

Clinical Characteristics, Treatment Satisfaction and Barriers to Treatment for Patients with Migraine: Results from OVERCOME (EU), the European Observational Survey of the Epidemiology, Treatment and Care of Migraine

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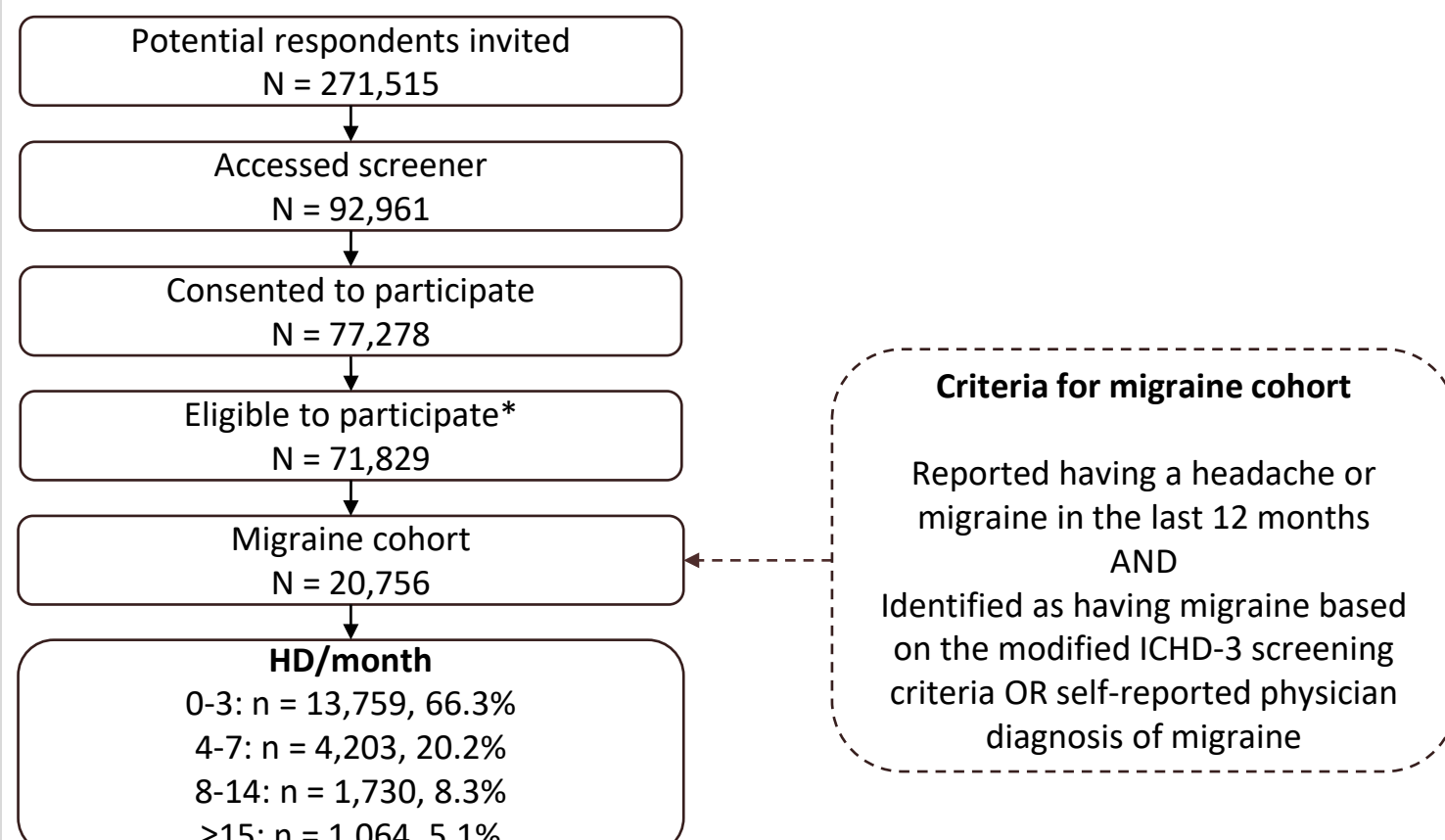
BACKGROUND AND OBJECTIVE

