PRODUCTIVITY LOSS COST IN MIGRAINE USING TWO DIFFERENT QUESTIONNAIRES: FINDINGS FROM THE BECOME STUDY FOR PORTUGAL

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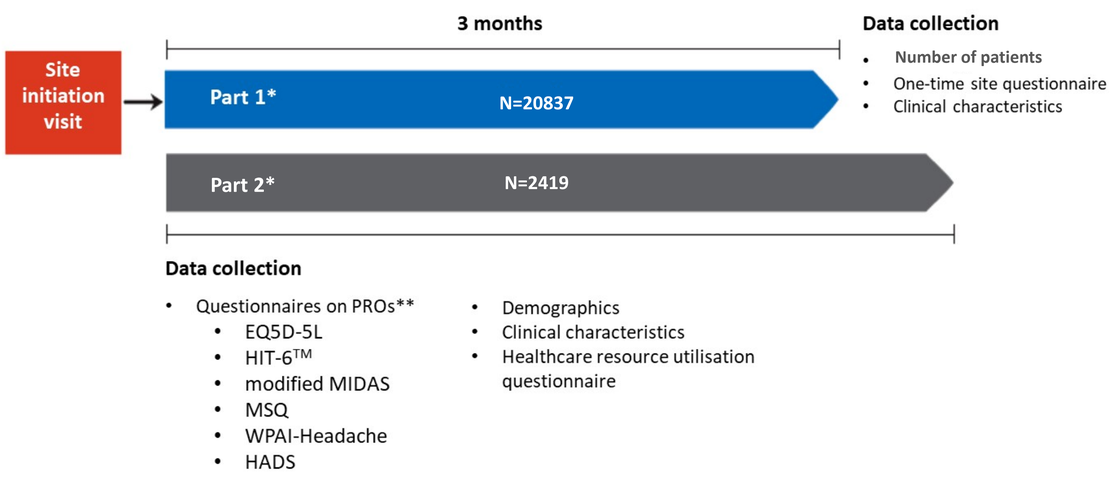
Introduction

- 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 understand the variation in productivity loss costs related with migraine in Portugal when two different questionnaires are used to measure absenteeism and presenteeism.

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 (cumulative-hospital data) 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 (patient-level data) 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-, 6™, 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;

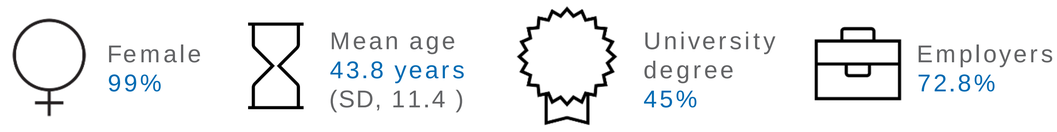
‡Not suitable: patient is not considered to be suitable for preventive migraine standard of care treatment for medical reasons such as contraindications or precautions included in local labels, national guidelines or other locally binding documents, or other medically relevant reasons, as confirmed by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

- Indirect cost (absenteeism and presenteeism related with migraine) were estimated based on the Work Productivity and Activity Impairment questionnaire (WPAI) headache-specific version and MIDAS (Migraine Disability Assessment) and using the Human Capital Approach (national wage reported in official sources was used to estimate the cost of one working day lost). All costs are expressed in 2019 euros.
- Results from the Portuguese sample included in Part 2 are reported.

Results

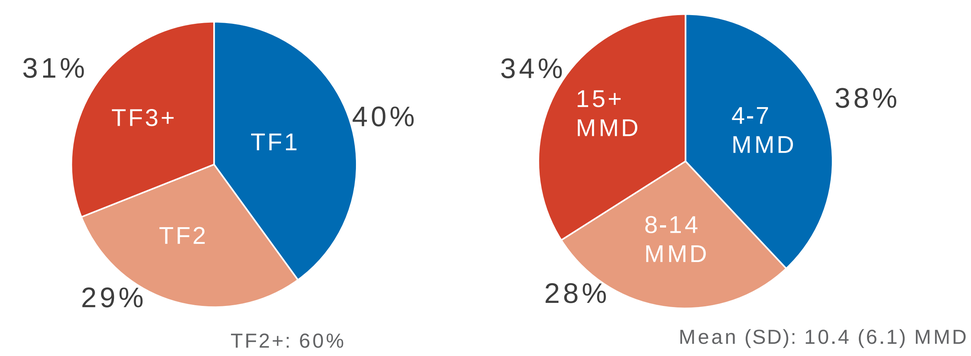
- Characteristics of the Portuguese sample of the BECOME study part 2 (n=103) are described in Figure 2 and Figure 3.

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



Abbreviations: SD, standard deviation

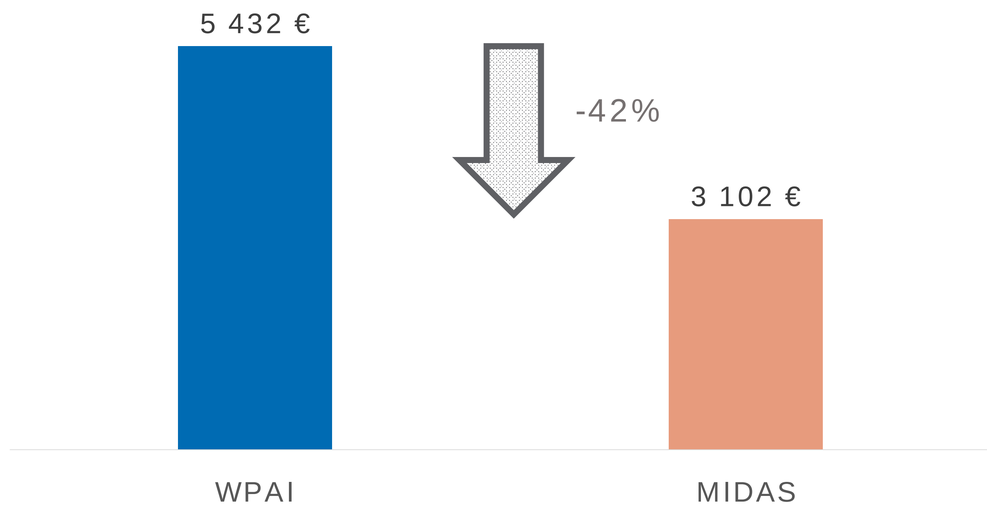
Figure 3. Number of prior prophylactic TF and MMD (n=103)



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

- Indirect costs related with absenteeism and presenteeism due to migraine averaged €5,432/patient/year using WPAI and €3,102/patient/year using MIDAS (Figure 4).
- This difference represents a variation of 42%.

Figure 4. Indirect cost/patient/year using WPAI and MIDAS questionnaire



Conclusion

- The results of this analysis highlights the need for presenting sensitivity analysis when conducting migraine economic analysis involving indirect costs since important variations may occur depending upon the instrument that it is used to estimate productivity loss.

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DISCLOSURES

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

DISCLAIMER

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