

Changes in the Rates of Medication Non-Adherence Between 2019 and 2021 Among Patients with Migraine in the United States

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Introduction

- Migraine is the fifth leading cause of years lived with disability (YLD) in the United States (US) and impacts 37 million US adults.^{1,2}
- The prevalence of self-reported migraine and severe headache in the US adult population is 15.3% (1 out of every 6 adults) and has been stable over a period of 19 years.³
 - Highest prevalence is in American Indian or Alaska Natives (18.4%).
 - Higher burden of migraine in those aged 18-44 (17.9%), who are unemployed (21.4%), those with family income less than \$35,000 per year (19.9%), and the elderly and disabled (16.4%).
- Migraine is the fourth or fifth most common reason for visits to the emergency department and the third leading cause of emergency department visits among reproductive-aged women.³
- The annual economic burden of migraine in the US is approximately \$78 billion with a total mean annual direct all-cause healthcare costs of \$11,010 and indirect costs of \$11,294.^{4,5}
- The Migraine Impact Model projected approximately 60,000 to 686,000 annual workdays to be affected by lost productive time due to migraine.⁶
- In one study conducted between 2012 and 2013, 35.5% of the respondents reported discontinuing the use of acute prescription medication for migraine.⁷
 - One-third of respondents who discontinued treatment exhibited moderate to severe depression (33.0%) and/or moderate to severe anxiety (30.0%).
 - The most common reason (45.5%) associated with acute prescription medication discontinuation was the decision to switch away from prescription medication to over-the-counter or alternative treatment options. This was followed by concerns about lack of efficacy (28.2%), safety/tolerability (24.9%), headaches had improved (21.3%), and financial concerns (19.4%).

Objective

- To utilize the Medication Adherence Reasons Scale (MAR-Scale) to determine the extent and reasons for non-adherence in individuals with migraine.
- To compare non-adherence between the years 2019 and 2021 through the US National Health and Wellness Survey in patients with migraine.

Methods

Data Source

- This study utilized data collected from the US National Health and Wellness Survey (NHWS), a self-administered, internet-based cross-sectional survey of adults in 2019 and 2021 (not necessarily mutually exclusive samples).
- NHWS ensures representativeness through quota sampling of age, sex, and race/ethnicity categories that match the demographic composition of the US adult population, based on data from US Census Bureau.
- NHWS has been granted exemption status by Pearl IRB (Indianapolis, IN, USA).
- Respondents eligible for this study who self-reported taking daily prescription medication(s) to treat migraine answered the 20 items in the MAR-Scale in the NHWS. The MAR-Scale measures non-adherence "in the past 7 days" and uses an 8-point scale ranging from 0 days to 7 days.
- Questions around switching behavior were used to determine reasons respondents switched their prior prescription medication.
- COVID-19 vaccination rate was included in this analysis to determine if there is relationship between healthy habits such as vaccination and medication adherence.

Statistical Analyses

- Descriptive statistics included count and percentages for categorical variables and means and standard deviations for continuous variables.
- Frequencies for each year's respondents were reported to illustrate the reasons for non-adherence.
- Chi-square tests and ANOVA were used to test differences between groups for categorical variables and continuous variables, respectively.

Results

Differences in Demographics

- There were a greater proportion of males (approximately 8.3%), married respondents (5.1%), college-educated (7.6%), current smokers (8.7%), reported alcohol drinkers (4.1%), those taking steps to lose weight (3.9%), and fewer respondents in the low-income bracket (10.6%) in 2021 than 2019.
- Adherent individuals were older, white, retired, and overweight/obese with low annual income.
- A significantly greater proportion of individuals reporting non-adherence were smokers, drank alcohol, and trying to lose weight.
- A higher proportion of respondents in the adherent group had received a COVID-19 vaccine compared to the non-adherent group (62.71% vs. 48.36%, $p < 0.05$).

Trends of Non-Adherence

- There was a significant increase in non-adherence between 2019 and 2021, for all classes of migraine medicines.
- The mean number of missing days increased from 1.99 to 2.41 between 2019 and 2021.
- For both 2019 and 2021, the reasons for missing the most number of days of the medication were:
 - Don't think the medicine is needed anymore.
 - Don't think the medicine is working.
 - Did not consider taking this medicine as a high priority in life.
- The greatest proportion of non-adherence was found in patients who took opioids for migraine.
- In 2021, side-effects from the medicine was the major reason for non-adherence for all classes of medicines, except, NSAIDs.

