Reviewer's report

Title: Diagnosing migraine in research and clinical settings: Development and validation of the Structured Migraine Interview (SMI)

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Reviewer: Michael Bjørn Russell

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This is an original paper that validate a structured migraine interview

The paper need to relate the methods employed in relation to the different statements. Questionnaire, lay interviews, interviews by physicians as well as clinic population vs. general population has different implications. This is rather important to specify in the paper as this has a tremendous impact on the results and how to interpret them especially in prevalence studies. This need to be done throughout the paper.

Abstract
The notion on specificity is overemphasized in the results as the result is based on evaluation of only 6 persons.

Background
The sentence “An even smaller fraction.....” gives a wrong impression. The majority of migraineurs have very few attacks per year, while only a few percent have frequent attacks that might qualify for prophylactic treatment. However, after the introduction of the triptans in the 90ies the need for prophylactic has changed, as many migraineurs have excellent effect of a triptan and does not necessarily need prophylactic treatment even if they have many attacks. The authors need to consult ref. 13 which encompasses frequency of migraine attacks.

3rd paragraph first sentence. The International Headache Society is usually described as International Classification of Headache Disorders (2004), while the former classification (1988) is denoted as described in the sentence.

Methods
Site is usually denotes locations.
Associated symptoms are usually denoted accompanying symptoms.

Fig. 1.
The structured migraine interview (SIM) relates to recurrent headaches. However, about 80% of migraineurs have co-occurrence of tension-type headache, and 15% of people with cluster headache have co-occurrence of migraine. The SIM only relate to one type of headache. What if a person has
several recurrent headaches?

The following questions are phrased wrong in relation to the International Headache Society classification from 1988 and the International Classification of Headache Disorders from 2004.

Q2. Migraine with aura (MA) can be ascertained if a person experienced two attacks. However, if a tick occur in the box 1-4 times, one can not determine whether the person have MA or not.

Q3. In order to have migraine without aura (MO) you need both hypersensitivity to sound and light. Thus, the diagnosis MO can be given to persons not fulfilling the criteria for MO.

Q5. This question encompasses both pain quality and location. Since only one box can be ticked, as the notion “(can tick more than one)” is not added, diagnosis of migraine will sometime be missed.

Q7. Certain food is not part of the headache classifications from 1988 nor 2004.

Q8. Only one box can be ticked as the notion “(can tick more than one)” is not added. This question is not part of headache classifications from 1988 nor 2004.

Q10. Does not relate to classification.

Results

The number validating the SIM is too small a total of 41, and a total of 6 person without migraine is a very small number.

Discussion

The Copenhagen group has previously evaluated a headache diary based on the criteria of the IHS Cephalalgia 1992; 12: 369-74, which actually is quite similar to the SIM, but without the flaws of SIM mention above.

Paper 27 should be discussed in more details. The main conclusion is taht a questionnaire is not valid, due to equal positive and negative misclassification.

A method for screening migraine was employed based on paper 27 and described in paper 12. A single question “Have you ever had migraine” is valid (Kappa 0.77) in the Danish population, but not necessarily in other population. So if this method is employed elsewhere it should be validated.

Rewrite the discussion so it is in line with well conducted studies, i.e. physician evaluation, general population etc., and adjust the discussion relating own results so it reflect the flaws of the questionnaire and the small number validated.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests