Demographics, Clinical Characteristics, Healthcare Provider Visits and Care Seeking Behavior Data from the European Observational Survey of the Epidemiology, Treatment and Care of Migraine: OVERCOME (EU)

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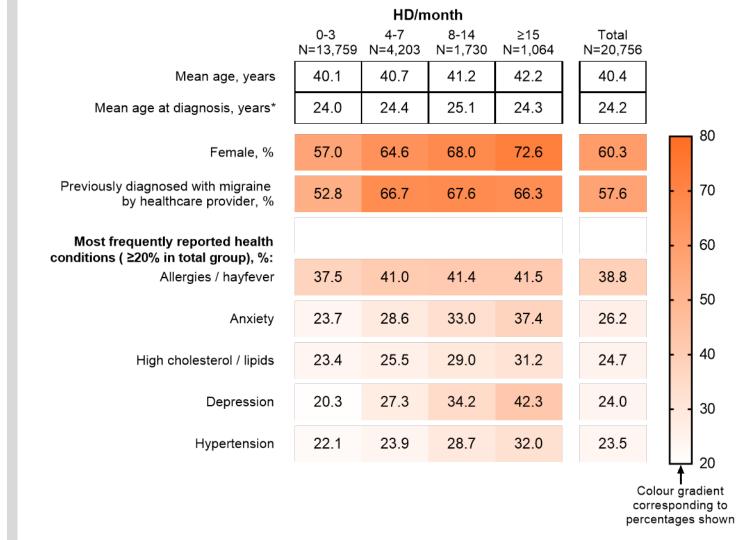
BACKGROUND AND OBJECTIVE

- Migraine is a debilitating neurological disease with an estimated overall prevalence of 15% in Europe¹
- 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, clinical characteristics, and care seeking behaviors of people with migraine in Europe

STUDY DESIGN ■ OVERCOME (EU) is a cross-sectional, population-based, webbased survey ■ Enrollment and data collection period: Oct 2020 – Feb 2021 Countries included: Spain and Germany Potential respondents invited N = 271,515Accessed screener N = 92.961Consented to participate N = 77,278**Criteria for migraine cohort** Eligible to participate* N = 71,829Reported having a headache or migraine in the last 12 months Migraine cohort N = 20,756Identified as having migraine based on the modified ICHD-3 screening HD/month criteria OR self-reported physician 0-3: n = 13,759, 66.3% diagnosis of migraine 4-7: n = 4,203, 20.2%

DEMOGRAPHICS AND COMORBIDITIES



*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. Health conditions other than migraine, that a healthcare provider told the individual they had, reported by at least 20% of the respondents in the total group are shown. HD = Headache Days; N/n = Number of individuals.

CONCLUSIONS

- Accompanying symptoms and comorbidities were reported by high proportions of individuals and their rates generally increased with increasing HD/month
- On average per individual, more than 50% of healthcare provider visits in the prior 12 months were migraine/severe headacherelated
- Among the individuals who visited a specialist and among those who needed emergency care at least once in the prior 12 months for migraine or severe headaches, approximately 40% in each group had severe disability (MIDAS IV)

Study Strengths

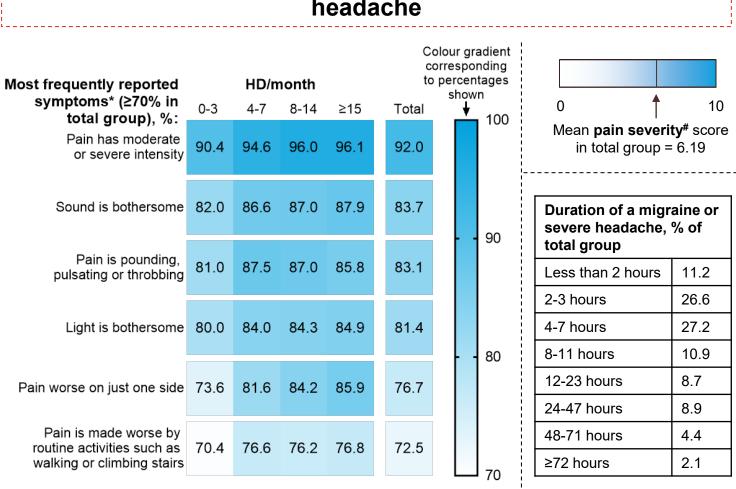
- General population-based assessment (not limited to clinic or niche migraine populations)
- Data collected as novel preventive therapeutics entering market

