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Research Submission

A Survey of Neurologists on the Likeability of Headaches and Other Neurological Disorders

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Background.—A pilot survey of 94 neurologists attending a continuing medical education meeting was performed to assess whether neurologists like to treat headaches and other common disorders and evaluate their personal prevalence of the disorders.

Methods.—Physicians were asked to respond to the following statement using a 5-point Likert scale (from 1, strongly disagree to 5, strongly agree): "I like to treat patients with this disease or symptom."

Results.—The response rate was 46% with a mean age of 52.5 years. The respondents liked to treat migraine (mean = 4.32) similarly to carpal tunnel syndrome and Parkinson's disease. Cluster headaches (mean = 3.90) are less liked than migraine similar to epilepsy and multiple sclerosis and respondents are neutral to treating chronic daily headaches (mean = 3.02) similarly to insomnia and low back pain. The lifetime prevalence of migraine among respondents is 48% with those with and without migraine comparably liking to treat migraineurs.

Conclusions.—Neurologists like to treat migraine more than cluster headaches and are neutral in treating chronic daily headaches.

Key words: neurologists, likeability, headaches, migraine, physician-patient relationship

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Anecdotally, neurologists do not like to treat headaches, dizziness, low back pain, and whiplash injuries. As little is known, however, about whether neurologists like to treat these and other diseases and symptoms commonly encountered in practice, we performed a pilot survey. Information was also obtained on the lifetime prevalence of these diseases and symptoms among the respondents.

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SUBJECTS AND METHODS

Two hundred and five adult neurologists who attended the Texas Neurological Society 12th Annual Winter Conference continuing medical education meeting February 27 to March 1, 2009 in Austin, Texas were supplied the survey instrument with their registration materials. Completed instruments were submitted at the end of the meeting. The survey instrument posed questions about the following topics (with numbers of questions for each topic) in this order: the likeability of various diseases and symptoms (20, presented in an alphabetical list); their personal lifetime history of the diseases or symptoms, if any; and demographics. Physicians were asked to respond to the following statement for each of 20 diseases using a 5-point Likert scale (1, strongly

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disagree; 2, disagree; 3, neutral/no opinion; 4, agree; and 5, strongly agree): "I like to treat patients with this disease or symptom."

RESULTS

There were 94 respondents, for a response rate of 46%. The mean age of respondents was 52.5 years (63% males) who reported a mean number of years in practice of 19.4 with a range of 3-50 years (SD = 10.2). Ten respondents did not provide demographic information. The Table provides the responses to the likeability of various diseases and symptoms.

A 1-sample *t*-test testing against a value of 3 (neutral) produced the following results: chronic daily headache is neither liked nor disliked, **t** (92) = 0.114, **P** = .455 (*M* = 3.02, *SD* = 1.37); cluster is liked, **t** (92) = 8.25, **P** < .001 (*M* = 3.90, *SD* = 1.05); dizziness is disliked, **t** (93) = 3.30, **P** < .001 (*M* = 2.57, *SD* = 1.26); low back pain is neither liked nor disliked, **t** (93) = 1.14, **P** = .129 (*M* = 2.86, *SD* = 1.18); migraine is liked, **t** (93) = 16.42, **P** < .001 (*M* = 4.32, *SD* = 0.78); and whiplash injuries are disliked, **t** (93) = 5.20, **P** < .001 (*M* = 2.31, *SD* = 1.29).

Table.—Responses to Statement, "I Like to Treat This Disease or Symptom" (n = 94)

Disease	Mean Response (SD)
1. Alzheimer's disease	3.84 (1.67)
2. Carpal tunnel syndrome	4.25 (1.10)
3. Chronic daily headache	3.02 (1.36)
4. Cluster headache	3.90 (1.05)
5. Dizziness	2.57 (1.26)
6. Epilepsy	4.13 (0.99)
7. Essential tremor	4.34 (0.80)
8. Insomnia	2.72 (1.34)
9. Low back pain	2.86 (1.12)
10. Migraine	4.32 (0.78)
11. Multiple sclerosis	3.70 (1.20)
12. Myasthenia gravis	3.87 (1.22)
13. Obstructive sleep apnea	2.81 (1.39)
14. Painful diabetic neuropathy	3.89 (1.10)
15. Parkinson's disease	4.35 (0.92)
16. Postconcussion syndrome	3.17 (1.30)
17. Psychogenic (functional) neurological disorders	2.04 (1.34)
18. Restless legs syndrome	4.20 (1.01)
19. TIA/stroke	4.19 (1.02)
20. Whiplash injuries	2.31 (1.29)

1-5 Likert scale (1 strongly disagree, 3 neutral/no opinion, 5 strongly agree).
TIA = transient ischemic attack.