Table 1. Top Reasons for Medication Non-Adherence in Patients with Migraine

Reason	Patients Taking Migraine Prescription Medication																			
	2019		2021		2019		2021		2019		2021		2019		2021		2019		2021	
	Total		Total		Triptans		Triptans		Opioids		Opioids		Anticonvulsant		Anticonvulsant		NSAIDs		NSAIDs	
	n=1705		n=1848		n=629		n=689		n=487		n=553		n=582		n=621		n=465		n=545	
% of Patients Who Missed/Mean # of Days Missed	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
Non-adherence – aggregated score from 19 reasons	50.3%	1.99	57.6%	2.41	52.2%	2.17	58.8%	2.63	63.9%	2.82	75.4%	3.49	36.9%	1.38	46.1%	2.01	60.0%	2.49	66.2%	2.88
Side-effects from the medicine	21.8%	3.41	31.4%	3.24	25.9%	3.56	35.9%	3.59	31.2%	3.45	50.1%	3.24	14.3%	3.61	25.3%	3.47	23.4%	3.40	33.9%	3.30
Sometimes skip the medicine to see if it is still needed	21.6%	3.38	30.7%	3.33	20.5%	3.74	30.6%	3.70	33.3%	3.53	42.7%	3.53	11.7%	3.53	22.5%	3.64	29.0%	3.35	36.2%	3.34
Concerned about long-term effects from the medicine	24.2%	3.46	29.2%	3.50	24.6%	3.57	30.2%	3.74	35.1%	3.66	41.6%	3.69	16.5%	3.47	22.7%	3.62	31.0%	3.38	37.3%	3.48
Simply missed the medicine	21.9%	3.03	26.6%	3.31	23.1%	3.02	29.3%	3.61	31.2%	3.55	38.7%	3.56	17.0%	2.66	23.8%	3.28	25.6%	2.96	28.4%	3.53
Concerned about possible side-effects from the medicine	23.0%	3.54	26.3%	3.57	23.1%	3.72	28.0%	3.65	33.3%	3.75	38.2%	3.76	16.2%	3.41	22.1%	3.85	27.1%	3.53	33.2%	3.49
Missed it because of busy schedule/change in routine	17.0%	3.25	23.8%	3.46	17.0%	3.21	27.1%	3.63	27.9%	3.44	36.9%	3.72	10.8%	2.71	18.4%	3.30	19.8%	2.98	26.2%	3.42
Not comfortable taking it for personal reasons	16.5%	3.55	23.4%	3.44	19.2%	3.74	25.3%	3.81	25.9%	3.76	36.7%	3.61	11.2%	3.80	18.5%	3.46	20.0%	3.77	25.7%	3.49
Don't think need the medicine anymore	14.4%	3.89	23.4%	3.78	16.2%	4.20	28.5%	4.10	22.2%	4.06	38.3%	3.83	8.4%	3.78	16.9%	4.05	17.0%	3.86	27.0%	4.05
Don't think medicine is working	16.8%	3.87	21.9%	3.89	20.7%	3.92	27.1%	4.16	24.2%	3.91	33.1%	4.09	11.5%	4.01	18.7%	4.28	19.1%	3.91	25.7%	3.99
Difficulty opening the container or getting the injection ready to use	13.8%	3.69	21.2%	3.66	16.1%	3.87	26.7%	3.84	22.6%	3.99	36.2%	3.79	8.9%	3.44	15.9%	3.90	14.8%	3.75	24.0%	3.67
Trouble managing all the medicines I have to take	12.5%	3.68	21.1%	3.64	14.2%	3.97	24.7%	3.98	20.5%	3.67	34.9%	3.83	7.2%	3.43	15.8%	3.82	13.3%	3.50	23.9%	3.63
Do not consider taking the medicine as a high priority in my daily routine	14.4%	3.87	21.1%	3.87	16.9%	3.98	26.1%	3.92	24.6%	4.14	33.8%	3.92	9.6%	3.89	14.2%	4.33	18.9%	3.74	24.0%	3.95
Difficulty swallowing/applying/inhaling/injecting the medicine	12.8%	3.70	20.6%	3.76	13.8%	3.76	24.7%	4.05	23.2%	3.76	35.6%	3.85	7.2%	3.40	14.8%	3.97	14.4%	3.34	21.1%	3.76
Pharmacy/provider was out of this medicine, out of refills, or the mail order did not arrive in time	14.1%	3.67	20.5%	3.61	18.0%	3.87	25.1%	3.79	21.8%	3.88	30.7%	3.74	9.1%	3.57	14.5%	3.76	15.1%	3.44	23.1%	3.65
Difficulty remembering things in daily life	15.3%	3.44	20.2%	3.55	16.2%	3.55	23.1%	3.82	25.1%	3.82	30.4%	3.85	10.7%	3.32	15.6%	3.58	17.6%	3.35	22.2%	3.58
Not comfortable taking it for social reasons	13.8%	3.54	19.1%	3.54	14.6%	3.68	21.0%	3.83	21.6%	3.54	31.5%	3.66	7.7%	3.51	13.7%	3.71	13.6%	3.30	20.4%	3.55
Didn't have a way to get to the pharmacy/provider	13.0%	3.73	18.8%	3.73	13.7%	3.99	22.1%	3.88	21.2%	3.78	31.1%	3.81	7.6%	3.75	12.1%	3.71	14.6%	3.47	21.3%	3.89
Don't have money to pay for the medicine	15.4%	3.60	18.0%	3.51	16.7%	4.05	20.9%	3.77	23.0%	3.92	29.7%	3.55	9.5%	3.89	14.2%	3.72	18.7%	3.77	22.2%	3.49
Not sure how to take this medicine	10.4%	3.82	16.1%	3.68	13.0%	4.17	20.5%	3.89	17.9%	3.74	27.3%	3.82	6.9%	3.85	11.4%	4.15	11.6%	4.11	16.7%	4.00

Note: Cells outlined in blue with bold font indicate a statistically significant difference, $p < 0.05$.

