TREATMENT PATTERNS AND CHARACTERIZATION OF MIGRAINE PATIENTS FOLLOWED IN HEADACHE SPECIALIZED CENTERS OF PORTUGAL

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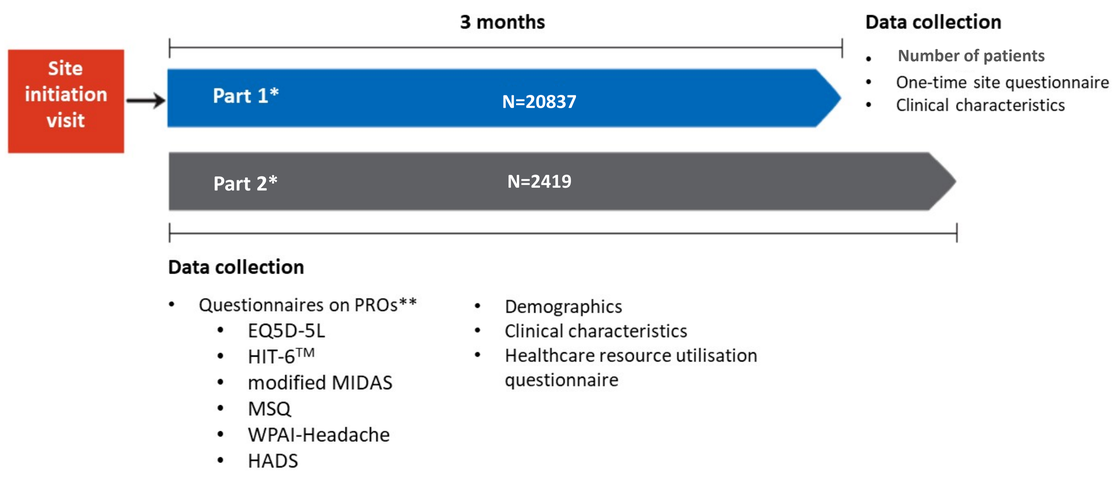
Introduction

- Migraine is a common neurological disorder with meaningful migraine-related healthcare resource use (HCRU) likely to increase in difficult-to-treat patients.
- There are limited data available from European countries on the disease burden regarding HCRU in migraine patients with prior treatment failure namely from Portugal.
- The BECOME study was designed to assess the **B**urden of migrain**E** in specialist headache **C**entres treating patients with pr**O**phylactic treat**M**ent failur**E**.
- We aimed to describe treatment patterns and to characterize the patients with migraine followed in headache specialized centers in Portugal.

Methods

- The BECOME study was a multicentre, non-interventional study conducted simultaneously in two parts across headache clinics of 17 European countries and Israel (Figure 1) between Nov2017-Aug2018.
- Part 1 of the study entailed a 3-month prospective data collection period, screening all patients visiting the headache clinics for frequency of monthly migraine days (MMD) and treatment failure (TF).
- Part 2 collected data from a subset of patients with ≥1 TF within the past 5 years identified by the investigators in accordance with routine clinical practice as meeting the study inclusion criteria and who have consented to participate in the study (Figure 1).
- A Steering Committee provided recommendations for the protocol and operational questions of study conduct and reviewed final study data.

Figure 1. Study design



*Part 1 and Part 2 of the study can be completed on the same day; **intended for all patients and within 1 day;
EHF, European Headache Federation; EQ-5D-5L, EuroQol 5-Dimension 5-Level; HADS, Hospital Anxiety and Depression Scale; HIT-, 6TM, Headache Impact Test; MIDAS, Migraine Disability Assessment; MSQ, Migraine-Specific Quality-of-Life Questionnaire; PROs, patient-reported outcomes; WPAI, Work Productivity and Activity Index

- For Part 1, adult patients aged 18–65 years with prior diagnosis of migraine or diagnosis on the day of visit were cumulatively counted in each site overall and according with MMD and number of prior prophylactic TF.
- For Part 2, patients with ≥4 MMD, evidence of efficacy failure* in the past 5 years or tolerability failure† or not suitable‡ for ≥1 preventive treatment in a lifetime, who were newly seeking care or required treatment re-evaluation due to unsatisfactory treatment in the previous 3 months were included.

