神经病学质量提高

原发性头痛的质量测量

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头痛和偏头痛是常见的疾病，会引起衰弱，且花费昂贵。头痛是最常见的神经系统疾病之一。在一项美国的研究中，约有 12%~23% 的 18 岁以上的成年人在过去 3 个月中有偏头痛发作 [1]。实际上，WHO 将偏头痛列为世界上致残性疾病前 20 名以内 [2]。频繁的头痛或偏头痛发作会对个人的生活质量、家庭关系和工作能力产生严重的负面影响 [3,4]。Hawkins 等 [5] 对偏头痛相关治疗费用调查发现，在全国范围内，门诊医疗费用为 52.1 亿美元；处方费用 46.1 亿美元；住院费用 7.3 亿美元；以及急诊费用 5.2 亿美元。在工作中，偏头痛患者工作效率明显下降，表现更差，旷工率增高 [6]。

在 2013 年，美国神经病学学会（American Academy of Neurology,AAN）成立了多学科头痛测量工作组（head measurement work group,HMWG），定义了质量评估系统，旨在改善头痛和偏头痛患者的保健服务和预后。HMWG 代表学术机构、国家卫生保健提供者，以及关注头痛患者保健的倡导组织。AAN 促进了这一进程并召开会议。美国家庭医生学会和美国医学会（American Medical Association,AMA）组建了质量改进医师联合会（Physician Consortium for Performance Improvement,PCPI），且与 AAN 合作提名代表出席 HMWG 会议。

完整的 AAN 测量改进过程的细节均可在线获取 [7]。AAN 的头痛质量测量有助于质量改进、公开报道、支付质量以及认证维护。

改进的机会 基于文献报道，头痛和偏头痛患者的治疗质量上还有一些不足。

神经影像检查的过度使用。在整个诊疗过程中，有很多机会可以促使医务人员践行诊疗指南、进行患者教育以及共同决策以减少不恰当的神经影像学检查。有证据显示，在评估无外伤患者 [8] 或已行其他常规检查的儿童和青少年的头痛 [8-10] 时存在过度的神经影像学检查（CT 或 MRI）。尽管大多数儿童和青少年的头痛是一些良性疾病所致，如偏头痛和紧张性头痛，但父母和医生常常会担心严重的基础疾病，如脑肿瘤。在成人中，复发性头痛不伴其他危险信号且符合典型偏头痛或紧张性头痛的患者，尤其是有药物过量使用史或复发史者，通常不需要做神经影像学检查。儿童、青少年及成人头痛的病因往往可以通过全面准确的病史及综合的神经科查体来确定。神经影像学检查往往不是必须的，除非病史或神经科体检提示其他疾病。

预防治疗的不充分。对偏头痛患者采用预防性治疗能明显减少不必要的头痛相关性致残。预防对于偏头痛患者的有效管理是必须的，然而，预防性治疗并未被充分利用。尽管有 38% 的偏头痛患者可以从预防性治疗中获益，但只有 13% 的偏头痛患者在接受预防性治疗 [11,12]。预防性治疗能使偏头痛发作降低 50%~80%，且减轻其发作的严重程度和持续时间 [2]。

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The AAN Board of Directors approved the Headache Measurement Set on June 9, 2014, and the full membership of the American Medical Association–convened Physician Consortium for Performance Improvement approved the measures on June 26, 2014.

Go to Neurology.org for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

对于每月偏头痛发作次数≥ 4 天或发作天数达≥ 8 天的患者，在考虑并发症、支付能力和患者偏好后，医生应提供预防性治疗措施。

不恰当的急性期治疗。通过减少原发性头痛患者巴比妥类和阿片类药物的使用，可以减少慢性日常性头痛，改善生活质量，减少头痛相关性致残。曲坦类药物和麦角碱是指南推荐的偏头痛急性期治疗药物，然而，阿片类和巴比妥类药物却被过度使用。在一项包含 8,373 名青少年头痛患者的研究中，46%（3,859 例）收到了阿片类药物的处方 [9]。DeVries 等 [9] 认为，校正其他协变量后，因头痛急诊就诊与阿片类药物的使用存在很强的相关性。另一项研究指出，巴比妥类或阿片类药物过度使用更多见于就诊于三级头痛中心的患者 [13]。巴比妥类药物的使用会增加慢性日常性头痛和药物性痛觉过敏的风险 [14]。另外，药物过度使用性头痛（medication over use headache,MOH）是一种诊断不足的情况。药物治疗可能对大多数原发性头痛患者是恰当的，但如果使用过于频繁，则可能导致 MOH[2]。

并发症的处理不当。评估、讨论、应对并发症有助于更好地管理偏头痛。偏头痛常常伴发其他内科、神经科或精神科疾病，而这些疾病会影响患者健康相关的生活质量（health-related quality of life,HRQOL），或机体、精神、情感和社会功能 [15,16]。如果不予处理或处理不当，HRQOL 降低会导致医疗费用的增加和生产力下降。动机或行为干预和预防性药物治疗可极大地提高患者的生活质量。

