

## Response to Reviewers

We would like to thank the reviewers and the Editorial team to spend time on our work with an intention to improve its quality. All the suggestions have been thought upon by the authors and a detailed response letter with changes made in the manuscript are being attached. Please note that due to some error the tables and figures could not get uploaded, so this time we have added the tables at the end of the manuscript and figures in separate files.

### **Reviewer 1**

I would like to thank authors for conducting their study “Migraine in Physicians: A Cross-sectional Insight into Prevalence, Self-awareness, and Knowledge in a Tertiary Care Centre of Pakistan”

1. Title: Your title should be changed into “Migraine in Physicians and Final year medical students: A Cross-sectional Insight into Prevalence, Self-awareness, and Knowledge in a Tertiary Care Centre of Pakistan” because you included final year medical students in your study not only physician.

Thank you for the suggestion. We have changed the title as stated above.

2. Abstract: Introduction: Introduction was written well. Except the phrase “To our knowledge, this is the first study that determines physician knowledge of triggers and indications of prophylaxis for migraine in the region.” should be written earlier. My suggestion is to rephrase the last paragraph (line 79-85) in the introduction and last phrase should be aims of your study.

We have rephrased the last paragraph of the manuscript to address these two points.

3. Methods: Please **write methodology in subheading** (example: study design and area, participants, tool and variables, diagnosis of migraine, sample size and sampling, and statistical analysis plan) and write according to STROBE reporting guideline and cite the references for STROBE guideline. **Inclusion criteria** should be physician and final year medical students experienced headache. This section should be rephrased and written as subheading.

Methodology has been changed as per suggestion.

We have changed the section manuscript to include these subheadings. We have mentioned in the methodology that the study is reported in accordance with the STROBE guidelines and have entered its citation.

4. Please **cite the reference from which you get your questionnaire.**

We respect the suggestion of esteemed reviewer but no standard migraine knowledge questionnaire exists in the literature. We developed the questionnaire by gathering different parts ourselves, the details of these parts are as follows: We embedded migraine diagnostic criteria from ICHD3 AHS in the questionnaire and the reference is given.

We took information from triggers and indications of prophylaxis of migraine from Kellman et al and AHS consensus statement as described in the methodology section. Prophylactic and Treatment drugs were chosen for our list as per Up-to-date's articles on migraine treatment and prophylaxis. Diagnosis was done by the respondents themselves after going through the definitions of different types of migraine embedded in the questionnaire.

5. Also, write **sampling and sample size subheading** in methodology section because it was not mentioned.

A migraine prevalence of 22.5% in physicians was assumed and a sample size for a prevalence study was calculated for an estimated physician population of 100,000 with a Confidence interval level of 95% . The sample size determined was 186. Source Forge's Online sample size calculator was used (sampsizesourceforge.com).

6. Write **version of R and package** you used during data analysis.

R Studio version 1.4.1106 and epitools package were used.

7. Also, don't mention table 1 and 2 in analysis plan.

Thank you for the correction. Updated.

8. Results: Please, write subheading for results section: **participants characteristics, prevalence of migraine, knowledge of migraine and awareness of migraine** or as appropriate. Also, write **response rate**. Discussion: Remove empty lines (187 ad 194) in the word file.

We distributed the questionnaire to a total of 275 subjects and managed to get a response from 213 of them, setting our response rate at 77.5%. For the rest of suggestions, we have amended as per the suggestion. Thank you for the suggestion.

We thank the worthy reviewer for their time to review this manuscript and for raising some very valid and accurate points.

### **Reviewer 2**

1.Line 73-74, "Aura, a part of the diagnosis of migraine", aura of migraine including what? Aura is important, but description not detailed enough.

Manuscript modified and Aura definition included before the mentioned sentence.

2.Line 83, "consult-seeking and self-medication" What do they mean respectively?

Consult seeking means respondents with headache who sought medical consults from for their headache. Self-medicator who took any medications for their headache without seeking any medical consult.

Added in the Manuscript as well.

3.Consulters vs. Non-Consulters paragraph, **why no meaningful difference in recognizing triggers and indications of prophylaxis between both groups?**

We think recognizing this part was the trickiest part the knowledge of migraine and all physicians across board undervalue and underestimate the value of preventive therapy whether in the form of avoiding triggers or via prophylaxis therapy. Our inference from this non-significant difference is that the under-recognition of these two aspects of migraine was so pervasive that even after consulting the primary care doctor or any other for that matter the consulters did not gain meaningful knowledge in terms of this aspect of migraine. The explanation is added in to the manuscript (line 260-263).

4.Line 204-205, 38% believed in the myth that migraine could not be diagnosed without aura, we need to determine is actually how much of the aura.

Our question was phrased like this: *"Do you think presence of any type of aura is essential for diagnosis of Migraine?"*

*Yes/No/Maybe.*

The curriculum in med school as well as medical literature is very clear on this question of aura of migraine and we believe our questionnaire was clear as well. We think further studies would need to be done on many follow up questions like how many of the people actually believe the aura being auditory vs visual being associated with or how frequent do they think the aura is. Unfortunately, the scope of our study did not allow us to go that deep into the questions on aura. And we rather collected data in knowledge of regarding other aspects of migraine.

5.line 232-233, "Preventive therapy is also required in some cases to augment responsiveness to abortive therapy", maybe preventive therapy was working, proof?

There are plenty of resources to cite here which state that preventive therapy actually increases responsiveness to abortive one. Links of some of the resources and articles are below

**Reference 1:** General principles of migraine management: the changing role of prevention - PubMed (nih.gov) by Loder et al

**Reference 2:** Preventive Migraine Treatment - PMC (nih.gov)  
By Silberstein et al

**Reference: Up-to-date**

**Article name:** Preventive treatment of episodic migraine in adults

**Authors:**

Todd J Schwedt, MD, MSCI

Ivan Garza, MD

The main goals of preventive therapy are to [1,7]:

- Reduce attack frequency, severity, and duration
- Improve responsiveness to treatment of acute attacks

...

**Reference: Medscape**

**Article name:** Migraine Headache Treatment & Management

Preventive treatment, which is given even in the absence of a headache, aims to reduce the frequency and severity of the migraine attack, make acute attacks more responsive to abortive therapy, and perhaps also improve the patient's quality of life.

6. Line 256, what is **PCPs**?

We meant to say Primary Care Physicians. The abbreviation has since been changed to original word in the manuscript.

7. Line 292-295, drug therapy is a treatment mean, just only emphasized “Monoclonal antibodies” felt very abrupt. whether they were one the newest therapy?

These are indeed new therapies in migraine prevention. I have elaborated it a bit and also cited another study from NEJM which also mentions these medications as new in migraine management (article published in 2020).

8. Line 312,314, why have two “Secondly”?

The numbering sequence has been modified to correct the error. Thank you for pointing that out.

9. Questionnaires were done in a Tertiary Care Centre, rang is narrow. One year of study could collect more care center.

The worthy reviewer is right but many of the studies approved by the IRB at our hospital are approved for 3 months to 1 year. We were unsure of our data gathering time because of uncertainty around response rate as well as our team’s availability and so opted for as much time as possible. Besides, because of induction of new batches of doctors around April each year we wanted to include them in or study and wanted to expand the participant range. In the end we believe, all the above-mentioned factors played their role in the time period that the protracted time period that this study took.