  *Efficacy failure: no meaningful reduction in headache frequency after administration of the respective medication for an adequate period of time (at least 2–3 months are recommended by the EHF treatment guidelines) at generally accepted therapeutic dose(s) based on the treating physician's assessment within the last 5 years prior to screening

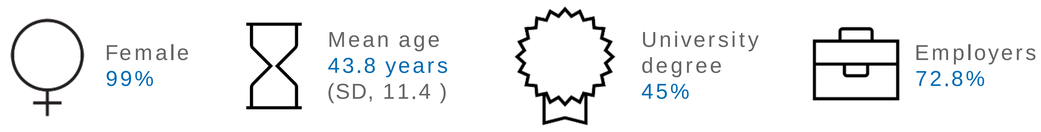
  †Tolerability failure: documented discontinuation due to adverse events of the respective medication at any previous time;

  ‡Not suitable: patient is not considered to be suitable for preventive migraine standard of care treatment for medical reasons such as contraindications or precautions included in local labels, national guidelines or other locally binding documents, or other medically relevant reasons, as confirmed by the treating physician
- Results from the Portuguese sample included in Part 2 are reported.

Results

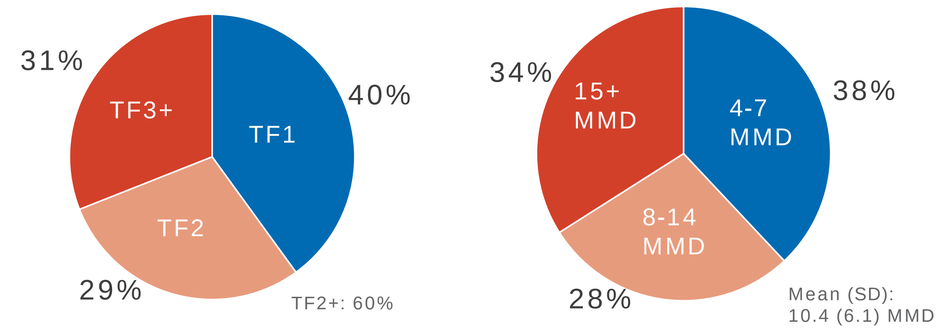
- Six Portuguese sites included a total of 103 patients in Part 2 (Figure 2; Figure 3).
- Characteristics of the Portuguese sample of the BECOME study part 2 (n=103) are described in Figure 2 and Figure 3.
- Average age at diagnosis was 30.5 years and time between first symptoms and diagnosis averaged 11.7 years.
- Mean duration of disease was 15.9 years.
- About 26% had diagnosis of medication overuse headache.

Figure 2. Characteristics of the participants (n=103)



Abreviations: SD, standard deviation

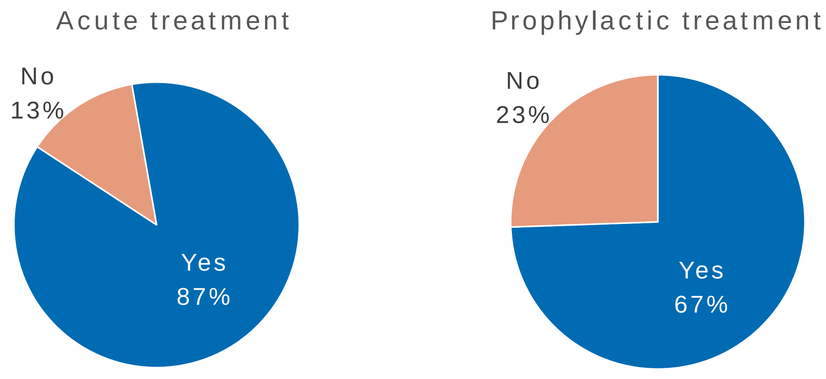
Figure 3. Number of prior prophylactic TF and MMD (n=103)



TF, treatment failure; MMD, monthly migraine days; SD, standard deviation

- The majority of the patients reported using acute medication for migraine (on average, a combination of 1.7 drugs) (Figure 4).
- The majority reported taking analgesics (30% ibuprofen, 26% paracetamol) and 50% triptans (rapid onset 46%, low onset 4%). There was medication overuse in 20% of the previous acute treatments taken by patients.
- Two-thirds reported taking prophylactic treatments (on average, a combination of 1.6 drugs; 37.9% in monotherapy and 62.1% in combination): 29% were on antidepressants (of whom, 57% in amitriptiline), 29% on antiepileptics (of whom, 63% in topiramate), 25% on betablockers (all in propanolol) and 9% on botulinum toxin.
- Regarding previous prophylactic treatments, patients reported that 59% were stopped due to efficacy failure, 32% due to lack of tolerability and 9% due to other failure/other reasons.

Figure 4. Current treatment (n=103)



Conclusion

- These results are important to understand the *status quo* of the management of migraine sufferers seeking treatment from headache specialized clinics in Portugal.

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DISCLOSURES

Catarina Silva, Pedro Laires, Shannon Ritter, Josefin Snellman – Novartis employees.

DISCLAIMER

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