# Migraine Diagnosis, Disability, and Work Productivity Impact in Migraine: **Results of the OVERCOME (International) Study**

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## BACKGROUND

Migraine is a debilitating neurological disease with an overall estimated prevalence of 11.7% in the United States (US)<sup>1</sup>, 17.9% in Spain<sup>2</sup>, 19.4% in Germany<sup>2</sup>, and 6.0%-10.8% in Japan<sup>2-4</sup>; it is the leading cause of disability in women <50 years of age<sup>5,6</sup>

- Only a few studies have evaluated the burden of migraine in multiple countries<sup>7</sup>
- The ObserVational survey of the Epidemiology, tReatment, and Care Of MigrainE (OVERCOME) is a web-based, population-based survey with country-specific surveys fielded in US (Cohort 3 [C3]), Spain, Germany, and Japan in 2020-2021

### **OBJECTIVE**

- To quantify overall and country-specific rates of self-reported medical diagnosis of migraine and disease burden among OVERCOME respondents meeting the modified International Classification of Headache Disorders version 3 (ICHD-3) criteria for migraine
- To further analyze differences in respondents with and without self-reported medical diagnosis of migraine, overall and in each country

# **KEY RESULT**

### Overall, Among Respondents Who Met Modified ICHD-3<sup>a</sup> Criteria for Migraine but Did Not Self-report a Medical Diagnosis, 45% Experienced Disability and 62% Experienced Interictal Burden

Migraine Disability Asses											
Self-reported Medical Diagnosis: NO											
<b>Country</b> Overall	55%				17%	6 <mark>14</mark> 9	<mark>%</mark> 14%	Coun Over			
US (C3)	52%				17%	15%	16%	US (C			
Spain	53%				18%	15%	6 15%	Spa			
Germany	42%			20%	5	18%	20%	Germa			
Japan	71%					129	% <mark>9%</mark> 8%	% Japa			
0% 20% 40% 60% 80% 100% Respondents (%)											
Dis	sabili	ty leve	el (Sco	ore):	Nor	ne to lit	ttle (0-8	5) <b>■</b> Mild(			

Recall Score

period Irange

Demographics and clinical characteristics: age, sex, monthly headache

Description

Five-items: quantifies the

missing or with reduced

home, and social events

number of days reported as

productivity related to work,

Four-items; measures interictal

migraine-related burden in four

domains: impairment in work

plans or commitments, and

Six-items; measures migraine

(absenteeism), impairment

overall work productivity loss,

and daily activity loss

emotional/affective and

cognitive distress

Productivity and impact on: work time missed

Impairment due while working (presenteeism),

days, and current employment status

Table: Migraine-related burden measures

### Methods

#### Study Design

- Cross-sectional, observational study. web-based country-specific surveys were fielded in 2020-2021 in demographically representative samples of US (C3), Spain, Germany, and Japan
- Adults aged 18 years or older and able to read and write in primary language of that country (English, Spanish, German, or Japanese)
- Reported ≥1 headache or migraine in the past 12 months and not all of them were due to illness or hangover

**Overall** N = 57,837

- US (C3) N=20,010 Spain N=10,229 Germany N=10,527 Japan N=17,071
  - Met modified ICHD-3 criteria for migraine using the validated American Migraine Study/American Migraine Prevalence and Prevention Study migraine diagnostic questionnaire<sup>8,9</sup>

**Overall** N=52,382 (91%) **US (C3)** N=19,362 (97%) **Spain** N=9638 (94%) Germany N = 9349 (89%) Japan N = 14,033 (82%)

C3, cohort 3; N, number of survey respondents identified at each step

#### Statistical Analyses

- Data were summarized using mean and standard deviation, or percentage
- For combined overall variables, least square mean and standard deviation of least square mean, or averaged percentage with equal weight across countries are reported
- For each overall and country-specific variable, respondents without (NO) and with (YES) self-reported medical diagnosis of migraine were compared using Student's *t*-test for continuous and Chi-square test for categorical variables

