

# Acute and preventive treatment patterns among patients with migraine in Spain

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## INTRODUCTION

- Migraine is a debilitating neurological condition with the potential to severely limit a person's function during attacks, and diminish their health related quality of life (HRQoL) during and between attacks<sup>1</sup>.
- In Spain, migraine affects approximately 12.6%<sup>2</sup> of individuals, with chronic migraine affecting an estimated 0.5-2.5 of the population<sup>3</sup>.
- Pharmacological treatment strategies are reliant upon acute and/or preventive medication. However, it has been reported that the latter is often underutilized<sup>4,5</sup>.
- It is important to consider if current treatment is performing optimally, allowing patients to remain in, and be effective during, employment and perform their normal daily activities.

## OBJECTIVE

- To characterize treatment patterns of preventive and acute therapies with various levels of headache frequency among patients with migraine in Spain.

## METHODS

- Data were taken from the Adelphi Migraine Disease Specific Programme (DSP), a real world, cross-sectional survey of physicians and their consulting patients in Spain with a diagnosis of migraine (index dates Aug – Dec 2017).
- Primary Care Physicians (PCPs, n=52) and Neurologists (n=40) completed an online interview and Patient Record Forms (PRFs) online, for their next 9 consecutively consulting patients (≥18 years) with migraine.
- Questionnaires completed by the physicians captured details on:
  - Demographics
  - The average number of headache days suffered, per month, over the last 3 months (HDs)
  - Current prescribed treatment (acute and preventive)
- Analysis was conducted on 4 patient groups segmented according to the number of HDs suffered: 0-3, 4-7, 8-14 or 15+.
- Descriptive summary statistics were generated for all results using IBM SPSS Statistics 19.

## RESULT

- This study included 814 patients from Spain (43%, 0-3 HD; 42%, 4-7 HD; 11%, 8-14 HD; 4%, 15+HD) and of those, 414 patients completed a PSC.
- Overall, 72% of patients were female and their mean (standard deviation [SD]) age was 39.9 (15.2) years. Patients had a mean (SD) Body Mass Index (BMI) of 24.3 (3.5).
- Approximately 60% of patients were in employment (full time, 46% / part time, 8%).
- A quarter of patients suffered anxiety, followed by stress (16%) or hypertension (11%). However, nearly half of the patients (45%) did not suffer any comorbidities (Table 1).

Table 1: Patient demographics / characteristics by HDs

	All patients (814)	0-3 HDs (351)	4-7 HDs (344)	8-14 HDs (89)	15+ HDs (30)
Age (years), mean (SD)	39.9 (15.2)	41.6 (16.4)	37.3 (14.1)	41.6 (12.6)	43.6 (15.8)
Female (%)	72%	69%	71%	75%	97%
% with family history of migraine	60%	55%	65%	64%	63%
BMI, mean (SD)	24.3 (3.5)	24.8 (3.8)	23.8 (3.1)	24.2 (3.1)	25.3 (5.4)
Employment status (%)					
Working full time	46%	45%	46%	48%	50%
Working part time	8%	7%	7%	15%	3%
Retired	9%	12%	7%	4%	10%
Other	38%	36%	41%	32%	37%
Comorbid conditions (%)					
None	45%	46%	49%	37%	23%
Anxiety	25%	20%	26%	33%	40%
Stress	16%	13%	17%	19%	13%
Hypertension	11%	14%	7%	10%	20%
Depression	9%	6%	10%	13%	27%
Neck Pain	9%	7%	8%	10%	23%
Sleeping disorders	7%	6%	6%	6%	27%
Back Pain	6%	7%	3%	11%	20%
Asthma/allergic rhinitis	5%	5%	4%	6%	10%
Thyroid disease	5%	5%	3%	7%	7%

### Patient Flow (figure 1)

- Mean duration from first migraine symptoms to first diagnosis was 16.8 (33.2) months, from diagnosis to first prescribed acute and preventive treatments was 6.0 (18.5) and 30.0 (52.8) months, respectively.
- 19% of patients received ≥2 lines of preventive treatment (switch from first line therapy took an average of 24.4 months (31.1)).
- Top reasons to switch the first preventive drug to second were lack of efficacy (70%), weight problems (16%), dizziness (15%), drowsiness/sedation (15%) or patient request (12%).
- Top reasons to switch the second preventive drug to third were lack of efficacy (69%), drowsiness/sedation (38%), tiredness/fatigue (31%) or dizziness and concentration or memory problems (23%).

