

Titre	CHESS (Chronic Headache Education and Self-management Study) – Mieux gérer ses
•	céphalées chroniques.
Acronyme Statut (dates début-fin)	CHESS
Requérant-e principal-e (site)	 En cours Dawn Carnes (co-investigator) (HES-SO – Haute école de santé Fribourg,
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Source de financement (partenaire financier)	NIHR (National Institute for Health Research, UK, http://www.nihr.ac.uk/about/)
Résumé	Ce projet vise à développer et tester un système de classification pour une intervention innovante combinant autogestion et médication dans les céphalées chroniques. La dernière phase de cette étude sera de tester cette approche lors d'un essai clinique randomisé.
	Abstract of programme of research
	Chronic headache, that is headache occurring on 15 or more days per month for more than three months, is a common problem, affecting around one in 30 of the population.
	There are three main types of chronic headache; migraine, tension type and medication overuse. There is very little information on the use of non-drug treatments or how to support people to manage their chronic headaches better (supported self - management).
	We want to develop and test a self-management support programme for people living with chronic headache comprising of individually tailored and generic components (the CHESS intervention).
	The programme will draw on the experience of people with chronic headaches to identify both what sort of interventions would be acceptable and what would be a meaningful benefit from the intervention.
	We anticipate that our intervention will consist of a four-stage programme; 1) self-completed diagnostic diary,
	2) diagnostic and educational interview with a nurse including tailored advice about medication use,
	3) an intense generic headache self-management course with lay and professional joint leaders,
	4) followed by an on-going telephone/e-mail support programme.
	The difficulty patients and non-specialist doctors have in diagnosing headaches
	appropriately can be a barrier to effective tailoring of treatment. This programme, therefore, differs from most chronic disease self-management support interventions
	because of the need to diagnose headache type so that tailored advice can be offered.
	Improved diagnosis will:
	1. support the targeting of medications for headache; specifically the use of drugs to prevent the onset of migraine attacks,
	2. allow identification of those who have, or who are at risk of developing, medication
	overuse headache, and
	3. identify those who need advice on the avoidance of specific triggers that can
	precipitate a migraine headache.
	Within the programme we will have six work-streams:
	1. Piloting study recruitment processes (recruitment feasibility)

	 Developing a brief diagnostic interview to support accurate diagnosis of people with common chronic headache disorders; migraine, chronic tension type headache and medication overuse headache Developing an education and self-management support intervention for the management of common chronic headache disorders Choosing the most appropriate patient reported outcomes for the main trial Running a randomised controlled trial and parallel economic evaluation of the CHESS intervention To evaluate the processes needed to develop and deliver the trial and how the intervention works within the trial The final outputs from this programme will be a much improved understanding of how to run studies of intervention for chronic headaches, an approach to improving the diagnosis of chronic headaches, information on the measurement of outcomes for people with chronic headaches, and a randomised controlled trial, with a cost-effectiveness study, of the CHESS intervention.
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