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CONCLUSIONS

- In migraine patients, higher levels of depression and/or anxiety were associated with significant reductions in migraine-specific and generic measures of health-related quality of life
- In these patients, worse depression and/or anxiety was also associated with significant worsening of disability, based on the Migraine Disability Assessment
- These results are indicative of high personal and health burden for patients with migraine and comorbid depression and/or anxiety

INTRODUCTION

- Migraine is associated with a substantial negative impact on health-related quality of life (HRQoL)^{1,2}
- Up to 30% of patients with episodic migraine and up to 57% of patients with chronic migraine have comorbid depression³

OBJECTIVE

- To examine the impact of comorbid depression and/or anxiety on migraine-specific and general HRQoL outcomes in the real world from a patient perspective

METHODS

- Data were drawn from the US Adelphi Migraine Disease Specific Programme (DSP), which included physician surveys, patient record forms, and patient questionnaires completed by primary care physicians, neurologists, and their migraine patients
- Patients completed a questionnaire that included the following validated measures of migraine-specific and general HRQoL: the Migraine-Specific Questionnaire (MSQ) and the EuroQol 5-Dimension 5-Level (EQ-5D-5L) visual analog scale (VAS)
 - This questionnaire also included a measure of migraine-related disability, Migraine Disability Assessment (MIDAS)
- Depression and/or anxiety was derived from the EQ-5D-5L anxiety/depression domain (5-point scale [none, slight, moderate, severe, or extreme anxiety/depression]) and patients were categorized as experiencing none, slight, or moderate-to-severe (moderate+ [includes moderate, severe, extreme]) depression and/or anxiety
- Headache days were captured based on the physician-completed patient record form

Statistical Analysis

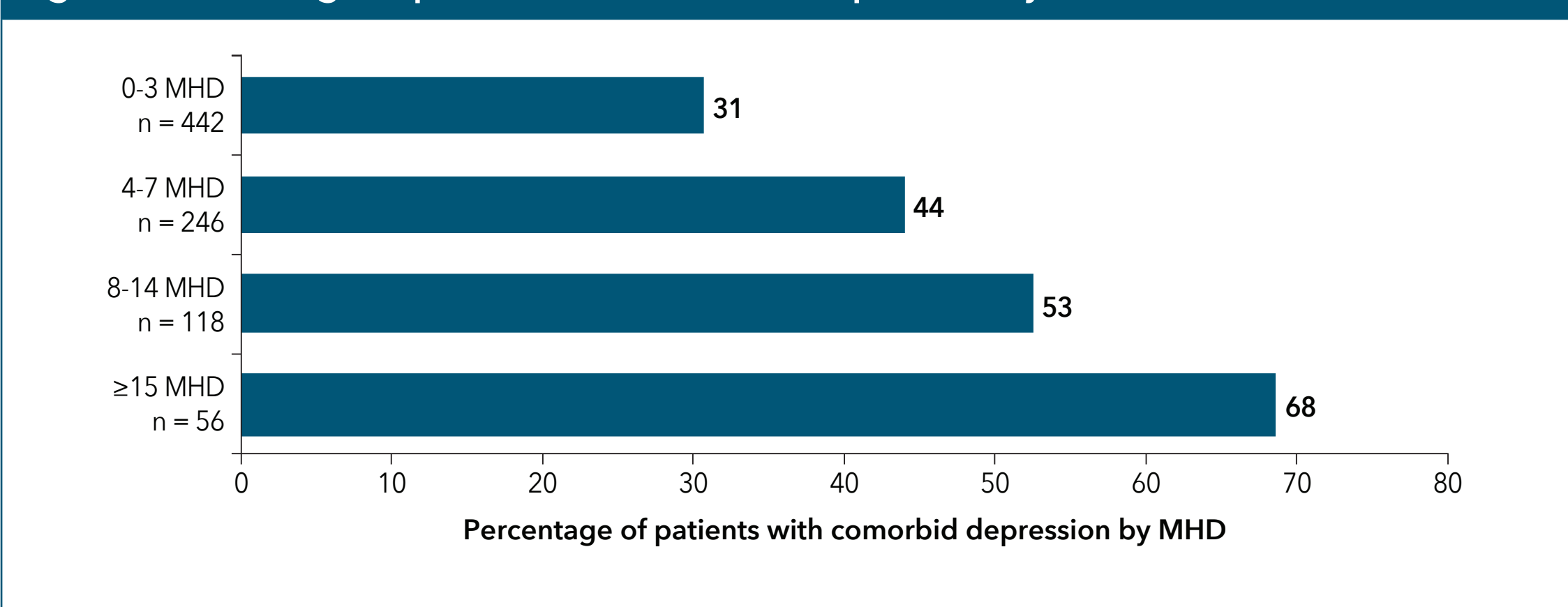
- Linear regressions were performed on the EQ-5D-5L VAS and MSQ domains
- Poisson regressions were performed on the square root of MIDAS being closest to normality from a number of transformations

RESULTS

Patients

- 873 migraine patients from the Adelphi Migraine DSP provided information on depression and/or anxiety
- Patients most commonly experienced 0 to 3 monthly headache days (MHD; 51%)

Figure 1. Percentage of patients with comorbid depression by MHD.