- Prior population-based surveys of migraine are limited by their geographic location, population subset, and/or may be outdated¹⁻³
- With new preventive migraine medications in the market, and anticipated approval of new acute treatments, it is important to understand the epidemiology and burden of migraine, identify barriers to the initiation of preventive and acute therapies in migraine, and understand how the introduction of new classes of migraine medication influences healthcare delivery and migraine care, as well as to understand perceptions/attitudes about people with migraine
- The **Observational survey of the Epidemiology, Treatment and Care Of Migraine Europe [OVERCOME (EU)]** is part of an overarching study program that also includes the US and Japan

The **objective** of this analysis is to describe the demographics, levels of treatment satisfaction, and barriers to treatment for people with migraine in Europe

STUDY DESIGN

- **OVERCOME (EU)** is a cross-sectional, population-based, web-based survey
- Enrollment and data collection period: Oct 2020 – Feb 2021
- Countries included: Spain and Germany



*Eligibility refers to parameters for a representative study sample per country, using screener quotas based on age and sex. HD = Headache Days; N/n = Number of individuals.

DEMOGRAPHICS AND DISABILITY

	HD/month				Total N=20,756
	0-3 N=13,759	4-7 N=4,203	8-14 N=1,730	≥15 N=1,064	
Mean age, years	40.1	40.7	41.2	42.2	40.4
Mean age at diagnosis, years*	24.0	24.4	25.1	24.3	24.2
Female, %	57.0	64.6	68.0	72.6	60.3
Previously diagnosed with migraine by healthcare provider, %	52.8	66.7	67.6	66.3	57.6
MIDAS# grade, %:					
I - Little or no disability	48.6	24.8	16.8	14.5	39.4
II - Mild disability	21.7	17.3	10.4	7.5	19.2
III - Moderate disability	17.7	24.6	22.1	13.9	19.3
IV - Severe disability	11.9	33.2	50.7	64.1	22.2

Colour gradient corresponding to percentages shown

*n = 5,710, 2,245, 938, and 575 for 0-3, 4-7, 8-14, and ≥15 HD/month, respectively and n = 9,468 for Total. #See 'Survey Instruments, References, and Declarations' section for further information. HD = Headache Days; MIDAS = Migraine Disability Assessment; N/n = Number of individuals.

CONCLUSIONS

- As expected, migraine-related disability increased with increasing HD/month
- Acute medication
 - Treatment optimization was rated as 'poor' or 'very poor' by more than half of those taking acute medication, with higher proportions for such related to triptans vs other acute medications
- Preventive medication
 - Almost two-thirds of those with ≥15 HD/month had never taken preventive medication
 - Top 3 reasons for never taking preventative medication were efficacy of other medications, migraines/severe headaches not being serious enough for treatment, and concerns with side effects
 - Almost two-thirds of those taking preventive medication declared that the medication 'somewhat', 'a little', or 'not at all' helped with migraine or severe headache attacks, which may be related to a short length of treatment

Study Strengths

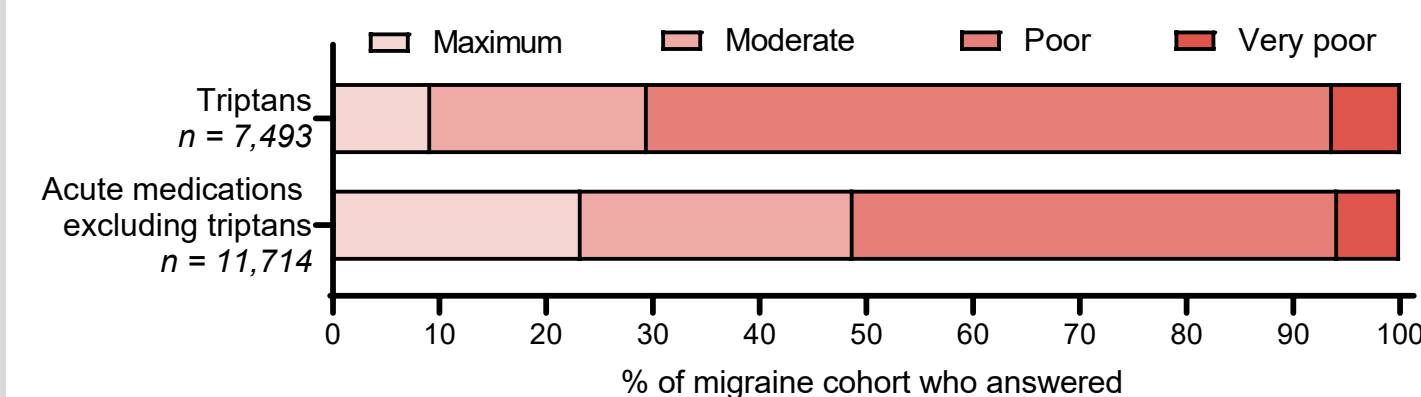
- General population-based assessment (not limited to clinic or niche migraine populations)
- Data collected as novel preventive therapeutics entering market

