

HEADACHE

P.024

Educational needs in migraine care: results from a mixed-methods study among Canadian primary care providers and specialists

S Peloquin (Brossard) E Leroux (Calgary) G Shapero (Markham) S Labbe (Brossard) S Murray (Brossard) DW Dodick (Phoenix) W Becker (Calgary)*

doi: 10.1017/cjn.2018.126

Background: Migraines are sub-optimally treated, affect millions of Canadians, and are underrepresented in medical training. A study was conducted to identify the needs of Canadian Healthcare Providers (HCPs) for migraine education, with the aim to inform the development of learning activities. **Methods:** This ethics-approved study was deployed in two consecutive phases using a mixed-methods approach. Phase 1 (qualitative) explored the causes of challenges to migraine care via a literature review, input from an expert working group, and semi-structured interviews with multiple stakeholders. Phase 2 (quantitative) validated these causes using an online survey. **Results:** The study included 103 participants (28 in phase 1; 75 in phase 2): general practitioners=37; neurologists=24; nurses=14; pharmacists=20; administrators, policy influencers and payers=8. Four areas of sub-optimal knowledge were identified: (1) Canadian guidelines, (2) diagnostic criteria, (3) preventive treatment, and (4) non-pharmacological therapies. Attitudinal issues related to the management of migraine patients were also identified. Detailed data including the frequencies of knowledge gaps among general practitioners and general neurologists will be presented along with qualitative findings. **Conclusions:** Educational activities for general practitioners and general neurologists who treat patients with migraines should be designed to address the four educational needs described in this study.

This study was financially supported with education research funds from TEVA Canada.

P.025

Is this headache normal?: Assessing electronic referrals for headache from primary care physicians

L Panamsky (Kingston) A Bradi (Ottawa) L Sitwell (Ottawa) C Liddy (Ottawa) A Afkham (Ottawa) E Keely (Ottawa)*

doi: 10.1017/cjn.2018.127

Background: Headache is one of the most frequent complaints in primary care. We reviewed headache questions submitted to an electronic consultation service in Ontario to classify the types of headaches and describe the questions being asked. We also identified reasons why answers were not retrievable within UpToDate, an online clinical resource. **Methods:** 65 headache eConsults were further divided into 85 questions and categorized by headache type and question theme. Questions were manually searched within UpToDate to determine if they could be answered using this resource. The intent to refer the patient for a face-to-face referral after the eConsult was collected. **Results:** The top classifications were migraine, unclassified headache, and exertional and/or coital headache. The themes

identified were medication questions (41.7%), investigation questions (33.3%), clinical concerns despite normal neurologic exam and/or imaging (15.5%); and abnormal imaging findings (9.5%). Answers to 40.1% of the questions were not retrievable in UpToDate. The main reason for irretrievability was an unusual presentation. Only 33.8% of eConsults resulted in a face-to-face referral to a specialist. **Conclusions:** Although electronic resources may be useful in some cases, clinical nuances cannot be accounted for. By providing physicians with rapid access to specialists, eConsult services may obviate the need for formal, face-to-face referrals.

P.144

Health care utilization by patients seen at a tertiary headache clinic

CE Holtby (Calgary) F Amoozegar (Calgary) LJ Cooke (Calgary)*

doi: 10.1017/cjn.2018.85

Background: Multidisciplinary treatment programs benefit headache patients. No evidence exists as to whether they change resource use.

A historical prospective cohort study was performed to compare the frequency of ambulatory care and emergency department visits for the purposes of headache by patients seen at the Calgary Headache Assessment and Management Program (CHAMP) in the three years before, and after, their first appointment. **Methods:** Administrative data from Alberta Health was used. All patients seen by a physician at CHAMP from 2003-2013 were included. Sample characteristics were described and the Wilcoxon signed rank sum test was used to compare the number of ambulatory care and emergency department visits in the three years before and after each patient's first physician appointment at CHAMP. Follow-up visits at CHAMP were excluded from analyses. **Results:** The median number of ambulatory care visits over three years changed from 4 to 2 ($p < 0.001$). The median number of emergency department visits was zero before and after assessment at CHAMP. The mean number of emergency department visits changed from 1.5 to 1.2 ($p < 0.0001$). **Conclusions:** Enrollment in a multidisciplinary headache program reduces the number of ambulatory care visits and emergency department visits for purposes of headache.

MS / NEUROINFLAMMATORY DISEASE

P.026

Rare association in childhood vasculitis: unique case of pituitary involvement in a child with GPA

A Yaworski (Edmonton) R Srivastava (Edmonton) M Al Qarni (Edmonton) J Yager (Edmonton) D Rumsey (Edmonton) J Kassiri (Edmonton)*

doi: 10.1017/cjn.2018.128

Background: Granulomatosis with polyangiitis (GPA) is a rare systemic vasculitis with a prevalence of 0.6 per million in the pediatric population. CNS involvement occurs in 7-18% of cases. Pituitary involvement is only noted in 1% of cases. **Methods:** A 16-year-old