

Treatment Use and Satisfaction in a High Frequency Sample of People Self-Identifying with Migraine: Results of the Coalition for Headache and Migraine Patients (CHAMP) Headache Disease Patient Access Survey Beth A. Morton, PhD¹; Caroline V. Brooks, MA^{2,1}; Kevin J. Lenaburg, MA¹; Meghan A. Buzby, MBA¹; William B. Young, MD³;

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BACKGROUND & OBJECTIVES

- CHAMP, a U.S.-based advocacy coalition for people with headache disease, surveyed members of their community during the winter of 2019–2020 to characterize their patterns of diagnosis, treatment, and treatment satisfaction.
- This research investigates patterns of headache treatment usage and correlates of treatment satisfaction in a subsample with a self-reported medical diagnosis (SR-MD) of migraine that is engaged in the migraine patient community.

METHODS

- We conducted a purposive, web-based survey of coalition participants' communities, recruited via websites, social media posts, and email lists.
- Respondents were U.S. adults with at least one headache in the prior year not due to hangover or illness.
- Those under treatment were asked to rate their satisfaction with their overall treatment plan on a scale from 1-very dissatisfied to 5-very satisfied.
- This research includes bivariate analyses (ANOVA, t-test) of survey completers. Missing data have not been imputed and analyses use pairwise deletion; sample (n)s vary.

RESULTS

- Our analytic sample is limited to the 1,770 survey completers with a SR-MD of migraine: 92.6% were female, 9.2% non-white, 55.5% <50 years old, 51.7% held a bachelor's degree or higher, and 28.7% were disabled or on disability.
- The majority of respondents (60.8%) self-reported chronic migraine (CM) (n=1,016).
 - There was 95% agreement between self-reported CM diagnosis and CM diagnosis assigned using the AMS/AMPP migraine diagnostic screener and using Silberstein-Lipton criteria for CM.

For headache, 84.8% reported current or prior use of prescription pharmacological acute treatments (n=1,499) and 87.3% prescription pharmacological preventive treatments (n=1,543).

- (Figure).*

*Notes: Satisfaction with "current headache treatment plan" included all pharmacological and non-pharmacological headache treatments. In post-hoc pairwise comparisons, treatment satisfaction among those seeing a HAS was higher than those seeing a neurologist, non-HAS (p < 0.001), PCP (p < 0.01), or other HCP (p < 0.01).

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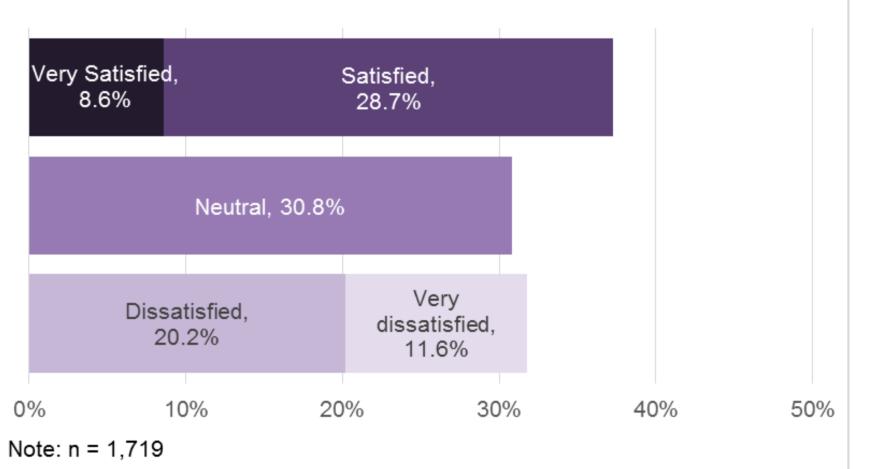
RESULTS

Just over half (55.1%; n=976) reported current or prior use of \geq 10 pharmacological headache treatments.

Use of neuromodulators/neurostimulators for headache was modest (19.1%; n=337). However, 69.7% had used biobehavioral treatments (n=1,168) and nearly all respondents had tried complementary/alternative therapies (96.2%; n=1,688) for headache.

Considering all current headache treatments, only 37.3% (n=641) of respondents were satisfied/very satisfied with their treatment plan

Figure. Satisfaction With Current Headache Treatment Plan



Those seeing headache specialists were most satisfied with their current headache treatment (Table).*

Predictors of low treatment satisfaction were more pharmacological treatments tried, and lower education and income levels (Table). Those employed full time were more satisfied and those "occupationally disabled" less satisfied with treatment (Table). Number of monthly headache days was inversely correlated with treatment satisfaction (rs = -0.34, p < 0.001).

Table. Factors Healthcare Pro Headache Spe Neurologist, n Primary Care Other HCP **Number of Pha** None 1-9 10-19 20-29 30 or more **Educational A** Less than HS HS diploma Some college Associate's d Bachelor's de Master's degr Doctorate or **Household Ann** Less than \$20 \$20,000 to \$3 \$35,000 to \$4 \$50,000 to \$7 \$75,000 to \$9 \$100,000 to \$ \$150,000 or r **Employment** (1 Employed full Not employed **Disability Statu** Disabled/on d Not disabled of

Despite widespread treatment use in this sample with high frequency migraine, treatment satisfaction was low and varied by respondent characteristics; particularly those with more severe and impactful disease.





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•	lisability	489	2.9	1.14	2.88	0.004	
	or on disability	1,227	3.1	1.14			

Note: Headache treatment satisfaction scores range from 1 (very dissatisfied) to 5 (very satisfied).

CONCLUSION