

Identifying barriers to care-seeking, diagnosis, and preventive medication among those with migraine: Results of the OVERCOME study

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BACKGROUND

- Understanding the patient's path to taking recommended preventive medication for migraine may help identify barriers
- The journey to potentially effective preventive treatment of migraine with associated disability includes at least 3 conditional steps:
 - Consulting a healthcare professional
 - Receiving an accurate diagnosis
 - Taking a recommended^a preventive medication
- Previous efforts to identify barriers to consulting, diagnosis, and treatment did not consider episodic/chronic migraine together and/or were conducted in a historical healthcare environment^{1,2}
- OVERCOME, a web-based survey conducted in a representative US sample, provides a contemporary view of the migraine healthcare landscape, spanning those with very low-frequency episodic migraine to those with chronic migraine

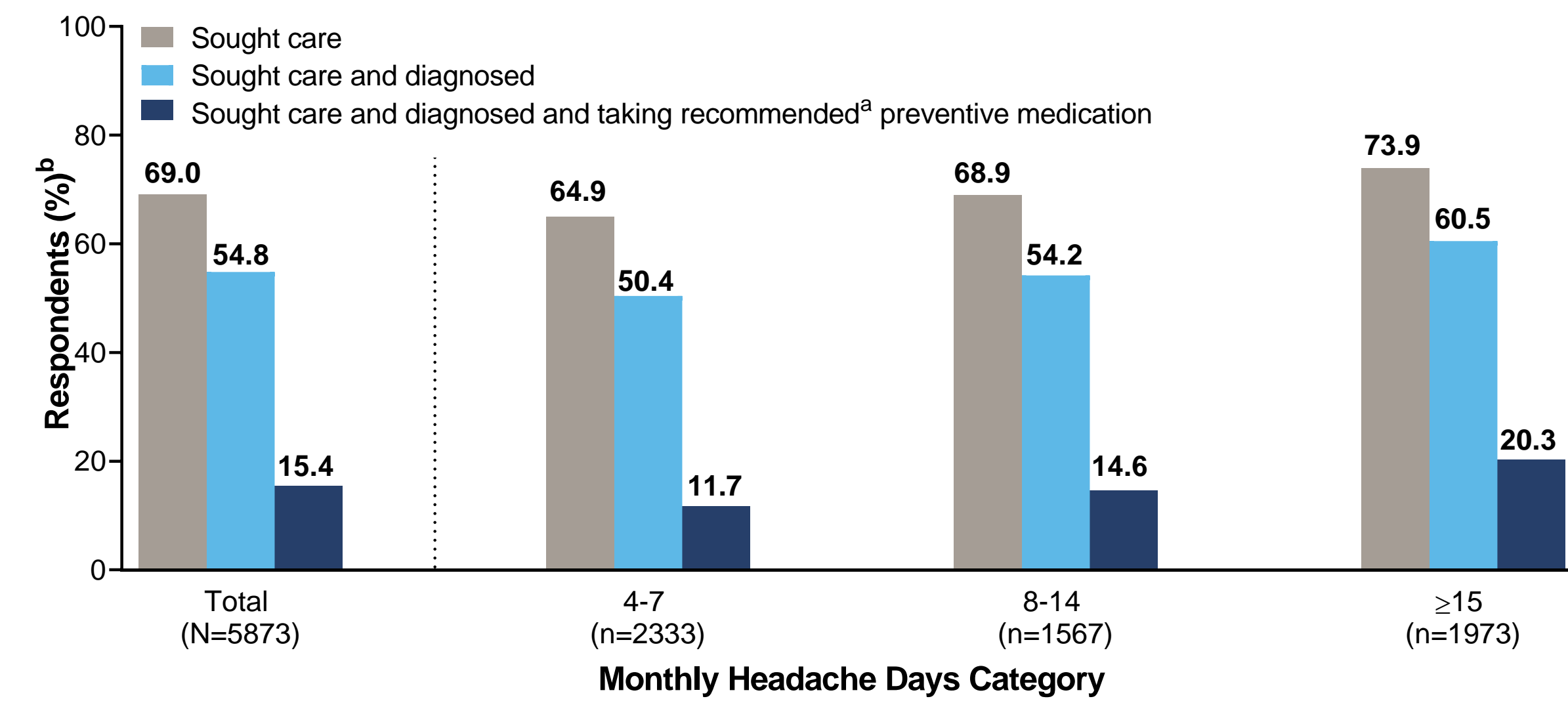
OBJECTIVE

- Determine the proportion of people with disabling migraine who traverse each of these steps
- Compare individuals at each step regarding sociodemographics, migraine-related characteristics, and healthcare utilization for migraine

^aRecommended medications refer to those with established/probable efficacy as identified by the American Academy of Neurology (AAN)/American Headache Society (AHS) guidelines (Silberstein SD, et al. *Neurology*. 2012;78:1337-1345) and the AHS position statement regarding new migraine treatments (American Headache Society. *Headache*. 2019;59:1-18). Medications include: topiramate, divalproex sodium/valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, nortriptyline, venlafaxine, duloxetine, and onabotulinumtoxinA. OVERCOME=Observational survey of the Epidemiology, iTreatment, and Care Of Migraine. 1. Dodick DW, et al. *Headache*. 2016;56:821-834. 2. Lipton RB, et al. *Headache*. 2013;53:81-92.

