

The Readiness of Western Australian Community Pharmacists to Manage Migraine Including Over-The-Counter Provision of Triptans

This questionnaire should take about 15 minutes to complete. Your responses will be treated with strict confidentiality. Please, if possible, answer all questions. **Please respond to the following questions by ticking the relevant box, circling the relevant number, or writing on the line, where appropriate.**

Section A: Demographics

1. What is your age?
 21–30 31–40 41–50 51–60 61+
2. What is your gender?
 Male Female Other/prefer not to say
3. How many years have you been practising as a pharmacist in Australia?
 <6 6–20 >20
4. Which of the following best describes your role in this pharmacy?
 Sole proprietor Partner proprietor Pharmacist in charge Manager Employee pharmacist
 Other (please specify) _____
5. Which of the following best describes the size of operation of this pharmacy?
 Small (turnover \leq \$2m per annum) Large (turnover $>$ \$2m per annum)
6. Which of the following best describes the setting of this pharmacy?
 Isolated Shopping strip City centre Medical centre
 Small shopping center (15-50 shops) Large shopping center (>50 shops)
 Other (please specify) _____
7. Which of the following best describes the location of this pharmacy?
 City Suburb Rural Remote
8. Which of the following best describes the location of this pharmacy in relation to the nearest doctor's surgery or clinic?
 Co-located < 100 metres 101 – 500 metres 501 metres – 1 kilometre > 1 kilometre
9. Please provide the pharmacy location's postcode: _____
10. Are you an accredited pharmacist or are you undergoing accreditation?
 Yes, accredited pharmacist Yes, underdoing accreditation
 No, not an accredited pharmacist or undergoing accreditation
11. Do you suffer from migraine?
 Yes No

Section B: Migraine

12. For each of the statements below, circle the response that best characterises **your opinion** about the statement; where:
 1 = Strongly Agree, 2 = Agree, 3 = Don't Know/Unsure, 4 = Disagree, and 5 = Strongly Disagree

	Strongly Agree	Agree	Don't Know/Unsure	Disagree	Strongly Disagree
a. Migraine is caused by the vasodilation of cranial vessels	1	2	3	4	5
b. Migraine is caused by a dysfunction of brain stem nuclei	1	2	3	4	5
c. Migraine is always preceded by an aura	1	2	3	4	5
d. People with migraine are more likely to experience serious comorbidities (e.g. psychological illness, diabetes, hypertension)	1	2	3	4	5
e. Pharmacists should refer patients seeking pain relief for undiagnosed migraine	1	2	3	4	5
f. Pharmacists should refer patients with a headache that differs from their usual migraine/pattern of migraine	1	2	3	4	5
g. Pharmacists should refer patients who have an aura without headache	1	2	3	4	5
h. Pharmacists should refer children under 12 years of age with migraine	1	2	3	4	5
i. Pharmacists should refer patients if their migraine has lasted more than 72 hours (untreated or unsuccessfully treated)	1	2	3	4	5
j. Pharmacists should refer patients who have had a recent head injury and are requesting treatment for migraine	1	2	3	4	5
k. There are specific criteria that differentiate headache from migraine	1	2	3	4	5

Section C: Treatment Options

13. Which **ONE** of the following medications/classes of medications would you currently recommend **OTC** as **first line** treatment for an acute migraine episode?

- Paracetamol Aspirin Other NSAIDs Combined paracetamol/NSAID
 Combined paracetamol/metoclopramide I would refer the patient to a doctor
 Other (please specify) _____

14. Which **ONE** of the following medications/classes of medications would you select if the **first line** treatment that you would usually recommend was contraindicated or did not work?

- Paracetamol Aspirin Other NSAIDs Combined paracetamol/NSAID
 I would refer the patient to a doctor Other (please specify) _____

15. Which **ONE** of the following medications/classes of medications would you recommend as **first line** treatment if triptans were OTC, for the treatment of an acute migraine episode?

- Paracetamol Aspirin Other NSAIDs Combined paracetamol/NSAID Triptans
 Other (please specify) _____

16. Please rank the following medications/classes of medications according to how commonly patients at your pharmacy request them OTC for the treatment of acute migraine episodes, with 1 being most commonly requested to 6 being least commonly requested.

- ___ Paracetamol ___ Aspirin ___ Other NSAIDs ___ Triptans ___ Opioids
 ___ Other (please specify) _____

17. How many times **PER MONTH** do you supply a triptan as an emergency supply?

- 0 ≤ 2 3 – 4 ≥ 5

18. What medications, other than analgesics, do you commonly recommend for patients with an acute migraine episode?

- Metoclopramide Prochlorperazine Other (please specify) _____

19. What complementary or topical products do you commonly recommend for patients with an acute migraine episode?

- Feverfew Ginger Co-enzymeQ10 Peppermint
 Other (please specify) _____

20. The following statements relate to **triptans**.

For each of the statements below, circle the response that best characterises **your opinion** about the statements; where:
 1 = Strongly Agree, 2 = Agree, 3 = Neither Agree nor Disagree, 4 = Disagree, and 5 = Strongly Disagree

Note: the term 'first-time migraine' refers to migraine in a patient who has not previously experienced migraine or migraine undiagnosed by a doctor, and the term 'repeat migraine' refers to migraine that has been previously diagnosed by a doctor.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Triptans reduce migraine pain	1	2	3	4	5
b. Triptans alone reduce nausea and vomiting associated with migraine	1	2	3	4	5
c. Triptans reduce photophobia and phonophobia associated with migraine	1	2	3	4	5
d. Triptans are most effective if taken at the onset of headache	1	2	3	4	5
e. If a patient fails to respond to a triptan, there is benefit to trialing a different triptan	1	2	3	4	5
f. Triptans cannot be used in patients with ischemic heart disease	1	2	3	4	5
g. Patients can currently readily obtain a doctor's appointment for triptans for a repeat migraine episode	1	2	3	4	5
h. For an undiagnosed migraine, obtaining a triptan immediately OTC from a pharmacy in a holiday location in Australia (or a pharmacy other than the patient's usual pharmacy), would be the best management option	1	2	3	4	5
i. For a repeat migraine, obtaining a triptan immediately as an emergency supply from a pharmacy in a holiday location in Australia (or a pharmacy other than the patient's usual pharmacy), where a prescription has not been previously dispensed, would be the best management option	1	2	3	4	5

