemedicine, and education of primary care providers.

Results Over the course of 1 year, 300 providers were educated through public health fairs and telemedicine counseling. This strategy helped reduce consults by 50% and decrease clinical wait times from 2 months to 7 days. Two hundred twenty-one patients with chronic migraine or episodic migraine were seen in the neurology clinic over the course of 1 year. Of these patients, polypharmacy reduction was achieved in 71% of patients with chronic migraines and in 44% of patients with episodic migraines. Over the course of 1 year, only 13% of patients with chronic migraines and 11% of patients with episodic migraines were treated in an acute care setting. Less than 2% of patients had limitations in their work duties because of migraines.

Conclusion Increased access to care provided benefits in reduction of specialist overutilization, reduction in hospitalizations, and reduction in disability. Patients with chronic migraine did not have increased use of medical resources or decreased productivity in this cohort.

[NPub.org/NCP/9602a](https://pubmed.ncbi.nlm.nih.gov/36020202/)

Worldwide survey on laboratory testing of vestibular function

Background The function of the peripheral vestibular system can nowadays be quantified. The video head impulse test (vHIT) and caloric irrigation are used for the semicircular canals, cervical vestibular evoked myogenic potentials (cVEMP) for the sacculus, and ocular vestibular evoked myogenic potentials (oVEMP) for the utricle. Because there is no agreement on normal and pathologic values, we performed a worldwide survey.

Methods A web-based standardized survey questionnaire was used to collect data on “reference values” and “cutoff” values. Thirty-eight centers from all continents (except Africa) replied.

Results “Reference values”: vHIT: mean for the vestibulo-ocular reflex gain of the left horizontal canal 0.91 (range: 0.7–1.01) and of the left horizontal canal 0.92 (0.7–1.05); side difference 0.15 (0.25–0.3). Caloric irrigation: mean peak slow phase velocity of caloric-induced nystagmus for warm (44°C) water 18.65 °/s (12–30 °/s); cold (30°C) water 18.21 °/s (10–25 °/s). cVEMP: P13-N23 amplitude mean for the lower limit 28.67 μV (16–50 μV); upper limit 200 μV (50–350 μV). “Cutoff values”: vHIT: side difference 0.26 (0.1–0.4), bilateral vestibulopathy <0.61 (0.3–0.8); unilateral vestibulopathy (UVP) <0.68 (0.4–0.8). Caloric irrigation pathologic side difference mean 25.93% (17.7%–40%) or 12 °/s (5–30 °/s); side difference UVP 26.73% (20%–40%) or 29.8 °/s (5–100 °/s). cVEMP: P13/N23 amplitude mean lower cutoff 32.5 μV (15–50 μV), mean upper cutoff 125 μV (50–200 μV), asymmetry 36.08 μV (20–50 μV).

Conclusion This worldwide survey showed a large variability in reference and pathologic cutoff values in the 38 centers included. Therefore, standardization of how to achieve these values and agreement on which values should be used is highly warranted to guarantee a high quality of vestibular testing and interpretation of clinical and scientific results.

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