REAL WORLD PATIENT SURVEY ON HOW MIGRAINE AFFECTS EGYPTIAN SOCIAL AND WORK LIFE (My Migraine Voice Survey)

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BACKGROUND & OBJECTIVE

Migraine is a painful, debilitating neurological disease, which consistently ranks among the top 10 leading causes of years lived with disability (YLD) worldwide.[1] Today, it is the first-leading cause of YLD among individuals under 50 years old.[2]

Epidemiological data in developing countries including Egypt are lacking.[3]

The My Migraine Voice survey was conducted to assess migraine characteristics and describe the current real-world burden and impact of living with migraine from clinical, personal, and economic perspectives amongst those with at least 4 monthly migraine days (MMDs). This analysis reports on survey respondents' demographics, migraine characteristics, use of migraine therapies, and association with other chronic conditions.[4] Egypt was a participating country and data on Egyptian patients were extracted for this analysis.

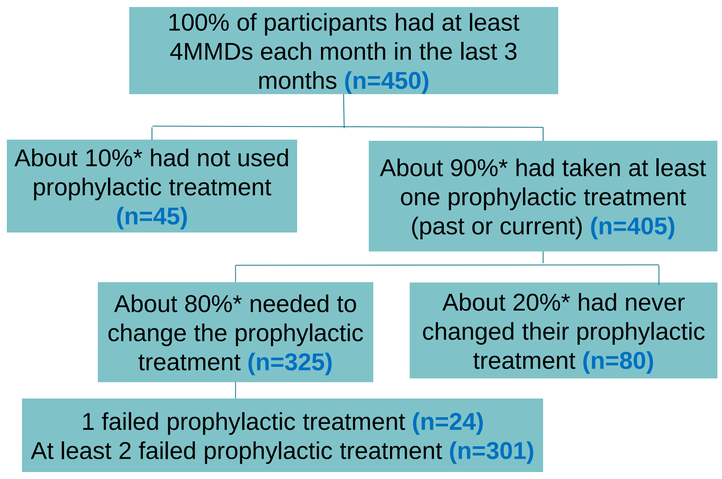
METHODS

A worldwide cross-sectional study was conducted using a 30-minute online survey of adults with migraine recruited from 31 countries across Africa, America, Asia and Europe via online panels and patient organizations. To be included, participants had to report >=4 MMDs in the 3 months preceding survey administration (September 2017-February 2018). High-need patients were prioritized by ensuring 90% of respondents had reported prior or current preventive migraine treatment use. The total fieldwork went from September 2017 to February 2018. Results from the Egyptian samples are reported.

RESULTS

450 Egyptian patients participated in the survey (Figure 1). Patient characteristics are detailed in Figure 2.

Figure 1. Overview of the study population



*pre-specified quotas. MMD: Monthly Migraine Days

Figure 2. Overview of the Egyptian sample (n=450)

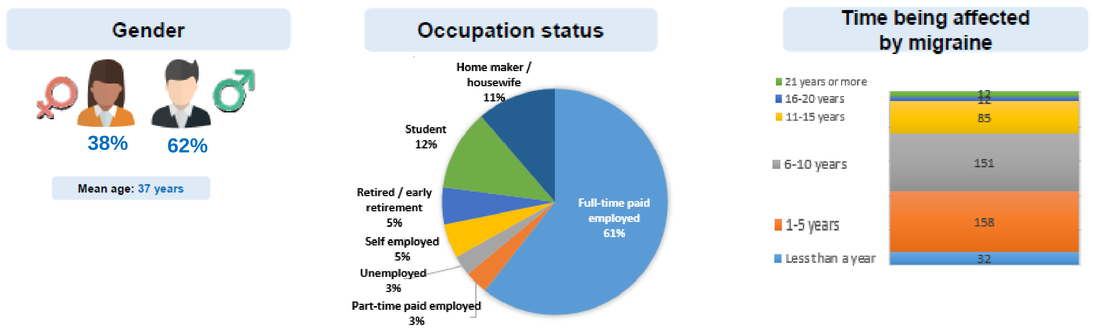
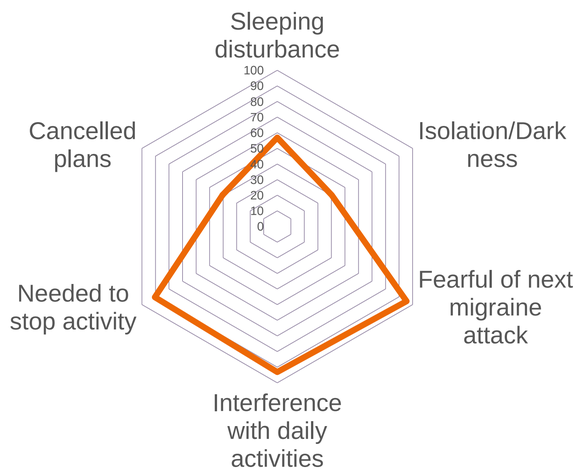


Figure 3. Burden of Migraine on Egyptian Patients' Quality of Life



- 22% of participants rely on family, friends or anyone else to help with everyday tasks. The average time that family/friends spent helping the patients in the last 3 months is around 9 days; SD 10.8, range 1-75)
- 19% of participants reported that migraine impacted their relationship with their family, partner and close friends.
- The average time participants reported spending in isolation and darkness is 31 hours during the last month. SD 23. Range 3-80 hours.