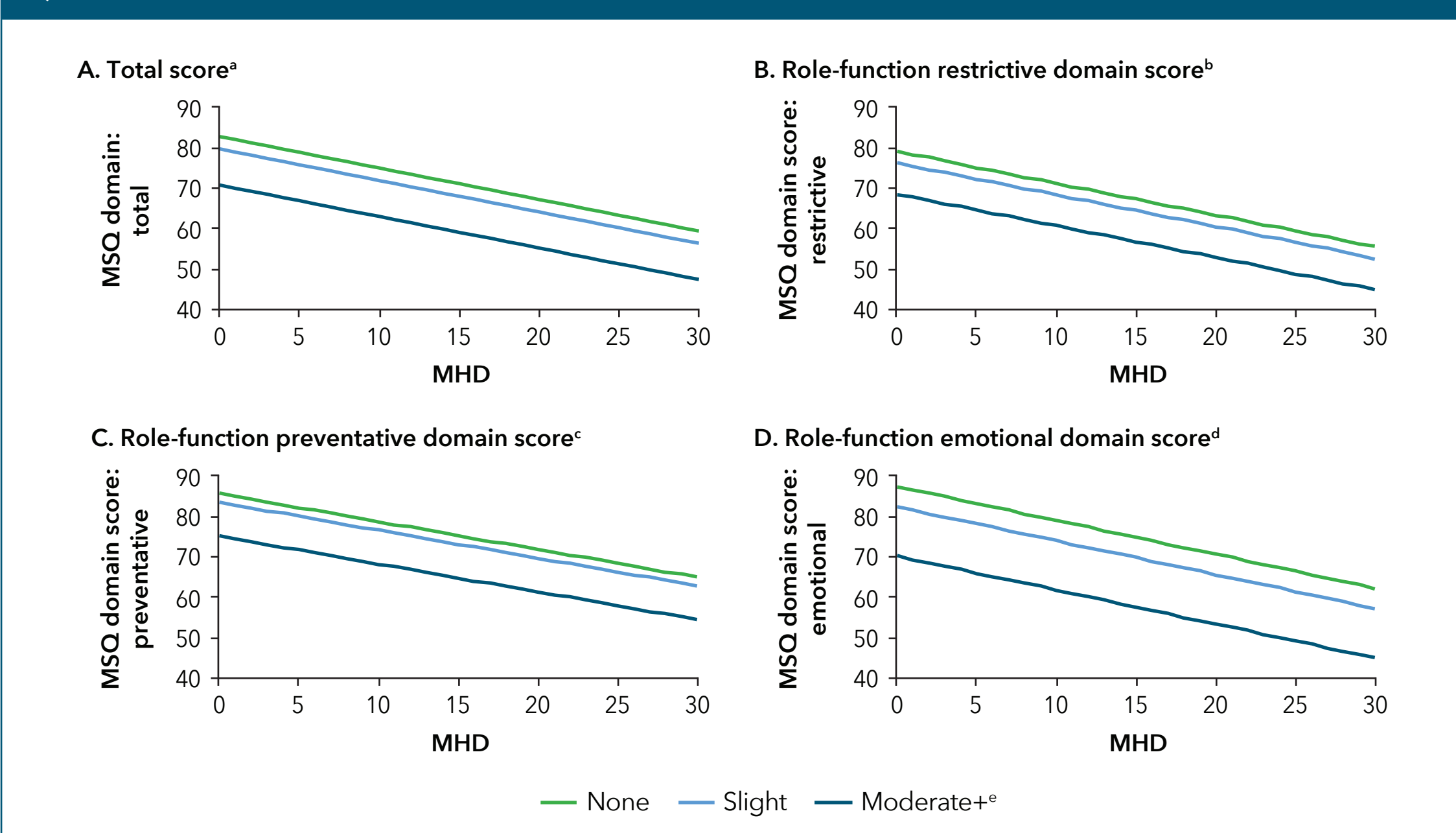


MHD, monthly headache days.

- Patients with a higher number of MHD were more likely to have comorbid depression (Figure 1)

MSQ Scores

Figure 2. Association between comorbid depression and/or anxiety, MHD, and MSQ scores A) total and B) role-function restrictive domain, C) role-function preventative domain, and D) role-function emotional domain scores.



