

Comment	Group response	Editorial response
Is the layout easy to read?		
<p>Yes. The layout is presented well with the sections broken down into appropriately sized sections.</p>	<p>Thank you</p>	<p>√</p>
<p>Yes it is. Initially I was a little daunted by the length of the booklet (perhaps it is too long to be called a book-let?)</p> <p>However, the pages are not crowded with words. On word only pages each element is identified by a different font colour or emboldened text. Quotes are easily recognisable with a consistent font colour.</p> <p>The content list is inclusive if very long!</p>	<p>Thank you. The style of booklet is longer than other SIGN patient booklets due to the new format of using boxes.</p>	<p>√</p>
<p>Layout is clear and comprehensive and flows logically. This is an extremely full patient version covering a wide range of information on the condition, its symptoms, types of migraines, medication and support available with a strong emphasis on self-management and where appropriate GP involvement.</p>	<p>Thank you</p>	<p>√</p>
<p>Conforms to the usual SIGN layout and uniform use of symbols for recommendations. There is a good use of graphics but due to the nature of the condition, not photographic or diagrammatic. Also include of very full range of medications and preventative medication, overuse and its effects clear. Innovative inclusion of patient card and checklist for valproate and</p>	<p>Thank you</p>	<p>√</p>

page 38 and section for women's health during and after pregnancy who suffer from migraine, include menstrual factors		
Yes	Thank you	√
Are the images and diagrams appropriate and meaningful?		
Yes	Thank you.	√
Yes. In particular the information boxes which provide advice on the clinical relevancy of the information are very user friendly. This allows those who are reading the document to review the clinical information without having to look at individual studies.	Thank you.	√
<p>Front cover</p> <p>I really like the image, it induces a sense of distress. I printed it off and in the A4 format it does seem to be too large.</p> <p>Also, the Health Improvement Scotland logo looks as if it is just stuck there; it stands out, but the different colour from the more dominant purple creates an imbalance</p> <p>Page 1: I think the lightening flash over the head of the carer suggests they are also experiencing a migraine (and maybe they are - certainly they will be empathising, if not suffering from compassion fatigue). However, I could be misreading it, the hands are supporting the sufferers sore head</p> <p>I suggest removing the lightening flash, the open hands are sufficient.</p>	<p>The booklet will be A5 size.</p> <p>The logo on the front page is in keeping with the style of other booklets.</p> <p>Lightening flash removed.</p>	<p>√</p> <p>√</p> <p>√</p>
Page 2: Great and clear images, see comment on their value in the content section below	Thank you	√
Page 3: lightening flash representation works really well	Thank you	√

Page 6: appears to represent a summary of the experience of migraine and would do so very effectively as a poster but it doesn't look right on this page	Image moved to different page.	√
I really liked the medication tables	Thank you	√
Page 20: good image of tablets with the warning sign	Thank you	√
Pages 35 & 37: same comment here, the warning sign seems more prominent (appropriately and effectively so). Is the warning sign on page 20 smaller?	Warning sign on page 20 will be made the same size.	√
Page 38: the image of the card is useful but could be larger to facilitate easier reading of the text. The web link (which looks very isolated) works but it takes the reader to a very formal source that doesn't show the card - perhaps some narrative before the link would help with this: for more information etc....?	Will make the text larger. Will add in "For more information, please visit:" for the web link.	√ √
Page 42: really like these images, very easy to understand	Thank you	√
Yes, Less than normal in patient versions but totally appropriate and useful. Particular value of patient leaflet on valproate. Recommendation symbols part of all patient versions but particularly vulnerable on effectiveness and types of medication on this one.	Thank you	√
Excellent cover representations of the traumatic impact of a migraine attack and the difficulty in dealing with it on a regular basis.	Thank you	√
Do you think that the language and tone is appropriate?		
The language and tone is appropriate as it provides information to all people who are affected by migraine.	Thank you	√
Yes, the narrative is consistent, sentences are not too long and well structured. I didn't have to read too many of them twice to understand what was being said. As such I believe it is easy to read and would be accessible to someone in pain.	Thank you	√

