



# 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

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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

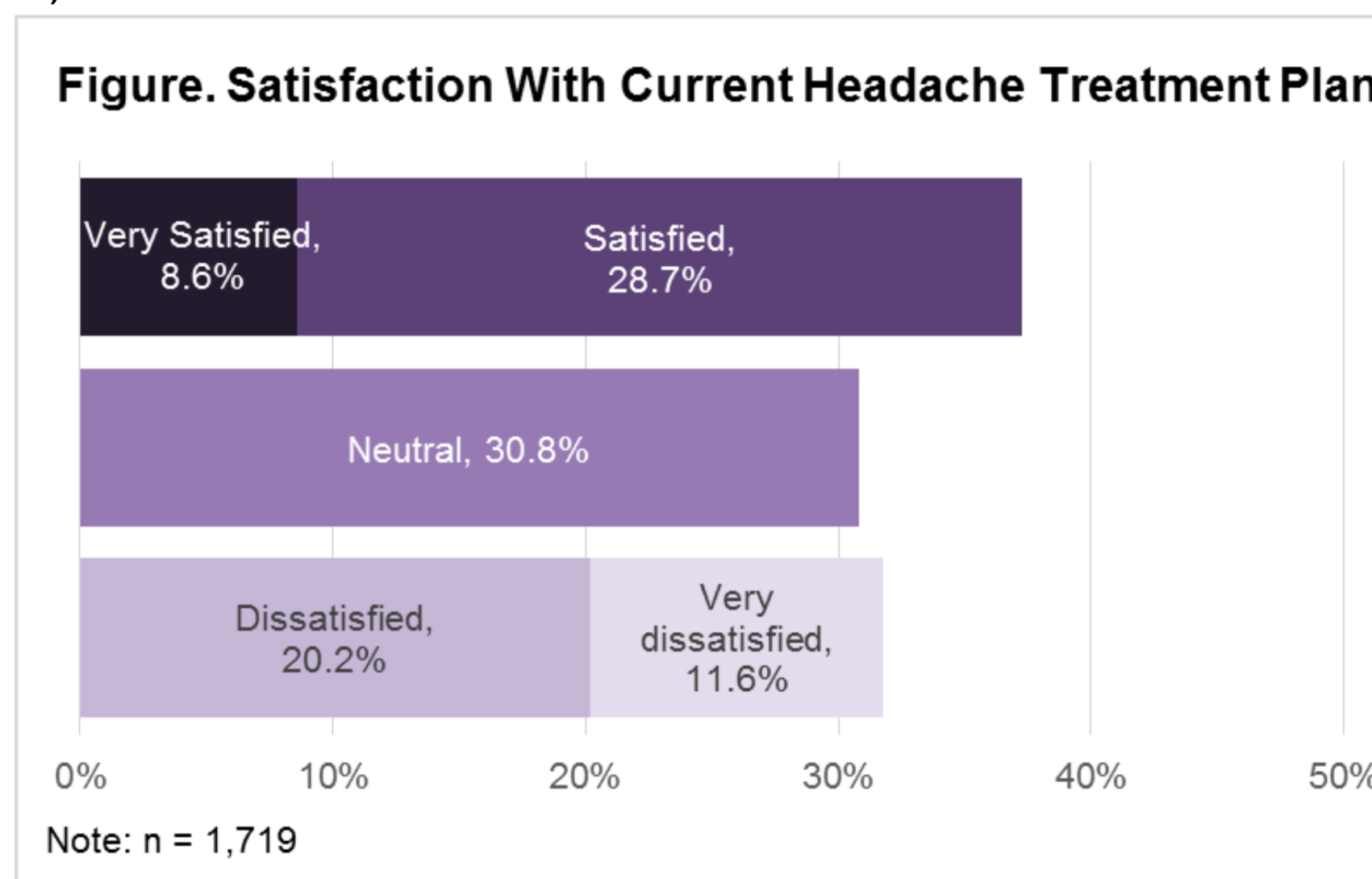
- We conducted a purposive, web-based survey of coalition participants' communities, recruited via websites, social media posts, and email lists.
- Respondents were U.S. adults with at least one headache in the prior year not due to hangover or illness.
- Those under treatment were asked to rate their 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.

## RESULTS

- 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).
  - Just over half (55.1%; n=976) reported current or prior use of ≥ 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**).



- 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 ( $r_s = -0.34, p < 0.001$ ).

**Table. Factors Associated with Overall Headache Treatment Satisfaction**

|  | n     | Mean | Std. Dev | F/t stat | Sig    |
|--|-------|------|----------|----------|--------|
| <b>Healthcare Professional (HCP) Type* (n = 1,656)</b>                   |       |      |          |          |        |
| Headache Specialist (HAS)  | 573   | 3.3  | 1.10     | 11.20    | 0.0000 |
| Neurologist, not HAS   | 564   | 2.9  | 1.14     |          |        |
| Primary Care Providers (PCP)   | 373   | 3.0  | 1.10     |          |        |
| Other HCP  | 146   | 2.9  | 1.18     |          |        |
| <b>Number of Pharmacologic Treatments (current and past) (n = 1,719)</b> |       |      |          |          |        |
| None   | 9     | 2.4  | 1.33     | 5.37     | 0.0003 |
| 1-9  | 753   | 3.1  | 1.13     |          |        |
| 10-19  | 509   | 3.0  | 1.15     |          |        |
| 20-29  | 203   | 2.9  | 1.12     |          |        |
| 30 or more   | 245   | 2.8  | 1.13     |          |        |
| <b>Educational Attainment (n = 1,706)</b>                                |       |      |          |          |        |
| Less than HS   | 7     | 2.4  | 0.79     | 2.69     | 0.0133 |
| HS diploma or equivalent   | 155   | 2.9  | 1.23     |          |        |
| Some college   | 408   | 2.9  | 1.09     |          |        |
| Associate's degree   | 244   | 3.0  | 1.15     |          |        |
| Bachelor's degree  | 503   | 3.0  | 1.13     |          |        |
| Master's degree  | 310   | 3.2  | 1.16     |          |        |
| Doctorate or other prof degree   | 79    | 3.1  | 1.10     |          |        |
| <b>Household Annual Income (n = 1,475)</b>                               |       |      |          |          |        |
| Less than \$20,000   | 266   | 2.7  | 1.22     | 4.62     | 0.0001 |
| \$20,000 to \$34,999   | 253   | 2.9  | 1.13     |          |        |
| \$35,000 to \$49,999   | 178   | 3.1  | 1.08     |          |        |
| \$50,000 to \$74,999   | 263   | 3.1  | 1.11     |          |        |
| \$75,000 to \$99,999   | 195   | 3.1  | 1.05     |          |        |
| \$100,000 to \$149,999   | 193   | 3.2  | 1.08     |          |        |
| \$150,000 or more  | 127   | 3.2  | 1.14     |          |        |
| <b>Employment (n = 1,716)</b>  |       |      |          |          |        |
| Employed full time   | 584   | 3.2  | 1.08     | -4.28    | 0.0000 |
| Not employed full time   | 1,132 | 2.9  | 1.16     |          |        |
| <b>Disability Status (n = 1,716)</b>                                     |       |      |          |          |        |
| Disabled/on disability   | 489   | 2.9  | 1.14     | 2.88     | 0.004  |
| Not disabled or on disability  | 1,227 | 3.1  | 1.14     |          |        |

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

## CONCLUSION

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.

\*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 ( $p < 0.01$ ).