Figure 4. Average number of Physicians seen and appointments needed till diagnosis of Migraine in Egypt

- Half of the participants (53%) spoke to a GP when discussing their condition for the very first time, while the majority (62%) of participants were diagnosed by a neurologist or a headache specialist.
- 77% of participants were diagnosed with migraine in less than 6 months.

Table 1. Distribution of participants according to the number of failed prophylactic treatments

Number of treatment failures (TF)	2 TF	3 TF	4 TF	5 TF	6TF +
Number of participants (n=301)	73	132	75	13	8

- The majority of participants (63%) who failed more than 2 treatments suffered from episodic migraine (4-14 migraine days per month) (Table 1, Figure 1).
- More than 90% of participants were not completely satisfied with their current acute or preventive treatment.
- The reasons for changing the prophylactic treatments are detailed in Figure 5.

Figure 5. Reasons of dissatisfaction from current treatments

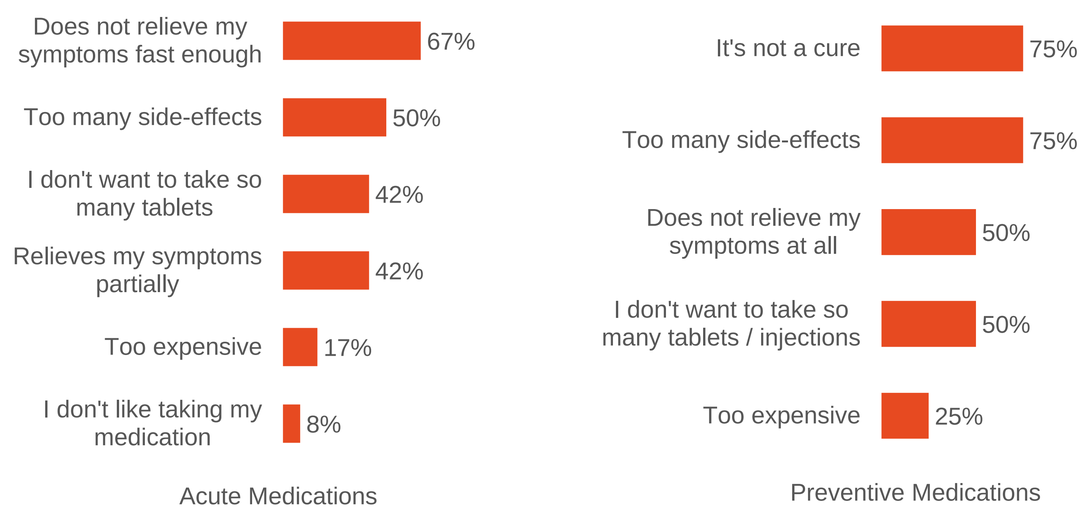
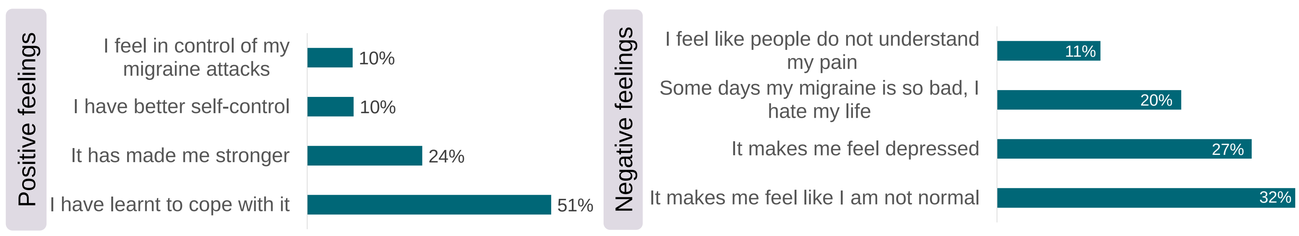


Figure 6. Emotional burden of Migraine on Egyptian participants



Limitations:

- Migraine was self-reported by participants despite 96% have reported they have a medical diagnosis.
- The Educational level of participants was not a selection criteria
- Potential recall bias in some of the questions
- Generalizability of the results on the overall migraine Egyptian population may be limited due to the pre-specified quotas and possible bias selection due to convenience sampling.

Conclusions:

This study confirms that migraine is associated with an emotional and societal burden on Egyptian patients who are unsatisfied with current treatments, driven by side-effects, leading to poor disease management, thus impacting patients quality of life as well as work life.

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