KEY RESULTS

Proportion Seeking Care, Diagnosed With Migraine, and Taking Recommended^a Preventive Medication for Migraine Among Respondents With ≥4 Monthly Headache Days and at Least Moderate Headache-Related Disability



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CONCLUSIONS

- Only 15.4% of individuals with ≥4 monthly headache days and moderate or severe headache-related disability traverse the 3 steps and are taking recommended^a preventive medication
- Key factors were found to differentiate those who traverse the steps to optimal care:
 - Higher likelihood to traverse: older age, having health insurance, higher migraine frequency, more severe migraine-related disability, pain severity, cutaneous allodynia, poor acute treatment optimization, and care sought at specialist
 - Lower likelihood: seeking care at ED/UC/Retail Clinic
- These findings demonstrate the high barriers and available opportunities to improve the diagnosis and management of disabling migraine given the current availability of preventive therapies

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OVERCOME Q4 2018 Cohort 1, Wave 1, Respondents With Moderate or Severe Disability (N=5873; 27.8% of total respondents [N=21,143])

Study Population

- Met criteria for migraine based on:
 - Validated AMS/AMPP migraine diagnostic screener¹ using ICHD-3 criteria (94% of sample) AND/OR
 - Self-report of migraine diagnosis by an HCP (61% of sample)
- Reported ≥4 monthly headache days on average over the past 90 days
- Experienced at least moderate migraine-related disability (as defined by a MIDAS score ≥11)

Population Subgroups

- Sought care** (Yes/No) based on having sought care for migraine over the past 12 months
- Migraine diagnosis** (Yes/No) based on report of having been diagnosed by an HCP
- Taking recommended preventive medication^a** (Yes/No) based on those with established/probable efficacy as identified by the AAN/AHS guidelines and the AHS position statement regarding new migraine treatments^{2,3}
- Monthly headache days category (4-7, 8-14, ≥15) based on monthly headache day average over the past 90 days

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Survey Instruments

- MIDAS: to assess migraine-related disability⁴
- ASC-12: to assess presence and severity of cutaneous allodynia symptoms during migraine attacks⁵
- MSSS: to assess migraine symptom severity⁶
- mTOQ-4: to assess acute treatment optimization⁷
- MSQ-RFR: to assess quality of life specifically related to migraine⁸
- Pain severity: to assess average pain of migraine or severe headaches⁴

Statistical Methods

- The data are presented as frequency counts with percentages or means and SDs
- t test (continuous variables) or chi-square test (categorical variables), for total respondents and stratified by monthly headache days category, evaluated differences between groups at each step (p<0.05)

Differences in Sociodemographic and Migraine-Related Factors by Care-Seeking, Diagnosis, and Taking Recommended^a Preventive Medication

Variable	Sought Care			Migraine Diagnosis Among Those Who Sought Care			Taking Recommended ^a Preventive Medication Among Those Diagnosed		
	No (n=18/20)	Yes (n=40/53)	p-Value	No (n=83/5)	Yes (n=32/18)	p-Value	No (n=231/6)	Yes (n=902)	p-Value
Mean age, years	39.9	41.3	<0.001	42.4	41.1	0.013	40.6	42.2	0.003
Female, %	83.1	78.2	<0.001	73.4	79.5	<0.001	78.7	81.5	0.076
Hispanic, %	8.6	10.4	0.073	9.8	10.6	0.626	10.3	11.3	0.106
White, %	89.6	85.8	<0.001	84.6	86.1	0.359	86.1	85.9	0.609
Have health insurance, %	80.1	89.4	<0.001	88.4	89.6	0.301	87.7	94.5	<0.001
College degree or higher, %	28.1	31.3	0.015	29.1	31.9	0.119	31.0	34.4	0.062
Employed full-time, %	37.8	41.1	0.017	40.2	41.3	0.568	41.9	39.9	0.308
Pain severity, mean	7.5	7.9	<0.001	7.3	8.1	<0.001	8.0	8.2	<0.001
ASC-12, mean	4.3	5.9	<0.001	5.1	6.2	<0.001	5.9	6.7	<0.001
MSSS, mean	17.8	18.4	<0.001	17.3	18.7	<0.001	18.6	19.0	<0.001
mTOQ-4 Poor/very poor optimization, %	61.1	67.5	<0.001	61.6	69.0	<0.001	68.9	69.4	0.954
MSQ-RFR, mean	50.7	43.5	<0.001	49.4	41.6	<0.001	41.9	41.4	0.354

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Differences in Severity of Migraine-Related Disability and Healthcare Utilization Location by Care-Seeking, Diagnosis, and Taking Recommended^a Preventive Medication

Variable	Sought Care			Migraine Diagnosis Among Those Who Sought Care			Taking Recommended ^a Preventive Medication Among Those Diagnosed		
	No (n=18/20)	Yes (n=40/53)	p-Value	No (n=83/5)	Yes (n=32/18)	p-Value	No (n=231/6)	Yes (n=902)	p-Value
MIDAS ≥21, mean	63.1	74.2	<0.001	69.6	74.2	<0.001	73.4	80.6	<0.001
Most specialized level of care sought in past 12 months, %									
ED/UC/Retail	--	8.9	--	12.9	7.8	<0.001	9.9	2.5	<0.001
Primary care	--	38.6	--	46.5	36.5	<0.001	42.4	21.5	<0.001
Specialist	--	49.8	--	35.8	53.4	<0.001	45.1	74.9	<0.001
Other	--	2.7	--	4.8	2.2	<0.001	2.7	1.0	0.004
ED or UC for headache in past 12 months	--	52.0	--	49.7	52.5	0.142	53.0	51.4	0.433

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