#### References

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Variables

dministered

questionnaire

Migraine

Disability

Assessment

(MIDAS)<sup>10</sup>

Migraine

Interictal

(MIBS-4)<sup>11</sup>

Work

Activity

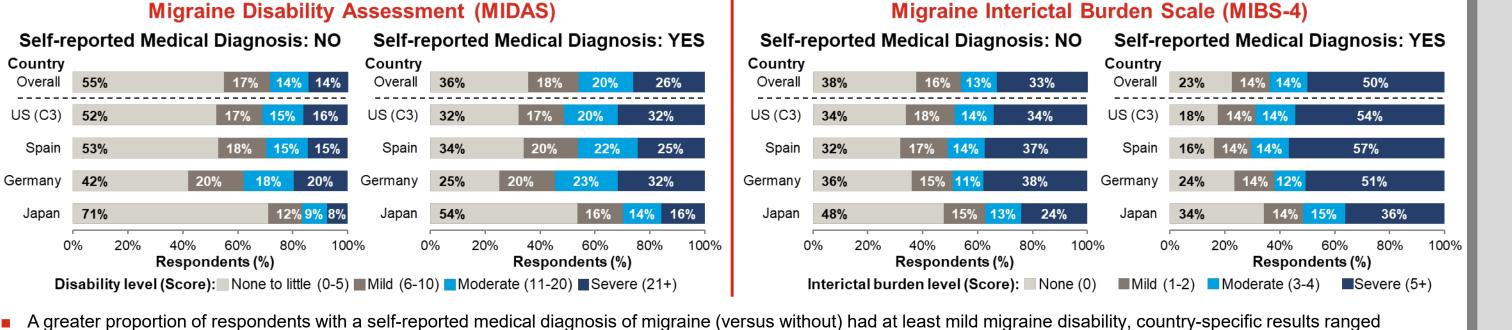
to Migraine

 $(WPAI-M)^{12}$ 

Burden Scale

- 9. Stewart WF, et al. JAMA. 1992;267:64-69.
- 10. Stewart WF, et al. Neurology. 2001;56:S20-S28
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- 12. Reilly MC, et al. Pharmacoeconomics. 1993;4:353-365.

### ssment (MIDAS)



46%-75% (diagnosis) vs. 29%-58% (no diagnosis); and at least mild migraine interictal burden, country-specific results ranged 66%-84% (diagnosis) vs. 52%-68% (no diagnosis) Each bar adds up to 100%. Overall data assigned equal weights to all countries. Chi-square test, all Self-reported medical diagnosis of migraine NO versus YES comparisons p<0.001.

<sup>a</sup> Modified ICHD-3 criteria for migraine was determined using the validated American Migraine Study/American Migraine Prevalence and Prevention Study migraine diagnostic screener C3, cohort 3; ICHD-3, International Classification of Headache Disorders, version 3

## **Results**

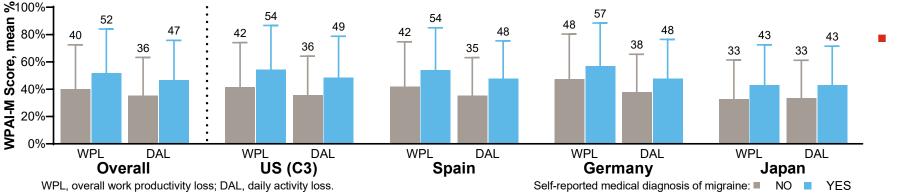
Respondent Demographics and Characteristics Overall and Across Countries Were Largely Similar and Followed Similar Pattern for Respondents With (51%) and Without (49%) Self-reported Medical Diagnosis of Migraine

Variables	Overall (N=52,382)		US (C3) (N=19,362)		Spain (N=9638)		Germany (N=9349)		Japan (N=14,033	
Self-reported Medical Diagnosis of Migraine		YES (N=26,834)	NO (N=9336)	YES (N=10,026)	NO (N=4481)	YES (N=5157)	NO (N=4327)	YES (N=5022)	NO (N=7404)	YES (N=662
Age (years), mean (SD)	40.0 (13.7)	40.7 (13.2)	40.7 (15.1)	41.8 (13.9)	39.8 (13.0)	38.9 (12.1)	40.5 (14.6)ª	41.3 (13.7) <sup>a</sup>	39.0 (12.3)	40.6 (12
Sex: % Female	65	67	73	76	61 <sup>b</sup>	60 <sup>b</sup>	59	63	67 <sup>b</sup>	69 <sup>b</sup>
Currently employed: %Yes	67	71	57	60	66	73	68	74	75 <sup>b</sup>	76 <sup>b</sup>
Monthly headache days, mean (SD)	3.7 (4.8)	5.3 (5.8)	3.9 (4.9)	5.9 (6.6)	3.2 (4.1)	4.3 (4.8)	4.0 (4.8)	5.1 (5.3)	3.8 (5.1)	5.6 (6.
MIDAS total score, mean (SD)	11.1 (20.6)	18.1 (26.6)	12.1 (21.2)	21.9 (30.3)	11.2 (19.6)	16.7 (23.0)	15.1 (24.7)	21.4 (28.7)	6.7 (15.7)	11.8 (21
MIBS-4 total score, mean (SD)	3.3 (3.7)	4.8 (3.9)	3.5 (3.7)	5.3 (4.0)	3.7 (3.7)	5.4 (3.9)	3.7 (3.9)	4.9 (4.1)	2.5 (3.2)	3.5 (3.