MHD, monthly headache days; MSQ, Migraine-Specific Questionnaire.

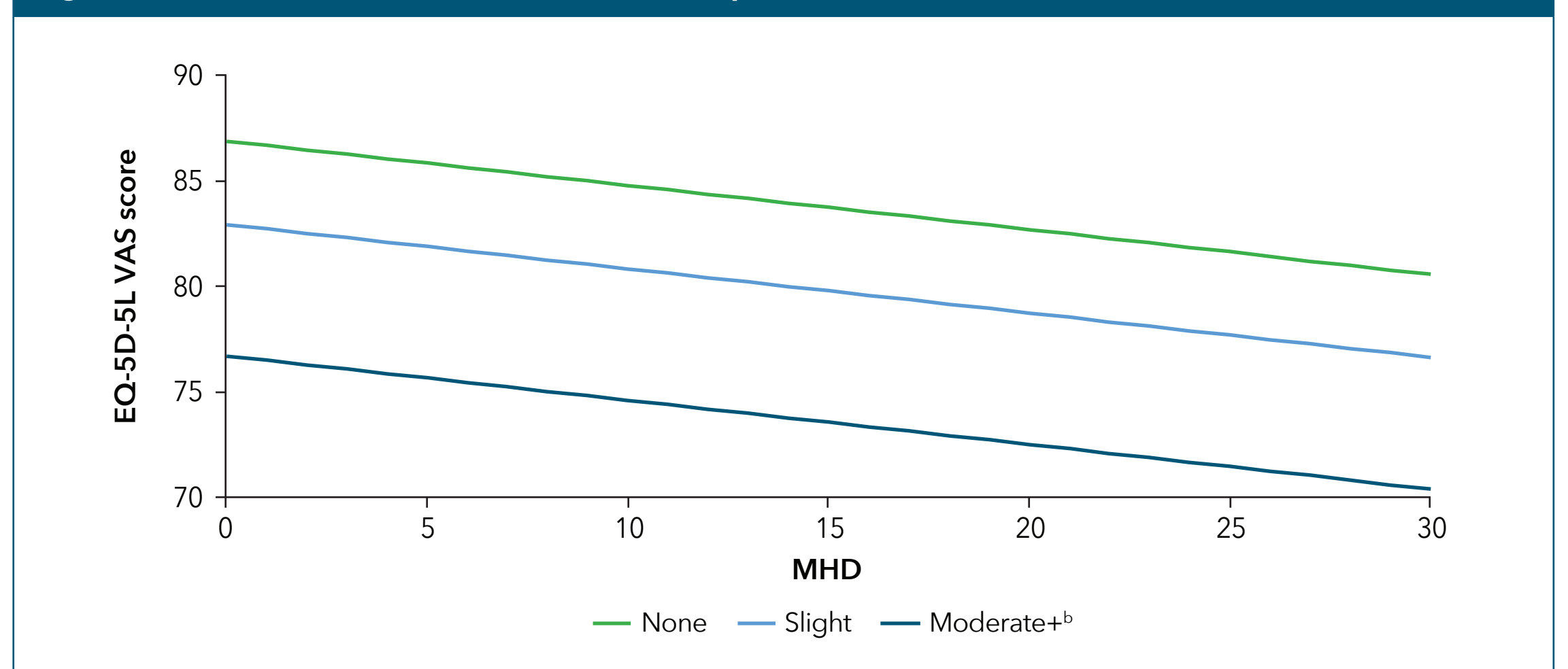
*Total: n = 431; depression and/or anxiety and MHD, P < 0.001.

^bRole-function restrictive: n = 432; depression and/or anxiety and MHD, P < 0.001.^cRole-function preventative: n = 431; depression and/or anxiety, P = 0.005; MHD, P < 0.001.^dRole-function emotional: n = 429; depression and/or anxiety and MHD, P < 0.001.^eDepression and/or anxiety severity was rated on a 5-point scale (none, slight, moderate, severe, extreme). Moderate+ includes moderate, severe, and extreme ratings.