Figure 1: Patient Flow

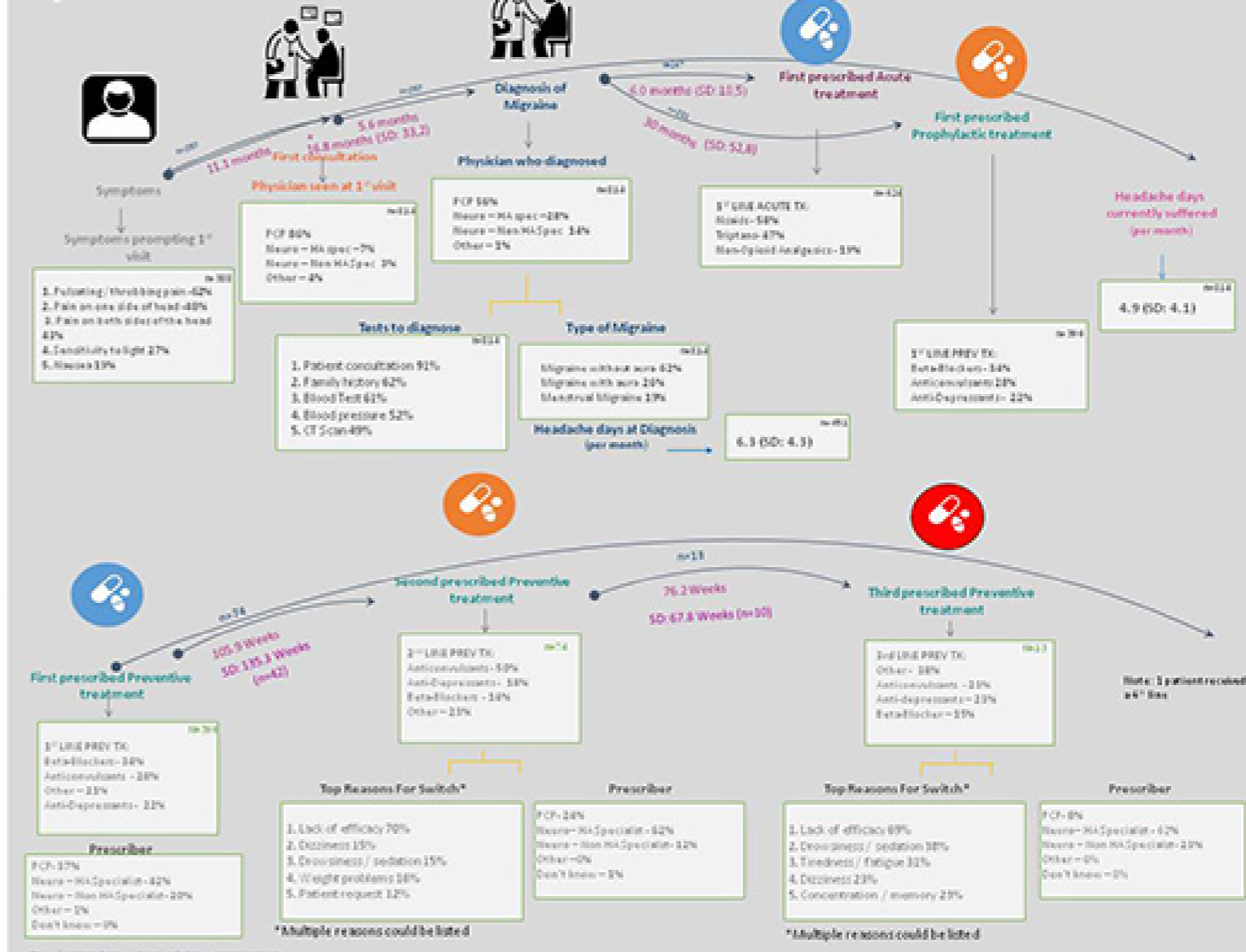


Figure 2: Current prescribed treatment

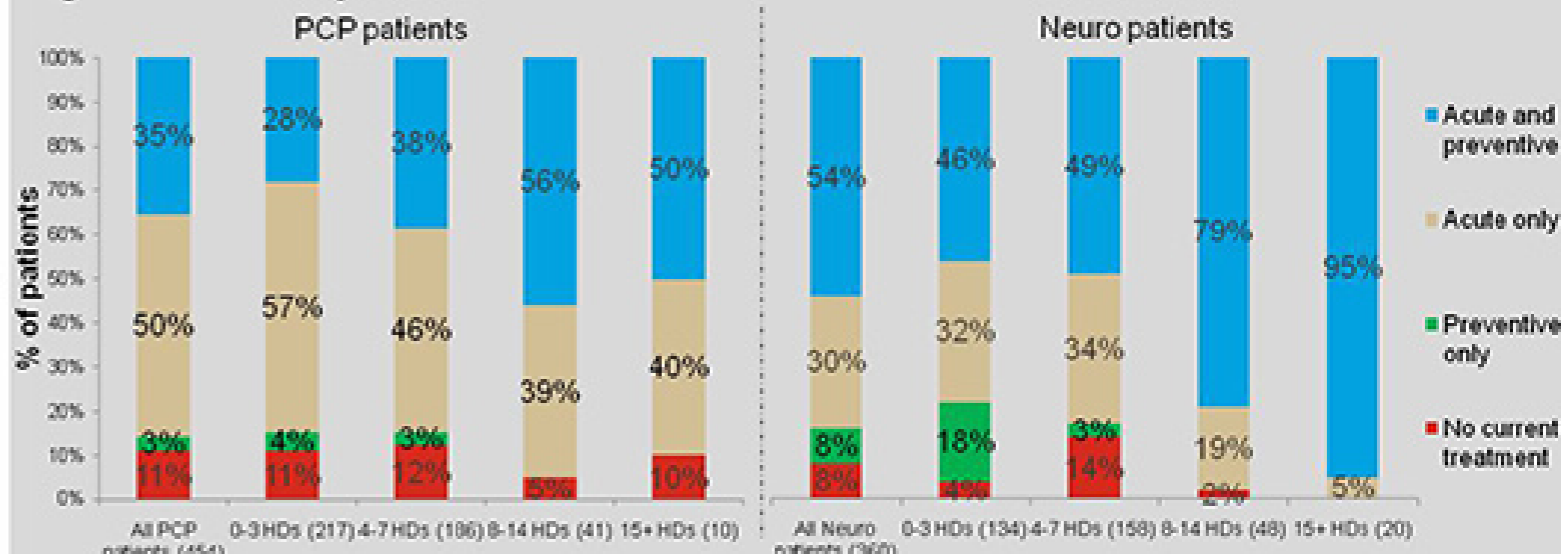


Table 2: Top 5 most frequently prescribed acute and preventive treatments

	PCP patients					Neuro patients				
	All patients (454)	0-3 HDs (217)	4-7 HDs (186)	8-14 HDs (41)	15+ HDs (10)	All patients (360)	0-3 HDs (134)	4-7 HDs (158)	8-14 HDs (48)	15+ HDs (20)
<b>Acute treatment</b>										
Naproxen	20%	19%	19%	24%	50%	19%	19%	18%	25%	20%
Ibuprofen	17%	14%	22%	12%	10%	18%	18%	16%	23%	25%
Sumatriptan	15%	12%	17%	27%	10%	14%	10%	16%	17%	20%
Zolmitriptan	14%	14%	11%	22%	20%	13%	12%	16%	10%	5%
Rizatriptan	11%	12%	10%	12%	-	12%	6%	17%	10%	15%
<b>Preventive treatment</b>										
Amitriptyline	9%	9%	9%	12%	-	17%	10%	16%	25%	45%
Topiramate	8%	7%	8%	15%	10%	13%	17%	9%	17%	-
Propranolol	7%	6%	8%	10%	-	12%	4%	9%	27%	40%
Flunarizine	6%	5%	6%	15%	10%	6%	10%	5%	-	-
Metoprolol	2%	1%	2%	2%	-	6%	2%	5%	13%	20%

## CONCLUSIONS

- Many patients in Spain do not receive preventive treatments despite experiencing headache frequency indicating prevention eligibility (≥4HDs).
- It was observed that with increasing headache frequency the percentage of patients receiving preventive treatments increases.

## LIMITATIONS

- The data was drawn from a cross sectional study and so causality cannot be inferred.
- The sample size of patients suffering 15+ HDs and having had several lines of prior preventive treatments is small and statistical testing was not performed: a larger sample of patients suffering 15+ HDs and patients who did fail prior preventive treatments is needed for more robust conclusions.

## References

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