Study Limitation

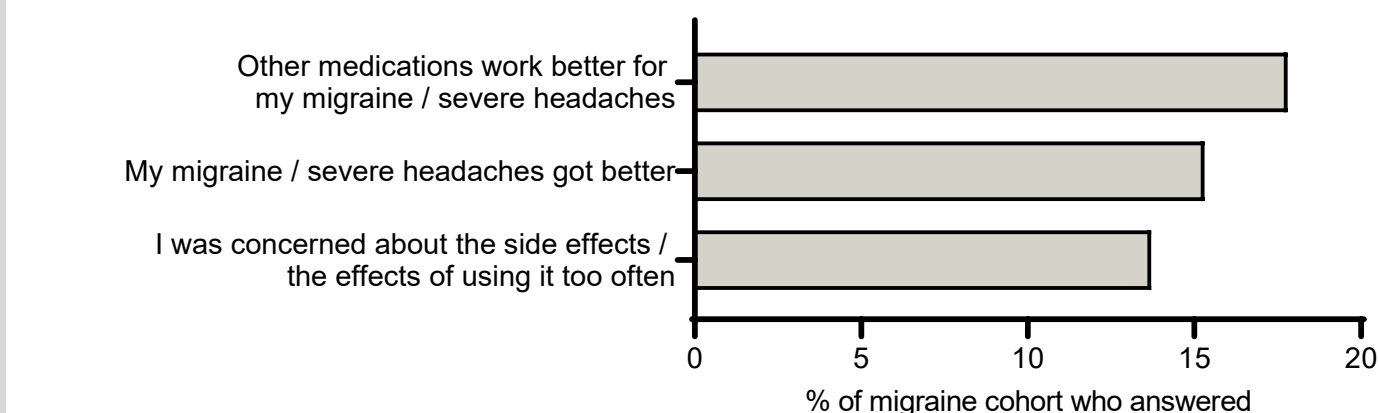
- Survey data are self-reported and are susceptible to recall, misinterpretation, and prioritization biases

ACUTE TREATMENT – SATISFACTION AND BARRIERS

migraine Treatment Optimization Questionnaire (mTOQ-6)#

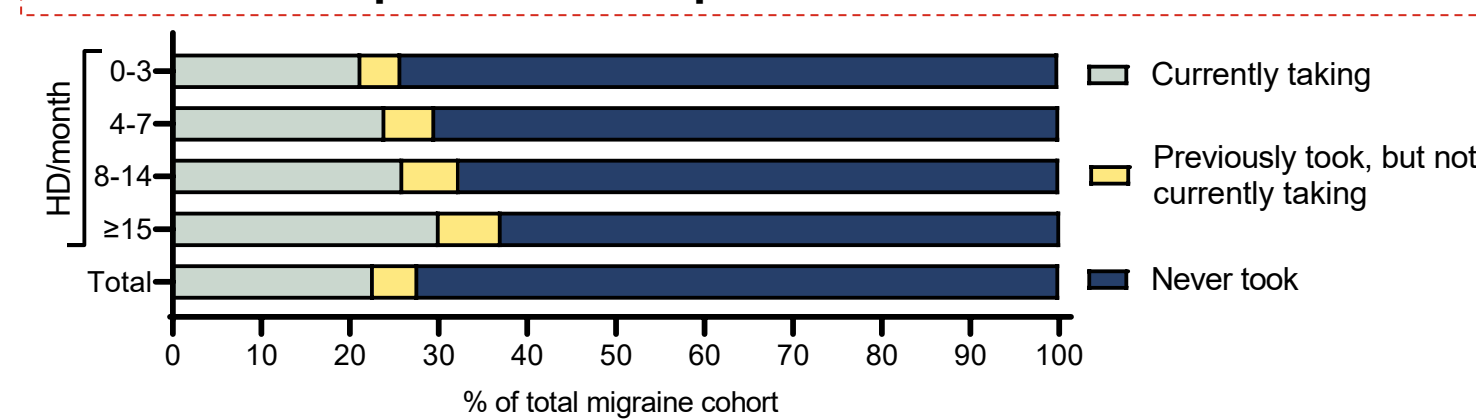


Top 3 reasons for no longer taking triptans (n = 5,538)