- More severe depression and/or anxiety was related to worse total MSQ and restrictive, preventative, and emotional domain scores (Figure 2; P < 0.01)
- Increased number of MHD was also related to worse MSQ total and domain scores (Figure 2; P < 0.01)

EQ-5D-5L VAS

Figure 3. Association between comorbid depression, MHD, and EQ-5D-5L VAS.^{a,b}



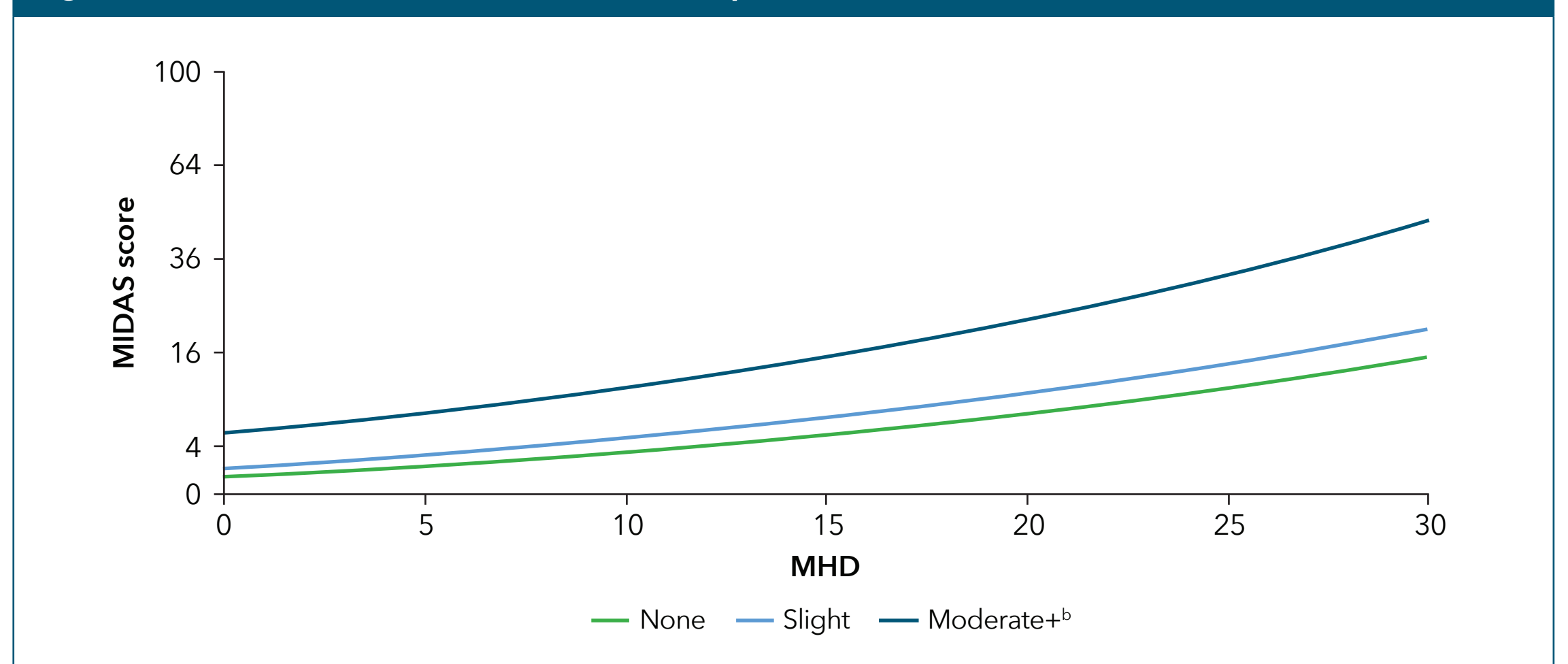
MHD, monthly headache days; EQ-5D-5L VAS, EuroQol 5-Dimension 5-Level visual analog scale.

^an = 436; depression and/or anxiety, P < 0.001. MHD were not significantly associated with depression and/or anxiety.^bDepression and/or anxiety severity was rated on a 5-point scale (none, slight, moderate, severe, extreme). Moderate+ includes moderate, severe, and extreme ratings.

- Worse depression and/or anxiety was associated with worse overall HRQoL (Figure 3; P < 0.001)

MIDAS

Figure 4. Association between comorbid depression and MHD and MIDAS scores.^a



MHD, monthly headache days; MIDAS, Migraine Disability Assessment.

^an = 379; depression and/or anxiety and MHD, P < 0.001.^bDepression and/or anxiety severity was rated on a 5-point scale (none, slight, moderate, severe, extreme). Moderate+ includes moderate, severe, and extreme ratings.

- More severe depression and/or anxiety and an increasing number of MHD were associated with greater disability (Figure 4; P < 0.001)

References

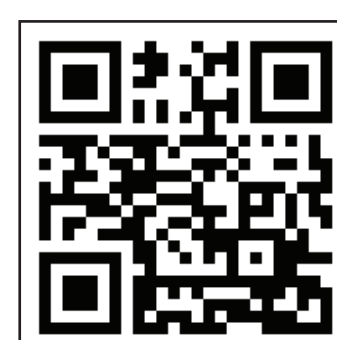
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