Overall data assigned equal weights to all countries. Student's t-test (continuous) and Chi-square test (categorical), all NO versus YES comparisons were significant (p<0.001) unless mentioned otherwise; a p=0.006; p=not significant. Note: All respondents met the modified ICHD-3 criteria for migraine, which was determined using the validated American Migraine Study/American Migraine Prevalence and Prevention Study migraine diagnostic screener.

C3, cohort 3; ICHD-3, International Classification of Headache Disorders, version 3; MIBS-4, Migraine Interictal Burden Scale; MIDAS, Migraine Disability Assessment; N, number of respondents; SD, standard deviation.

Overall, Respondents Who Met Modified ICHD-3<sup>a</sup> Criteria for Migraine but Did Not Self-report a Medical Diagnosis Experienced a Substantial Impairment due to Migraine in Their Work Productivity and Daily Activity



Respondents with a selfreported medical diagnosis of migraine (versus without) had greater migraine-related impairment in work productivity and daily activity

Data are represented as mean and SD. Overall data assigned equal weights to all countries. Student's t-test, all self-reported medical diagnosis of migraine NO versus YES comparisons p<0.001. <sup>a</sup> Modified ICHD-3 criteria for migraine was determined using the validated American Migraine Study/American Migraine Prevalence and Prevention Study migraine diagnostic screener. C3, cohort 3, ICHD-3, International Classification of Headache Disorders, version 3, SD, standard deviation; WPAI-M, Work Productivity and Activity Impairment due to Migraine.

Higher scores indicate more interictal burden; or school, impairment in family 4 weeks 0 to levels of interictal and social life, difficulty making (28 days) 12 burden (score): none (0), mild (1-2), moderate (3-4),

Levels

Higher scores

indicate more

mild (6-10),

severe (21+)

severe (5+)

productivity

3 months 0 to disability (score)

(90 days) 270 little to none (0-5),

disability; levels of

moderate (11-20),

Higher scores 1 week 0% to indicate greater (7 days) 100% impairment and less

# CONCLUSIONS

 Migraine-related disability and interictal burden are substantial across the US, Spain, Germany, and Japan

Overall, among survey respondents who met modified ICHD-3 criteria for migraine, just over half self-reported a medical diagnosis of migraine

Of the respondents without a self-reported medical diagnosis of migraine, 28% reported moderate or severe migraine-related disability and 46% reported moderate or severe interictal burden indicating that a substantial proportion of those without a medical diagnosis of migraine have significant unmet treatment needs

While overall respondents with a self-reported medical diagnosis of migraine (versus without) experience greater overall work productivity loss (52% vs. 40%) and daily activity loss (47% vs. 36%), substantial impairment was also observed in the latter group

Study highlights an international unmet need for diagnosing migraine, for effective timely intervention, and for identifying barriers to seeking care

#### **Strengths and Limitations** Large dataset capturing respondents across continents with uniform selection criteria and variables measured Use of validated instruments in regional languages for assessing the burden of migraine 629) Possibility of selection bias during recruitment Segments of the general population were overrepresented such as 12.7 those healthy enough to participate Respondents were from the online market research consumer panels and accepted the opportunity to participate; characteristics of this sample may differ from general population and those who (6.4) declined to participate Acknowledgments (21.5) The authors would like to thank Louise Lombard, PhD and Katherine J. Selzler, PhD, prior (3.5) employees of Eli Lilly and Company for being part of the team designing and executing the study; Kantar Health for their partnership in designing, deploying, and delivering this study. Medical writing services were provided by Minal Jaggar, PhD, an employee of Eli Lilly Services India Pvt. Ltd. Disclosures **RBL:** holds stock or options in Biohaven Holdings and CtrlM Health. He serves as consultant, advisory board member, has received honoraria from or research support from Abbvie (Allergan), American Academy of Neurology, American Headache Society, Amgen, Biohaven, Biovision, Boston, Dr Reddy's (Promius), Electrocore, Eli Lilly and Company, eNeura, Grifols, Equinox, GlaxoSmithKline, Lundbeck (Alder), Merck, Pernix, Pfizer, Teva, Vector and Vedanta. **JP:** Research support from Instituto de Salud Carlos III, Ministry of Economy, Spain. Advisory Board member of Allergan, Amgen-Novartis, and Eli Lilly and Company. SE: Consulting fee from Eli Lilly and Company, Teva, Novartis, Allergan. Honoraria from Eli Lilly and Company, Teva, Novartis, Allergan. **KH:** has received grants from the Ministry of Health, Labor and Welfare and The Japan Agency for Medical Research and Development and honoraria from Alexion Pharmaceuticals Inc., Esai, Otsuka, Amgen-Novartis, Abbi, Pfizer, and Eli Lilly and Company outside of this study. AMN, RAN, AZ, YK, and EMP: are employees and minor stockholders of Eli Lilly and Company. Scan the QR code or visit - https://lillyscience.lilly.com/congress/ihc202 for a list of all Lilly content presented at the congress

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