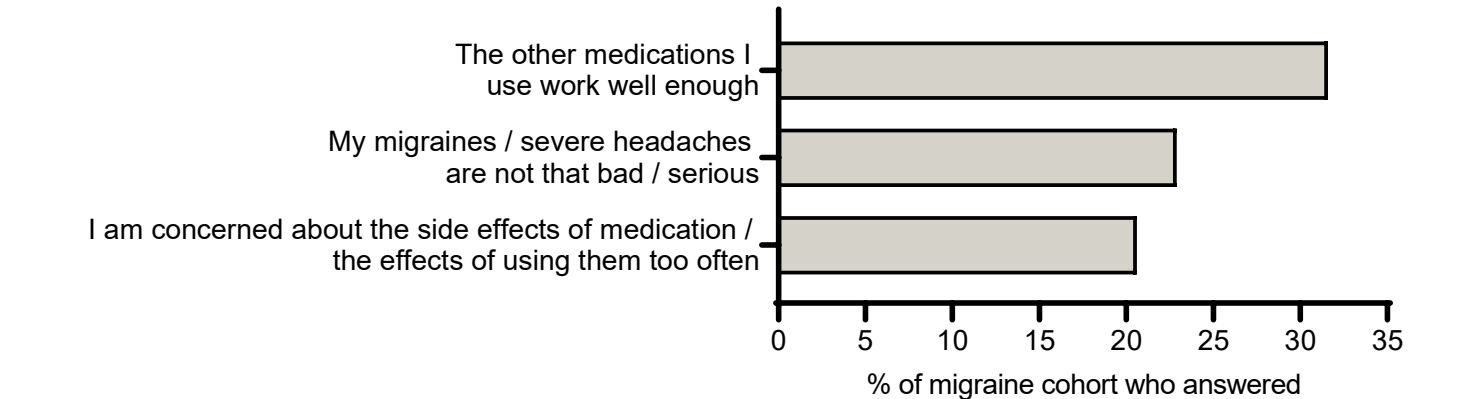


PREVENTIVE TREATMENT – EXPERIENCE AND BARRIERS

Experience with preventive medication



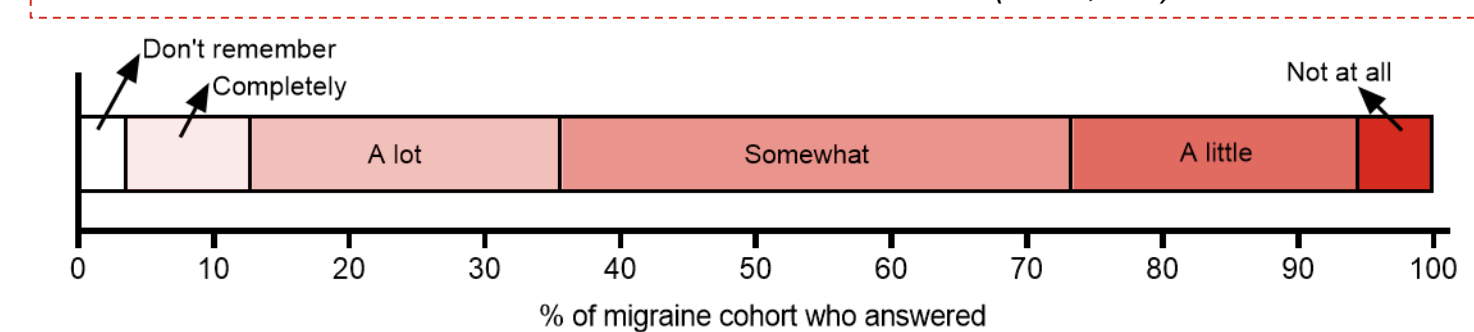
Top 3 reasons for never using preventive medication (n = 14,706)