表　美国神经病学会头痛测量（2014）

合理的药物使用（过程评估）
1、急性偏头痛发作的用药
2、急性丛集性头痛的用药
3、偏头痛预防性用药
过度用药测量（过程评估）
4、原发性头痛过度使用巴比妥类药物
5、原发性头痛过度使用阿片类药物
6a、原发性头痛治疗中药物过度使用性头痛的评估（与 6b 配对）
6b、可能的药物过度使用性头痛的治疗计划或转诊（与 6a 配对）
7、对神经科检查正常的原发性头痛患者过度使用神经影像学检查
预后测量
8、原发性头痛患者生活质量的评估
9、偏头痛患者头痛相关功能性致残状态
患者参与和配合
10、偏头痛治疗计划制定或审核

方法 头痛质量评估的改进过程遵循 AAN 的评估改进过程 [7]。AAN 的改进过程需要循证文献检索，通过领导小组起草初步的评估体系，召集工作组最后确定一套备选的评估体系，在 30 天内公开征集意见，并依照相应的技术规范完善最终的评估体系。HMWG、AAN 质量和安全委员会、AAN 执行委员会以及 AAN 理事会共同通过最终版的评估体系。此外，整套评估系统获得 AMA PCPI 所有会员的批准。

头痛管理的质量评估 为确保高质量的保健服务、改善患者的预后，工作组希望改进评估体系。他们专注于需要改进的医疗保健和基于评估体系可用的临床证据之间的差距。AAN 2014 头痛质量评估（表）适用于偏头痛、丛集性头痛或原发性头痛的患者。评估体系提出适当的药物使用、加量使用、主诉预后和治疗依从性。工作组也考虑过头痛诊疗中其他几个重要的因素，尽管最终确定证据不足、保健的意义太小、或者是改进的概率太小以至于不能继续完善测量体系。这套评估体系中只有一个评估值（偏头痛相关的功能障碍情况）是为个体执业医生的测评而设计的。然而，个体医生间评估数据的整合也许能说明诊所保健或医疗系统的质量水平。在遵循适当的方法、统计和实施规则的条件下，这套评估体系适合在公共报道和问责程序中使用，除非另有说明。

讨论 评估和提高医疗保健的质量至关重要。质量评估正逐渐应用于各机构、州、国家以及私人和公共支付者，从而不断努力让医疗提供者为他们的服务质量负责任。这些努力的基础是有意义的、可操作的和可行的质量评估体系。衡量医疗质量是一项

复杂和具有挑战性的过程。尽管 AAN 已经撰写了一些很详细的评价体系，在完善评估上有所进展，但推进神经病学的质量评估仍有很多的工作要做。测量科学正在迅速从测量医疗过程转换到测量患者预后的改善。神经病学也必须朝着这个方向转变。AAN 头痛测量系统代表了 AAN 首次努力整合评估患者自诉的生活质量和功能预后。关于偏头痛的生活质量和功能的文献很多，但其他头痛类型则很少。医疗干预的最佳实践和医疗提供者之间的协调性相关的文献也不充足。这个评估体系的目的是帮助神经病学家测量并改善患者的偏头痛症状、减轻并发症的影响以及改善患者人群的功能。如果与质量改进举措相结合，这些评估体系的应用将极大地改善医疗服务和头痛患者的预后。

作者贡献

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致谢

The authors thank the Headache Measure Development Workgroup members for their contributions and work that supported the development of this manuscript: Stephen Ross, MD (Neurology); Eric Wall, MD (Family Medicine); Wayne Anderson, MD (Neurology); David Roeltgen, MD (Neurology); Stephen Silberstein, MD (Neurology); Amy Schneider, MD (Family Medicine); Thomas K. Koch, MD (Pediatrics); Thomas Watanabe, MD (Physical Medicine and Rehabilitation); Robert P. Wahl, MD (Emergency Medicine); Andy Jagoda, MD (Emergency Medicine); James Foody, MD (Internal Medicine); David Seidenwurm, MD (Radiology); J. Mark Bailey, DO, PhD (Osteopathy); Shannon Petersen, PT (Physical Therapy); Jon Streltzer, PhD (Psychiatry); Robert Nicholson, PhD (Psychology); M. Cristina Victorio, MD (Child Neurology); William B. Young, MD (Alliance for Headache Disorders Advocacy); Elizabeth Loder, MD (American Headache Society); Mary Franklin (National Headache Foundation); Charles Flippen II, MD (Neurology); Eric Cheng, MD, MS (Neurology); Amy Sanders, MD, MS (Neurology); Elvia Chavarria, MPH (American Medical Association Physician Consortium for Performance Improvement); Judy Burleson (American College of Radiology); Colleen Tallant (American College of Radiology); Samantha Shugarman (American Psychiatric Association); Robert Plovnick (American Psychiatric Association); Staci Jones (American College of Emergency Physicians); Diane Crowley (American College of Emergency Physicians); Dainsworth Chambers (American College of Emergency Physicians); Rebecca J. Swain-Eng, MS, CAE (American Academy of Neurology); Gina Gjorvad (American Academy of Neurology); Becky Schierman, MPH (American Academy of Neurology).

研究基金

No targeted funding reported.

声明

S. Ross, E. Wall, B. Schierman, J. Bailey, E. Cheng, C. Flippen, S. Petersen, and A. Sanders report no disclosures relevant to the manuscript. D. Seidenwurm has financial interests or serves in key positions for Impact Core Labs, Inc., DSI Pharmaceuticals, Akken Labs, and California Managed Imaging. M. Victorio reports no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Received July 8, 2014. Accepted in final form September 22, 2014.

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（陈生第 翻译 & 审校）