Eighty-four respondents (90%) replied to the question asking whether they have or have ever had any of the diseases or symptoms with the number of respondents with each type as follows: Alzheimer's disease, 2; carpal tunnel syndrome, 15; chronic daily headache, 2; cluster headache, 2; dizziness, 6; epilepsy, 3; essential tremor, 2; insomnia, 8; low back pain, 20; migraine, 40, multiple sclerosis, 2, myasthenia gravis, 2; obstructive sleep apnea, 4; painful diabetic neuropathy, 3; Parkinson's disease, 1; postconcussion syndrome, 3; psychogenic neurologic disorder, 1; restless legs syndrome, 10; transient ischemic attack (TIA)/stroke, 2; and whiplash injuries, 5.

Migraine was the only disease with enough responses to assess whether subjects with a personal history like to treat that disease or symptom more than those not affected. Neurologist migraineurs do not like to treat migraine more (n = 40, mean = 4.40, SD = 0.67) than those who do not have migraine (n = 54, mean = 4.26, SD = 0.85) with *P* = .373.

COMMENT

The response rate for the survey was 46%, which is comparable with other physician surveys.[1] There is only 1 prior similar survey of physicians to our knowledge that was conducted among family physicians.[2]

In agreement with the anecdotal observation, the respondents do not like to treat dizziness and whiplash injuries. However, contrary to the observation, the respondents are neutral about treating chronic daily headaches and low back pain and like to treat migraine and cluster headache. The likeability of migraine is similar to carpal tunnel syndrome, essential tremor, Parkinson's disease, restless legs syndrome, and TIA/stroke. Cluster headaches are less liked than migraine similar to epilepsy, multiple sclerosis, myasthenia gravis, painful diabetic neuropathy, and postconcussion syndrome. Respondents

are neutral to treating chronic daily headaches similar to insomnia, low back pain, and obstructive sleep apnea.

Whiplash injuries and psychogenic (functional) neurological disorders were the 2 least liked disorders. Whiplash injuries are a controversial disorder where many neurologists believe that psychogenic, emotional, and litigation factors explain persistent symptoms in many patients.[3] Psychogenic neurological disorders can be challenging to diagnose and to treat with a diverse spectrum of presentations. Up to 62% of all neurology patients may have symptoms unexplained by disease.[4] Might this category include headaches? In a recent prospective study of 36 Scottish neurologists seeing 3781 new neurology outpatients, one-third of patients were assessed as having symptoms somewhat or not at all explained by organic disease with headache disorders in 26%, tied for the most common presentation.[5] The 26% consisted of 292 patients diagnosed with other headache in 153, tension type in 90, and migraine in 49. It would be of interest to have more information about the other headaches, which may be those with chronic daily headache.

This study does not assess whether low neurologist likeability of a disorder affects patient satisfaction and management, which would be of interest to investigate. Do neurologists spend less time with these patients, summarily dismiss their complaints, or regard treatment as pointless? Might more sympathetic treatment result in less expenditure and therapeutic misadventure when patients with chronic whiplash injuries have unneeded cervical fusions or those with psychogenic disorders have round after round of unnecessary testing engaging in doctor shopping?

One source of error in this pilot survey were the 10 respondents who did not supply demographic data or complete the question about a personal history of diseases or symptoms. The explanation may be that these respondents completed the front page and did not complete these questions on the second back page despite a reminder to turn the page over. For the personal history of disease question, some respondents could have been reluctant to divulge this information even in an anonymous survey or not recalled a prior history.

Of the 84 respondents responding to the question, the lifetime prevalence of migraine is 48%, which is greater than the general population and similar to prior worldwide surveys of neurologists[6] as well as a prior United States and Texas Neurological Society survey.[7] The lifetime prevalence of the other diseases and symptoms is quite interesting but there are no other surveys of neurologists to compare. The 2 neurologists with cluster headaches (2.4% of the respondents) is much greater than the lifetime prevalence in the general population (0.2%[8]). Reproduction of this finding in a larger sample of neurologists would be of interest. The 2.4% of the respondents with a lifetime history of chronic daily headache is less than the 1-year prevalence of 4% in the general population.[9]

In contrast to our prior study where family physicians with a personal history of migraine like to treat migraine more than those without a personal history,[2] both neurologist migraineurs and nonmigraineurs like to treat migraine. Anecdotally, one of the author's (R.W.E.) migraineur patients takes great interest and reassurance when told that their doctor is also a migraineur but there are no studies to demonstrate benefit to patients from treating neurologists. Suggestively, in a French study of 711 general practitioners (325 with migraine, 227 without migraine but with a close family member with migraine, and 159 with neither), migraineurs' self-reported quality of life and feeling about medical support were highest when their doctors also had migraine and lowest among patients treated by doctors with no close family members suffering from migraines.[10]

However, it is not certain whether a neurologist's personal history of another illness or symptom improves patient care or satisfaction and may be of interest to investigate. For other physicians, a general practitioner's personal history of low back pain may influence patient management in not following guidelines.[11] One study found that doctors with a personal or close diabetes experience did not have a more positive attitude toward diabetes than doctors without such experience.[12]

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