

# Patient Communication in Migraine Care: A Pocket Reference Guide for Healthcare Professionals

## Supporting conversations in migraine care

Every visit is a chance to better understand your patient's experience with migraine, manage their expectations and guide next steps. When we communicate clearly and with empathy, consultations are more productive and shared decisions can be reached.<sup>1</sup>



### Build connection

Purpose: Help your patient feel heard and understood

#### ▶ Nonverbal communication and active listening<sup>2,3</sup>

- Maintain eye contact, open posture, and avoid interruptions
- Respond with short statements to confirm that you hear and understand their statements
- *"I see, so your migraines have been affecting your work."*

#### ▶ Acknowledge and validate feelings<sup>2,3</sup>

- *"That must be exhausting, it's more common than you think."*

#### ▶ Open-ended questions to collect information<sup>2</sup>

- *"How have migraines been affecting your day-to-day activities?"*
- *"Are you saying the pain is worse after..."*

#### ▶ Explore ideas, concerns, expectations (ICE)<sup>4,5</sup>

- *"What do you think might be the cause of your migraines?"*
- *"What worries you most right now?"*
- *"What are you hoping treatment can help with?"*



### Understand symptoms and treatment history

Purpose: Collect meaningful additional information



### Explain the treatment plan

Purpose: Confirm understanding and agreement of treatment plan

#### ▶ Use plain language<sup>6</sup>

#### ▶ Chunk and check<sup>7</sup>

- Break information into small sections and pause to check understanding after each section
- *"I've explained how to take the medication. Does that make sense so far?"*

#### ▶ Teach-back method<sup>8</sup>

- Ask your patient to repeat the information in their own words
- *"I know we just went over a lot of information, so if you wouldn't mind, can you tell me what the next steps are, so I know I didn't miss anything?"*

#### ▶ Shared decision-making<sup>9</sup>

- Present options clearly and invite the patient to share preferences or concerns
- *"How does this option fit into your daily routine?"*
- *"Are you comfortable with this plan or would you like to explore alternatives?"*

#### ▶ Recap and discuss next steps

- Summarise the agreed plan, confirm next steps and check for any other questions
- *"To recap, we'll start this treatment today and review your progress in 4 weeks. What questions do you have before we finish?"*



### Support ongoing care and next steps

Purpose: Help patients feel involved and confident moving forward

# Applying the right communication strategies to the right patient

No two patients are the same. Tailor your approach to each patient profile to optimise communication and treatment decisions.

## THE ANXIOUS PATIENT

### Key strategies:

- Explore ideas, concerns, expectations (ICE)
- Chunk and check
- Reassure and recap next steps



### How to approach:

Build trust and connection by listening, acknowledging and addressing fears. Provide information in small, manageable pieces.

### Example:

*“I can see this is worrying for you. Let’s go through this step by step, and please stop me at any point if something isn’t clear.”*

## THE NON-ADHERENT PATIENT

### Key strategies:

- Shift the conversation from blame to problem-solving
- Shared decision-making to address barriers
- Educate on the importance of medication adherence



### How to approach<sup>10</sup>:

Reassure patient that difficulties are common before asking about barriers. Ask how your patient is taking the medication or ask how many doses they think they have missed.

### Example:

*“Many people find it hard to take medication regularly. What challenges have you been facing?”*

## THE PATIENT WITH LOW HEALTH LITERACY

### Key strategies:

- Chunk and check
- Teach-back method
- Visual aids



### How to approach:

Avoid medical jargon, explain one concept at a time and confirm understanding frequently.

### Example:

*“I want to make sure I explained this clearly. When you notice zigzag lines or numbness in your face, what will you do next?”*

## THE TREATMENT RESISTANT PATIENT

### Key strategies:

- Reflective statements
- Validate emotions
- Shared decision-making



### How to approach:

Acknowledge past experiences, validate concerns and explore alternatives together with your patient.

### Example:

*“It sounds like previous treatments haven’t worked well for you. What concerns you most about trying something new?”*  
*“I understand that ‘drug X’ wasn’t helping with the pain, even with the increased dose...”*

**References:** 1. Sharkiya SH. *BMC Health Services Res* 2023;23:886. 2. Voogt SJ, et al. *Fam Pract Manag* 2022;29:12-16. 3. University of Washington Clinical Training Unit. Communicating with Patients – A Quick Reference Guide for Clinicians. Available at: <https://uw-ctu.org/wp-content/uploads/2020/10/patient-communication.pdf>. Accessed 15 January 2025. 4. Murtagh GM. *Med Educ* 2023;57:331-336. 5. Matthys J, et al. *Br J Gen Pract* 2008;59:29-36. 6. Glick AF, et al. *Pediatr Clin North Am* 2019;66:805-826. 7. Teachback.org. Chunk and Check. Available at: <https://teachback.org/chunk-and-check-13/>. Accessed 5 January 2026. 8. Institute for Healthcare Advancement. 10 Elements for Using Teach-back Effectively. Available at: [TB\\_10-Elements-for-Using-Teach-back-Effectively-Detailed\\_v8.pdf](https://teachback.org/chunk-and-check-13/). Accessed 5 January 2026. 9. Grilo AM, dos Santos MC, Gomes AI, Rita JS. Promoting Patient-Centered Care in Chronic Disease. In: Sayilgil O. Patient Centered Medicine. 2017. InTech. doi: 10.5772/67380. 10. McNary A. *Innov Clin Neurosci* 2015;12:37-40.