Section D: Attitudes Towards Down-Scheduling to Schedule 3

21. The following statements are **reasons put forward** by the Australian National Drug and Poisons Scheduling Committee when they deferred or rejected previous proposals to down-schedule a triptan. For each of the statements below, circle the response that best characterises **your opinion** about the statement; where:

1 = Strongly Agree, 2 = Agree, 3 = Don't Know/Unsure, 4 = Disagree, and 5 = Strongly Disagree

	Strongly Agree	Agree	Don't Know/Unsure	Disagree	Strongly Disagree
a. Any migraine episode requires a medical diagnosis	1	2	3	4	5
b. There is no suitable algorithm or questionnaire for pharmacists to use to diagnose migraine	1	2	3	4	5
c. Triptans need to be used with caution in patients with cardiovascular disease	1	2	3	4	5
d. Triptans may mask symptoms of more serious conditions such as meningitis	1	2	3	4	5
e. Drug interactions involving triptans render them unsuitable for down-scheduling to S3	1	2	3	4	5
f. There is no public health need to down-schedule a triptan due to emergency supply provisions	1	2	3	4	5

22. For each of the statements below in relation to **OTC provision of triptans**, circle the response that best characterises **your opinion** about the statement; where:

1 = Strongly Agree, 2 = Agree, 3 = Neither Agree nor Disagree, 4 = Disagree, and 5 = Strongly Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Triptans should only be available OTC if a pharmacist is involved in the sale	1	2	3	4	5
b. If triptans were made available OTC, they should only be available in a maximum pack size of two standard doses	1	2	3	4	5
c. Triptans are safe to use when provided OTC	1	2	3	4	5
d. Pharmacists are currently able to supply OTC some medications with serotonergic activity	1	2	3	4	5

23. For each of the statements below in relation to **diagnosis of migraine**, circle the response that best characterises **your opinion** about the statement; where:

1 = Strongly Agree, 2 = Agree, 3 = Neither Agree nor Disagree, 4 = Disagree, and 5 = Strongly Disagree

Note: the term 'first-time migraine' refers to migraine in a patient who has not previously experienced migraine or migraine undiagnosed by a doctor, and the term 'repeat migraine' refers to migraine that has been previously diagnosed by a doctor.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Most pharmacists can accurately diagnose a first-time migraine	1	2	3	4	5
b. Most pharmacists can accurately diagnose repeat migraine	1	2	3	4	5
c. Most doctors can accurately diagnose a first-time migraine	1	2	3	4	5
d. Most doctors can accurately diagnose repeat migraine	1	2	3	4	5
e. Most pharmacists can accurately identify when it is appropriate to refer patients with migraine for medical review	1	2	3	4	5
f. Patients who are migraine sufferers recognize the symptoms of migraine onset	1	2	3	4	5

24. For each of the statements below in relation to **training and resources**, circle the response that best characterises **your opinion** about the statement; where:

1 = Strongly Agree, 2 = Agree, 3 = Neither Agree nor Disagree, 4 = Disagree, and 5 = Strongly Disagree

Note: the term 'first-time migraine' refers to migraine in a patient who has not previously experienced migraine or migraine undiagnosed by a doctor, and the term 'repeat migraine' refers to migraine that has been previously diagnosed by a doctor.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Pharmacists would require additional training to manage first-time migraine OTC	1	2	3	4	5
b. Pharmacists would require additional training to manage repeat migraine OTC	1	2	3	4	5
c. Pharmacists would require additional tools (i.e. questionnaire or algorithm) to diagnose first-time migraine	1	2	3	4	5
d. Pharmacists would require additional tools (i.e. questionnaire or algorithm) to diagnose repeat migraine	1	2	3	4	5
e. There are sufficient resources available to pharmacists to support first-time migraine diagnosis	1	2	3	4	5
f. There are sufficient resources available to pharmacists to support repeat migraine diagnosis	1	2	3	4	5

25. For each of the statements below in relation to the **potential outcomes of down-scheduling of triptans to Schedule 3**, circle the response that best characterises **your opinion** about the statement; where:

1 = Strongly Agree, 2 = Agree, 3 = Neither Agree nor Disagree, 4 = Disagree, and 5 = Strongly Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Down-scheduling a triptan may improve timely patient access to effective migraine medication	1	2	3	4	5
b. If a triptan was down-scheduled, pharmacists may be more able to assist people in the treatment of migraine	1	2	3	4	5
c. Down-scheduling would increase the risk of overuse of triptans	1	2	3	4	5
d. Triptans are too potent for OTC prescribing	1	2	3	4	5
e. Down-scheduling a triptan may reduce burden on doctors	1	2	3	4	5
f. Down-scheduling a triptan may ease the financial burden on patients with migraine	1	2	3	4	5
g. Down-scheduling a triptan may ease the financial burden on society due to patients with migraine taking less time off work	1	2	3	4	5

Please provide any further comments you have about the **potential outcomes of down-scheduling of triptans to Schedule 3**.

THANK YOU FOR YOUR CONTRIBUTION

Please kindly return the completed questionnaire in the reply-paid envelope enclosed by the 23rd of April 2018.