

E-Appendices

Appendix e1: Mission Statement of the QSS

The mission of QSS is to prioritize, develop, and publish evidence-based practice parameters related to the diagnosis, treatment, and prognosis of neurologic disorders. The QSS is committed to using the most rigorous methods available within our budget, in collaboration with other available AAN resources, to most efficiently accomplish this mission.

Appendix e2: Quality Standards Subcommittee Members 2009–2011

Jacqueline French, MD, FAAN (Co-Chair); John D. England, MD, FAAN (Co-Chair); Eric Ashman, MD; Stephen Ashwal, MD, FAAN (Ex-Officio); Misha-Miroslav Backonja, MD; Richard L. Barbano, MD, PhD, FAAN; Michael G. Benatar, MBChB, DPhil; John J. Halperin, MD, FAAN; Deborah Hirtz, MD, FAAN (Ex-Officio); Jonathan Hosey, MD, FAAN (Ex-Officio); Andres M. Kanner, MD; Steven R. Messé, MD; Leslie A. Morrison, MD; Pushpa Narayanaswami, MD, MBBS; Dean M. Wingerchuk, MD, MSc, FRCP(C); Theresa A. Zesiewicz, MD, FAAN.

Appendix e3: AAN Classification of evidence for the rating of a therapeutic study

Class I: A randomized, controlled clinical trial of the intervention of interest with masked or objective outcome assessment, in a representative population. Relevant baseline characteristics are presented and substantially equivalent among treatment groups or there is appropriate statistical adjustment for differences.

The following are also required:

- a. concealed allocation
- b. primary outcome(s) clearly defined
- c. exclusion/inclusion criteria clearly defined

- d. adequate accounting for dropouts (with at least 80% of enrolled subjects completing the study) and crossovers with numbers sufficiently low to have minimal potential for bias.
- e. For noninferiority or equivalence trials claiming to prove efficacy for one or both drugs, the following are also required*
1. The authors explicitly state the clinically meaningful difference to be excluded by defining the threshold for equivalence or non-inferiority.
 2. The standard treatment used in the study is substantially similar to that used in previous studies establishing efficacy of the standard treatment (e.g., for a drug, the mode of administration, dose and dosage adjustments are similar to those previously shown to be effective).
 3. The inclusion and exclusion criteria for patient selection and the outcomes of patients on the standard treatment are comparable to those of previous studies establishing efficacy of the standard treatment.
 4. The interpretation of the results of the study is based upon a per protocol analysis that takes into account dropouts or crossovers.

Class II: A randomized controlled clinical trial of the intervention of interest in a representative population with masked or objective outcome assessment that lacks one criteria a–e above or a prospective matched cohort study with masked or objective outcome assessment in a representative population that meets b–e above. Relevant baseline characteristics are presented and substantially equivalent among treatment groups or there is appropriate statistical adjustment for differences.

Class III: All other controlled trials (including well-defined natural history controls or patients serving as own controls) in a representative population, where outcome is independently assessed, or independently derived by objective outcome measurement.**

Class IV: Studies not meeting Class I, II or III criteria including consensus or expert opinion.

* Note that numbers 1–3 in Class Ie are required for Class II in equivalence trials. If any one of the three is missing, the class is automatically downgraded to Class III.

**Objective outcome measurement: an outcome measure that is unlikely to be affected by an observer's (patient, treating physician, investigator) expectation or bias (e.g., blood tests, administrative outcome data).

Appendix e4: Classification of recommendations

A = Established as effective, ineffective or harmful (or established as useful/predictive or not useful/predictive) for the given condition in the specified population. (Level A rating requires at least two consistent Class I studies.)*

B = Probably effective, ineffective or harmful (or probably useful/predictive or not useful/predictive) for the given condition in the specified population. (Level B rating requires at least one Class I study or two consistent Class II studies.)

C = Possibly effective, ineffective or harmful (or possibly useful/predictive or not useful/predictive) for the given condition in the specified population. (Level C rating requires at least one Class II study or two consistent Class III studies.)

U = Data inadequate or conflicting; given current knowledge, treatment (test, predictor) is unproven.

*In exceptional cases, one convincing Class I study may suffice for an "A" recommendation if 1) all criteria are met, 2) the magnitude of effect is large (relative rate improved outcome > 5 and the lower limit of the confidence interval is > 2).

Appendix e-5: Search strategy

Database: Ovid MEDUNE(R) <1966 to May Week 2 2005>

Search Strategy:

1 exp Migraine/di, ra, ri, us [Diagnosis, Radiography, Radionuclide Imaging, Ultrasonography]

(2179)

2 exp MIGRAINE/pc, dh, dt, rt, th [Prevention & Control, Diet Therapy, Drug Therapy, Radiotherapy, Therapy] (5880)

3 neuroimag\$.mp. (7459)

4 migraine.mp. (15125)

5 3 and 4 (106)

6 (pharm\$ or manag\$ or treat\$ or therap\$ or intervent\$).mp. [mp=title, original title, abstract,

name of substance word, subject heading word] (3195698)

7 (pharm\$ or manag\$ or treat\$ or therap\$ or intervent\$).ti. (1136657)

8 (nonpharma\$ or non-pharma\$).mp. [mp=title, original title, abstract, name of substance

word, subject heading word] (3925)

9 7 or 8 (1138442)

10 6 or 8 (3195840)

11 4 and 10 (6291)

12 1 or 5 (2251)

13 2 or 11 (8241)

14 limit 13 to (humans and english language) (6213)

15 limit 12 to (human and english 1 language) (1654)

16 limit 15 to yr=2005 (18)

17 14 (6213)

18 (limit 17 to yr=2005 (53)

19 (new: or editorial: or letter:).pt. (802894)

20 16 not 19 (17)

21 18 not 19 (50)

22 from 20 keep 1-17 (17)

23 from 20 keep 1-17 (17)

24 from 21 keep 1-50 (50)