<p>acute medication that is used to treat migraine and headaches can make it more likely that you will have more headaches.'</p> <p>Page 22 '...limiting the number of days that acute medication is used to ideally 10 or less...' suggest '...10 or fewer....'</p> <p>Page 28 – possibly not necessary to include that Flunarizine '...works on calcium channels.' – when there is no explanation of calcium channels</p>	<p>Agreed and changed</p> <p>Reference to calcium channels deleted.</p>	<p>√</p> <p>√</p>
<p>How useful is the content?</p>		
<p>The content is good however I personally feel it is important to stress further that headache is not the only symptom of migraine. Personally I suffer from left sided weakness, change in speech and mild confusion. These symptoms that I experience may not always be accompanied with a headache however the nature of the symptoms are equally if not more debilitating than the headache phase of a migraine.</p>	<p>Page 7 has been updated to include the following:</p> <ul style="list-style-type: none"> • losing part of your vision • muscle weakness, changes in your speech and feelings of confusion 	<p>√</p>
<p>As someone who does not know a lot about migraine, I feel as if I have picked up a lot of information just by scanning the document. I am aware it has clear information on medication and I can easily identify which medications are recommended and those that are not, for example.</p>	<p>Thank you.</p>	<p>√</p>

Given the size of the booklet and its numerous sections, I can see it being more easily navigated via an html format (the content list being the launching platform, if you like)	Will look at putting it into html format once the final booklet is agreed.	We don't resources for this at present.
You could almost call it: "everything you ever wanted to know about migraine - but didn't know where to start"!	Thank you	√
Good focus on self-management	Thank you	√
I'd be confident in recommending this document to others	Thank you.	√
Personally I think this is a ground breaking patient version, covering all aspects of a wide range of types of migraine and ways to deal with them. It really involves the patients reading it and those supporting them. It involves treatment by GPs though sadly with the new contract it may be other members of the practice team involving in this support and treatment.	Thank you	√
In general the content is useful, a few observations have been listed below: Page 34 – Pregnancy – pregnancy and migraine is a FAQ at The Migraine Trust and it seems a missed opportunity not to expand on what is this leaflet especially as migraine is a condition affecting young women. It would be helpful to include that 60 to 70 percent of women with migraine, notice an improvement in their condition during the later stages of pregnancy. Women with pre-existing migraine with aura are more likely to continue to have attacks during pregnancy, and if migraine attacks occur for the first time during pregnancy, it is likely to be with aura.	Not covered in guideline but link to Migraine Trust has been added to give the link for people to get more information. “For more information about migraine in pregnancy, please visit the Migraine Trust website: https://www.migrainetrust.org/living-with-migraine/coping-	√ √

	managing/pregnancy-breastfeeding/	
Information on some drugs that can be used in pregnancy appears on pages 16, 17 and 19 and could be repeated or cross-referenced. Could include information about non-drug methods of migraine management during pregnancy.	There is a reference in place to take people to the medication tables. Non-drug methods for managing migraine during pregnancy is out with the scope of the guideline.	√
It would also be helpful to include some information about how migraine may change during the menopause which is another FAQ. Possibly include a paragraph on migraine with aura in young women, stroke and contraception.	References made to getting further information from the Migraine Trust made throughout the book as there are items which are outwith the scope of the guideline	√
Page 9 – triggers for migraine – eating chocolate and cheese are not considered common triggers for migraine. Research suggests that wanting to eat chocolate and cheese is a symptom of an attack that has already started. Missing meals is the most common dietary related migraine trigger factor.	Reference to chocolate and cheese deleted.	√
Page 12- discussing migraine with employer and measures to reduce triggers in the workplace – suggest replacing the example of changing the lighting which could be a major undertaking (and employers only have to do what is 'reasonable) with examples such as changing the workstation location to be nearer natural light or arranging access to drinking water.	Changed to: “changing the workstation location to be nearer natural light”	√Suggest deleting or rewording to cross referencing to Migraine Trust.
Migraine Action have closed so references will need to be deleted.	All references taken out, apart from the reference to acknowledge that what images were supplied by Migraine Action.	√

Does the content help patients and carers understand what the latest evidence supports around diagnosis, treatment and self-care?		
Yes, as previously stated this is one of the best parts about this document as it consolidates the information from clinical evidence in the one document.	Thank you	√
Yes	Thank you	√
Very much so, and it does it in an objective way that suggests a balanced consideration of the evidence	Thank you	√
Very much so. The range of medications for the appropriate part of migraine sufferers and the specific type of migraine they are suffering from is particularly useful. The recommendations are clear and particularly valuable. The section most appropriate to women p30 to p37 with strong communication of information on triptan and valproate.	Thank you	√