

Michael J. Doane¹, Paola Vo², Juanzhi Fang³, Annik K. Laflamme², Shaloo Gupta⁴

¹Kantar Health, Horsham, PA 19044

²Novartis Pharma AG, Basel, Switzerland; presenting author;

³Novartis Pharmaceuticals Corporation, New Jersey, USA;

⁴Kantar Health, New York, NY, 10010, USA

Introduction

Objectives

to estimate the economic burden of migraine for 4 monthly headache days (MHDs) in Europe.

Methods

The NHWS (NHWS) conducted in the EU5 (France, Germany, Italy, Spain, and UK).

The NHWS data representative of adults across the EU5.

Participants who reported 4 MHDs overall during the prior month, were stratified by frequency (i.e., 4-7, 8-14 and 15 MHDs) and matched by propensity

score on variables including age, gender, education level, BMI, smoking, marital

status, income, employment status, comorbidity index [CCI]

score. The 4 MHDs) vs non-migraine controls using propensity score values and

Productivity and Activity Impairment Questionnaire – General Health version (WPAI-GH) . The WPAI instrument is comprised of 6 questions

regarding work productivity, absenteeism, hospitalizations during the prior 6 months of survey completion.

Statistical analysis used Kruskal-Wallis tests for continuous variables and chi-square tests for categorical

variables. Follow-up tests were used to determine significant differences

Results

Analyses of the propensity score-matched sample of 1569 respondents

across migraine frequency subgroups (4-7, 8-14 and 15MHDs/

month) showed significantly higher rates of visits to a general practitioner, neurologist, ER or hospitalization in the prior 6 months compared with

Table 1

Outcome	4-7 MHDs	8-14 MHDs	15 MHDs
General Practitioner Visits	1.2	1.5	1.8
Neurologist Visits	0.3	0.4	0.5
ER Visits	0.1	0.2	0.3
Hospitalizations	0.05	0.08	0.12
WPAI-GH Score	15	20	25