Optimal Acute Treatment is Associated with Gains in People with Migraine: Results from the Chronic Migraine Efficacy and Outcomes (CAmEO) Study

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RESULTS

Participants

- Out of 16,789 CAMEO respondents with migraine, 14.6% (n=2455) met all inclusion criteria and were included in this analysis.
- MHD frequency was 53 MHDs in 48.1% of respondents, 4-7 MHDs in 24.5%, 8-14 MHDs in 15.4%, and ≥15 MHDs in 11.9% (Table 2).

Table 2. Baseline Characteristics by Acute Treatment Optimization

<table>
<thead>
<tr>
<th></th>
<th>&lt;53 MHDs</th>
<th>53 MHDs</th>
<th>4-7 MHDs</th>
<th>8-14 MHDs</th>
<th>≥15 MHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, y (mean)</td>
<td>39.5 (10.3)</td>
<td>41.2 (11.0)</td>
<td>40.9 (10.7)</td>
<td>42.0 (11.1)</td>
<td>43.9 (11.7)</td>
</tr>
<tr>
<td>Sex, female</td>
<td>215 (79)</td>
<td>249 (80.2)</td>
<td>269 (79.7)</td>
<td>240 (77.8)</td>
<td>215 (79.6)</td>
</tr>
<tr>
<td>College degree</td>
<td>128 (46.9)</td>
<td>160 (51.6)</td>
<td>124 (32.3)</td>
<td>150 (44.1)</td>
<td>166 (59.3)</td>
</tr>
<tr>
<td>Income (yearly)</td>
<td>1053 (80)</td>
<td>1036 (80)</td>
<td>1029 (80)</td>
<td>1034 (80)</td>
<td>1078 (79)</td>
</tr>
<tr>
<td>Monthly headache day frequency</td>
<td>56 (8.3)</td>
<td>49 (7.6)</td>
<td>49 (7.6)</td>
<td>49 (7.6)</td>
<td>49 (7.6)</td>
</tr>
</tbody>
</table>

Table 3. Acute Medication Use by Acute Treatment Optimization

<table>
<thead>
<tr>
<th></th>
<th>&lt;53 MHDs</th>
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<th>4-7 MHDs</th>
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<th>≥15 MHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any over-the-counter medication use†</td>
<td>240 (87.8)</td>
<td>271 (87.4)</td>
<td>286 (86.0)</td>
<td>282 (86.0)</td>
<td>241 (85)</td>
</tr>
<tr>
<td>Ibutprofen</td>
<td>126 (45.1)</td>
<td>138 (44.5)</td>
<td>207 (44.7)</td>
<td>273 (45.8)</td>
<td>285 (35.4)</td>
</tr>
<tr>
<td>Aserotonin</td>
<td>110 (40.7)</td>
<td>137 (44.2)</td>
<td>204 (44.1)</td>
<td>250 (41.9)</td>
<td>307 (73.8)</td>
</tr>
<tr>
<td>Asparaginase</td>
<td>114 (43.2)</td>
<td>119 (43.6)</td>
<td>106 (46.0)</td>
<td>216 (36.2)</td>
<td>289 (35.5)</td>
</tr>
<tr>
<td>Naproxen sodium</td>
<td>98 (30.3)</td>
<td>110 (30.5)</td>
<td>169 (36.5)</td>
<td>251 (30.7)</td>
<td>259 (31.9)</td>
</tr>
<tr>
<td>Diltiazem</td>
<td>52 (16.9)</td>
<td>62 (20.0)</td>
<td>93 (20.5)</td>
<td>117 (16.9)</td>
<td>142 (17.5)</td>
</tr>
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Lost Productive Time by Acute Treatment Optimization Score

- Across the full analysis population, a greater number of positive mTQoL-5 responses was associated with lower mean 3-month LPT, absenteeism, and presenteeism days (Figure 1).

Figure 1. Mean 3-Month Absenteeism and Presenteeism, LPT by Treatment Optimization and MHD Group

- Absenteeism and Presenteeism by Treatment Optimization Across MHD Category

- A similar relationship with acute treatment optimization was observed in nearly all MHD groups, lower mean 3-month LPT days were observed in the optimized group compared with the suboptimized group (Figure 2).

Figure 2. Mean 3-Month Absenteeism and Presenteeism by Acute Treatment Optimization and MHDs

Study Design

The CAMEO Study was a longitudinal web-based survey conducted September 2012 to November 2013 that identified and characterized people who met criteria for migraine consistent with the International Classification of Headache Disorders. In addition, CAMEO respondents completed behavioral items and test measures of health-related quality of life. The study was approved by the institutional review board at Einstein College of Medicine.

METHODS

Background

Migraine is a chronic disease with episodic attacks defined by symptoms of moderate to severe headache pain, photophobia, phonophobia, and nausea.

METHODS

- The CAMEO Study was a longitudinal web-based survey conducted September 2012 to November 2013 that identified and characterized people who met criteria for migraine consistent with the International Classification of Headache Disorders.

Identification

- The study included respondents who reported current use of prescription or nonprescription acute treatment medications.

Characterizing Acute Treatment Optimization

- The CAMEO Study used the mTQoL-5 tool to evaluate acute treatment optimization and was correlated with the Migraine Disability Assessment (MIDAS) score (Pearson’s r = 0.20), depression (Pearson’s r = 0.25), and quality of life (Pearson’s r = 0.30).

Table 1. mTQoL-5 Items (Extrahistorical Yes/No Response Options)

- The following questionnaire items are taken from the mTQoL-5 tool used to evaluate acute treatment optimization and correlation with treatment for all patients found to be significantly correlated with the mTQoL-5 tool.

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