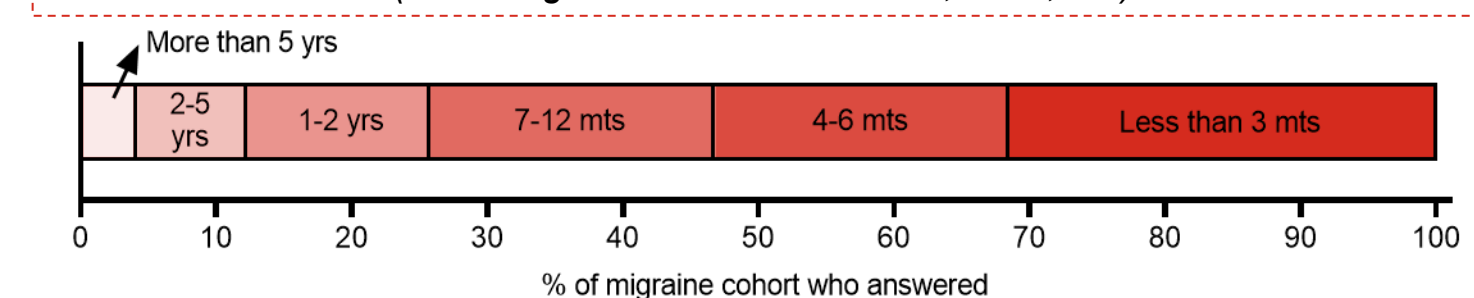
Question regarding experience with preventive medication was asked to all respondents. Preventive medication includes oral and injectable (monoclonal antibodies / botox) medications. Question regarding reasons for never using preventive medication was asked to respondents who had not been prescribed blood pressure/heart, anti-seizure, anti-depressant, or injectable (monoclonal antibodies/botox) medications ever for any reason OR had used such medication(s) for a health condition other than migraine/could not remember what the medication was used for. n = Number of individuals.

PREVENTIVE TREATMENT – SATISFACTION AND LENGTH OF TREATMENT

How much current preventive medication helps with migraine or severe headache attacks (n = 5,094)



Length of treatment of most recent preventive medication (excluding monoclonal antibodies, n = 1,121)



Question regarding how much current preventive medication helps with migraine or severe headache attacks was asked to respondents who had used any medication(s) in the prior 3 months to prevent migraines. Response options were based on a 5-point Likert scale (1 = Not at all, 2 = A little, 3 = Somewhat, 4 = A lot, 5 = Completely) with an additional response option of 'Don't remember'. Question regarding length of treatment of most recent preventive medication was asked to respondents who had used, and stopped using, blood pressure/heart, anti-seizure, or anti-depressant medication(s) in the past to prevent or reduce the frequency, severity, or duration of migraine or severe headaches and specifically regarding the most recent one. Response options were based on a 6-point Likert scale (1 = Less than 3 months, 2 = 4 to 6 months, 3 = 7 to 12 months, 4 = 1 to 2 years, 5 = 2 to 5 years, 6 = More than 5 years). Mts = Months; Yrs = Years; n = Number of individuals.

SURVEY INSTRUMENTS, REFERENCES, AND DECLARATIONS

Survey Instruments
MIDAS measures headache-related disability based on five disability questions on the number of missed days, in the prior 3 months, due to headache in school or paid work, household work, and family, social, or leisure activities as well as the number of additional days with significant limitations to activity in the domains of employment and household work. The MIDAS score is derived as the sum of the last days due to headache recorded for these questions and the sum score categories are little or no (0-5), mild (6-10), moderate (11-20), and severe (≥21). Two additional questions, that are not scored in the MIDAS Questionnaire, collect information on the frequency of headaches and the intensity of the headache pain (pain severity).⁴ mTOQ assesses acute treatment optimization.⁵ mTOQ-6 is a 6-item version assessing construct areas of (a) rapid return to normal activities, (b) 2-hour pain free, (c) 24-hour sustained pain relief, (d) tolerability, (e) ability to make plans, and (f) perceived control. Response options are 'Never', 'Rarely', 'Less than half the time', or 'Half the time or more' with a scoring algorithm of 0, 0, 1, and 2, respectively. The sum of scores from construct areas b, c, e, and f equates to one of the following categories (sum of scores): very poor (0), poor (1-5), moderate (6-7), or maximum (8).

References

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Disclosures

TP, HPH, DN, TT, and GDA are full-time employees and, except for TP, shareholders of Eli Lilly and Company. JP reports: serving on advisory boards for Allergan-Abbvie, Amgen-Novartis, Lilly, and TEVA; serving as speaker / on speaker boards for Allergan-Abbvie, Amgen-Novartis, Lilly, and TEVA; grant support for research or education from Allergan and Lilly; and serving on the editorial board for *Headache*. SE reports: serving on advisory boards for Allergan, Lilly, Lundbeck, Novartis, and Teva; serving as speaker / on speaker boards for Lilly, Lundbeck, Novartis, and Teva; and serving as a consultant for Lilly, Novartis, and Teva.

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