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PS46: Unmet Need in Migraine Prophylaxis Treatment in the United States of America: Data from Clinical Practice

Mutebi, A.[1]; Pike, J.[2]; Shah, N.[3]; Jackson, J.[4]; Cotton, S.[4]; Desai, P.[1]; Sapra, S.[1]

[1]Amgen, Thousand Oaks, CA, USA; [2]Adelphi Real World, GBR; [3]Amgen, CA, USA; [4]Adelphi Real World, Bollington, Cheshire, GBR

Background: This abstract explores reasons for the choice, failure (i.e., discontinuation and/or switch), and factors associated with a history of failure, of migraine prophylaxis treatments using data from clinical practice in the United States of America (USA).

Methods: Data were drawn from the 2014 Adelphi Migraine Disease Specific Program, a cross sectional survey of physicians and their migraine patients across the USA. Descriptive analyses included: Physician reported reasons for using a migraine prophylaxis treatment; percent of patients with a history of failure of a migraine prophylaxis treatment regimen; physician-reported and patient-reported reasons for such failure for patients included in the survey. Using physicians as the clustering unit, multivariable logistic regression was used to explore factors associated with the dependent variable as patients' history of prophylaxis use (1st prophylaxis, i.e., no history of failure, vs. history of failure of a prophylaxis regimen), and independent variables as: demographic characteristics, monthly headache days (HD); migraine-specific acute medications; time since migraine diagnosis (DD); anxiety; depression; body mass index, over the counter medications used, number of comorbidities (NC); physician specialty (primary care physicians-PCPs, neurologists, internists); Migraine Disability Assessment (MIDAS) scores; EuroQol 5- Dimensions scores.

Results: Of the 818 patients using migraine prophylaxis treatments among those surveyed, 390 (47.7%) had failed a prophylaxis treatment regimen in the past; 257 (31.4%) were on their 2nd prophylaxis, 92 (11.2%) on their 3rd, 41 (5.0%) on their 4th or more. Physicians reported reasons for choosing a prophylaxis treatment for the patients in this survey included: efficacy/effectiveness only (reported for 16.8% of cases), tolerability only (for 1.6% of cases), both efficacy/effectiveness and tolerability (for 81.1% of cases). Physicians reported reasons for patients (included in this survey) failing a prophylaxis treatment regimen included: lack of effectiveness (LOE) only (for 25.6% of cases), poor tolerability only (for 22.4% of cases), both LOE and poor tolerability (for 33.7% of the cases). Among patients that provided reasons for failure of a prophylaxis treatment regimen in the past, 28.9% of cases were due to LOE only, 30.7% were due to poor tolerability only, and 32.7% were due to both LOE and poor tolerability. Factors associated with the history of failure on prophylaxis treatment included: number of concomitant health conditions (OR51.50, p50.027), MIDAS scores (OR51.03, $p<0.001$).

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Conclusion: Nearly half of current prophylaxis users surveyed in the USA have failed a migraine prophylaxis treatment regimen in the past. Failures are largely due to a combination of LOE and poor tolerability. The number of failures due to poor tolerability only is comparable to LOE only. In about a third of the cases, the physicians and patients reported both poor tolerability and LOE as reasons for failure of a migraine prophylaxis treatment regimen. This underscores substantial unmet need for more effective and/or more tolerable migraine prophylaxis therapies.