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Healthcare utilization for primary headache disorders in China: A population based door-to-door survey

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Background: In order to know the status quo of health care for primary headache disorders in China, questions about headache consultation and diagnosis were included in a nationwide population-based survey initiated by lifting the burden: The Global Campaign against headache.

Methods: Throughout China, 5,041 unrelated respondents aged 18–65 years were randomly sampled from the general population and visited unannounced at their homes. After basic socio-demographic and headache diagnostic questions, respondents with headache answered further questions about health-care utilization in the previous year.

Results: Significantly higher proportions of respondents with migraine (239/452; 52.9%) or headache on ≥ 15 days per month (23/48; 47.9%) had consulted a physician for headache than of those with tension-type headache (TTH) (218/531; 41.1%; $P < 0.05$). Multivariate analysis showed associations between disability and probability of consultation in those with migraine (mild vs. minimal: AOR 3.4, 95% CI: 1.6–7.4; moderate vs. minimal: 2.5, 1.2–5.4; severe vs. minimal: 3.9, 1.9–8.1) and between rural habitation and probability of consulting in those with TTH (AOR: 3.5; 95% CI: 1.9–6.3, $P < 0.001$). Married respondents with TTH were less likely than unmarried to have consulted (AOR: 0.26; 95% CI: 0.07–0.93; $P = 0.038$). About half of consultations (47.8–56.5%) for each of the headache disorders were at clinic level in the health system. Consultations in level-3 hospitals were relatively few for migraine (5.9%) but more likely for headache on ≥ 15 days/month (8.7%) and, surprisingly, for TTH (13.3%). Under-diagnosis and misdiagnosis were common in consulters. More than half with migraine (52.7%) or headache on ≥ 15 days/month (51.2%), and almost two thirds (63.7%) with TTH, reported no previous diagnosis. Consulters with migraine were as likely (13.8%) to have been diagnosed with “nervous headache” as with migraine. “Nervous headache” (9.8%) and “vascular headache” (7.6%) were the most likely diagnoses in those with TTH, of whom only 5.6% had previously been correctly diagnosed. These were also the most likely diagnoses (14.0% each) in consulters with headache on ≥ 15 days/month.

Conclusions: This picture of the status quo shows limited reach of headache services in China, and high rates of under-diagnosis and misdiagnosis in those who achieve access to them. This is not a picture of an efficient or cost-effective response to major causes of public ill-health and disability.

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