Study Limitation

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

CHARACTERISTICS OF MIGRAINE OR SEVERE HEADACHE

Symptoms, pain severity, and duration of migraine or severe headache



Questions regarding symptoms, pain severity score, and duration of a migraine or severe headache were asked to all respondents in the migraine cohort. *Percentages shown represent those who answered with 'less than half the time or more', with the remainder of respondents having answered 'never or rarely'. *See 'Survey Instruments, References, and Declarations' section for further information.

HEALTHCARE PROVIDER VISITS AND CARE-SEEKING BEHAVIOR

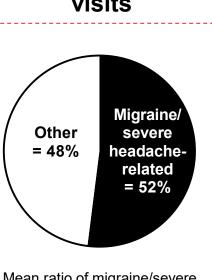
*Eligibility refers to parameters for a representative study sample per country, using screener quotas based on age and sex. HD =

Ratio of migraine/severe headache-related to total number of visits

Headache Days; N/n = Number of individuals.

8-14: n = 1,730, 8.3%

≥15: n = 1,064, 5.1%



Mean ratio of migraine/severe headache-related to total number of healthcare provider visits in the prior 12 months, per individual once in the prior 12 months for migraine or severe headaches

Primary care / General practice n = 8,758Pharmacist n = 6,077General neurologist n = 3,083Emergency service / Urgent care provider n = 2,143Headache specialist n = 1,930Other type of Doctor or Specialist n = 1,667Pain specialist n = 1,667

n = 1,346

n = 565

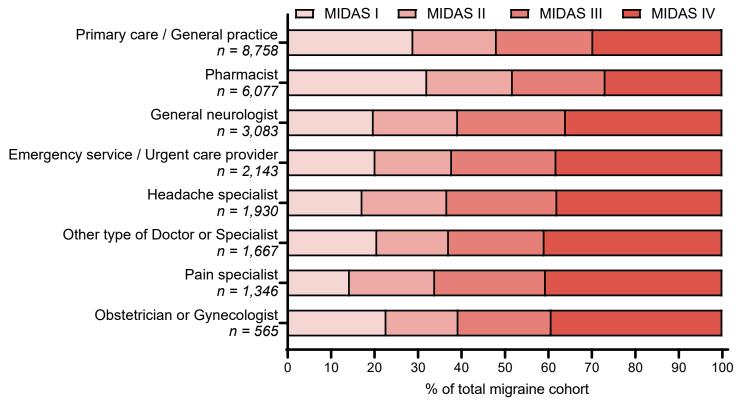
Healthcare providers visited at least

Respondents in the migraine cohort who had visited a healthcare provider in the prior 12 months for any reason were subsequently questioned regarding visits to the same healthcare provider(s) in the prior 12 months for migraine or severe headaches specifically. n = Number of individuals.

Obstetrician or Gynecologist

LEVEL OF DISABILITY IN INDIVIDUALS, PER HEALTHCARE PROVIDERS VISITED

Distribution of MIDAS# categories per healthcare providers visited at least once in the prior 12 months for migraine or severe headaches



Respondents in the migraine cohort who had visited a healthcare provider in the prior 12 months for any reason were subsequently questioned regarding visits to the same healthcare provider(s) in the prior 12 months for migraine or severe headaches specifically. All respondents in the migraine cohort were asked to complete the MIDAS. MIDAS I = little or no disability; MIDAS II = mild disability; MIDAS IV = severe disability. #See 'Survey Instruments, References, and Declarations' section for further information. MIDAS = Migraine Disability Assessment; n = Number of individuals.

SURVEY INSTRUMENTS, REFERENCES, AND DECLARATIONS

Survey Instrument

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 lost 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).²

Reference

1. Stovner LJ, Andree C. *J Headache Pain*. 2010;11(4):289-99. 2. Stewart WF, et al. *Neurology*. 2001;56(6 Suppl 1):S20-8.

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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