Table 2. Demographic and Lifestyle Characteristics

Characteristic	US 2019 - Migraine			US 2021 - Migraine		
	Total	Adherent	Non-Adherent	Total	Adherent	Non-Adherent
	(n=1,705)	(n=847)	(n=858)	(n=1,848)	(n=783)	(n=1,065)
Male (%)	26.80	19.13	34.38	35.12	19.54	46.57
18-34 years old (%)	33.49	23.26	43.59	30.19	22.48	35.87
35-44 years old (%)	23.34	21.37	25.29	29.87	22.48	35.31
45-54 years old (%)	20.88	25.74	16.08	19.64	22.09	17.84
55-64 years old (%)	15.37	20.07	10.72	14.07	22.35	7.98
65+ years old (%)	6.92	9.56	4.31	6.22	10.60	3.00
Age (mean) years	42.51	46.26	38.81	42.3	46.66	39.09
Married (%)	50.09	48.17	51.98	55.19	50.83	58.40
Single never married (%)	25.34	23.73	26.92	22.46	22.22	22.63
Retired (%)	10.09	14.17	6.06	9.47	15.96	4.69
College graduate (four-year) or more (%)	44.93	39.79	50.00	52.49	45.85	57.37
White (%)	70.50	76.86	64.22	69.48	77.39	63.66
Non-White (%)	29.50	23.14	35.78	30.52	22.61	36.34
Annual household income < \$50K (%)	44.57	49.35	39.86	33.93	38.19	30.80
Overweight/obesea (%)	64.55	69.93	58.99	62.73	70.62	56.55
Currently smoke cigarettes (%)	26.98	19.95	33.92	35.71	21.07	46.48
Drink alcohol (%)	68.50	62.22	74.71	72.62	62.58	80.00
Mean days exercising (past month)	7.42	7.08	7.77	8.08	7.58	8.44
Currently taking steps to lose weight (%)	59.41	55.02	63.75	63.26	57.60	67.42
Received COVID-9 vaccine (%)	-	-	-	54.44	62.71	48.36

Note: Red, bold font indicates a statistically significant difference, $p < 0.05$. * Base differs.

Table 3. Prescription Medication Switches

Medication Summary	Patients Taking Migraine Prescription Medication					
	Total		Adherent		Non-Adherent	
	US 2019 (n=1,705)	US 2021 (n=1,848)	US 2019 (n=847)	US 2021 (n=783)	US 2019 (n=858)	US 2021 (n=1,065)
Received Medication* Prior to Current Medication (%)						
No	65.63	60.77	72.61	71.39	58.74	52.96
Yes	34.37	39.23	27.39	28.61	41.26	47.04
Did Current Medication Replace Previous Medication* OR Was It Added On? (%)						
Not sure	7.51	6.48	6.90	5.80	7.91	6.79
Added on to my existing medication*	28.50	30.62	28.88	23.21	28.25	33.93
Replaced my existing medication*	63.99	62.90	64.22	70.98	63.84	59.28
Reason Current Medication Replaced Previous Medication* (%)						
Doctor's recommendation	64.00	59.43	63.09	62.89	64.60	57.58
To reduce side-effects	26.67	30.70	20.81	23.90	30.53	34.34
Lower cost	18.13	25.22	8.05	6.92	24.78	35.02
Not responding to the previous treatment	38.40	37.72	42.95	50.94	35.40	30.64
Dosing of the current Rx is more convenient	5.87	10.96	2.68	1.89	7.96	15.82
Mode of administration is more convenient	4.27	4.17	2.68	2.52	5.31	5.05
Other	5.33	4.17	8.72	5.66	3.10	3.37

Note: Red, bold font indicates a statistically significant difference, $p < 0.05$. * Medication, treatment, or therapy.

Discussion

- Non-adherence rate significantly increased from 2019 to 2021.
- Health habits were not compared between 2019 and 2021; however, drinking and smoking are directionally higher amongst non-adherent patients in 2021 vs. 2019.
- In the 2021 US NHWS respondents, a higher proportion of those in the adherent group had received a COVID-19 vaccine.
- There may be many factors to help explain why reasons for non-adherence changed, including fewer respondents reporting "simply missing." This could indicate better self-awareness of medication post-COVID pandemic or may be unrelated.
- Further studies should explore if there are differences in reasons for adherence in other migraine medications, including those with newer administrations such as injections and intranasal sprays.

Limitations

- The data analyzed for this study is self-reported data.
- The NHWS estimates one cross-section of time; as such, adherence behavior over time is not captured.
- The MAR-Scale was used only for daily medications and did not include the option to report for non-daily migraine medications that could have been available and impact adherence differently than those reported.

Conclusions

Self-reported **adherence to medications has changed from 2019 to 2021** among patients who have migraine. **Exploration of adherence to all types of migraine medications is warranted** to further investigate differences within this patient population.

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