

Proportion of Migraine Patients in Migraine Frequency Sub-Groups: A Cross-Sectional Analysis of Survey Data in France, Germany, Italy, Spain and the United Kingdom

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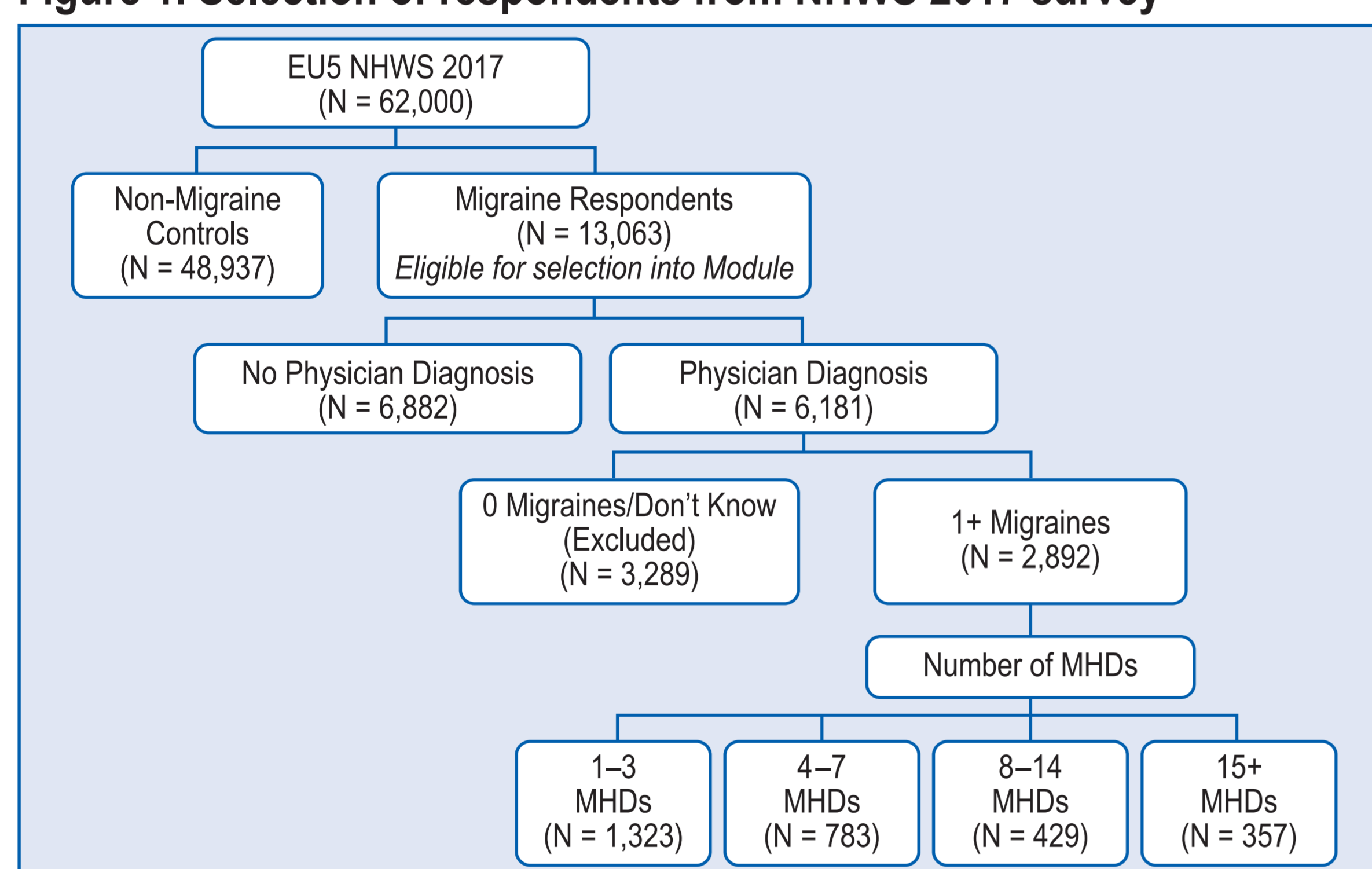
BACKGROUND

- Worldwide, migraine is a common and disabling neurological condition^{1,2} and is estimated to affect approximately 1 in 8 Europeans³
- The humanistic and economic burden of migraine is high, especially in the European Union Five (France, Germany, Italy, Spain, and United Kingdom; EU5)^{4,5}
- In migraine patients, recurrent attacks of migraine have significant impacts on their work and household activities.⁶ This further contributes to their existing burden of disease^{4,5}
- However, there is a lack of data on the proportion of patients and respective resource utilization stratified by different frequencies of migraine (i.e. 4–7, 8–14, & ≥15 monthly headache days [MHDs]). Hence, the present analysis was aimed to estimate the proportion of patients within the different migraine frequency sub-groups in the EU5 countries, and compare their healthcare resource use (HRU) using baseline data from the 2017 National Health and Wellness Survey (NHWS)

METHODS

- This retrospective analysis was conducted using NHWS in 2017 for EU5 countries
- Survey respondents experiencing migraine in past 12 months and reported a physician-diagnosis, were included (Figure 1)
- This sample was further stratified according to frequency of migraines (1–3 MHDs, 4–7 MHDs, 8–14 MHDs, and ≥15 MHDs) (Figure 1)
- HRU was estimated through standard questions including visits to healthcare practitioners (HCPs) in the preceding 6 months

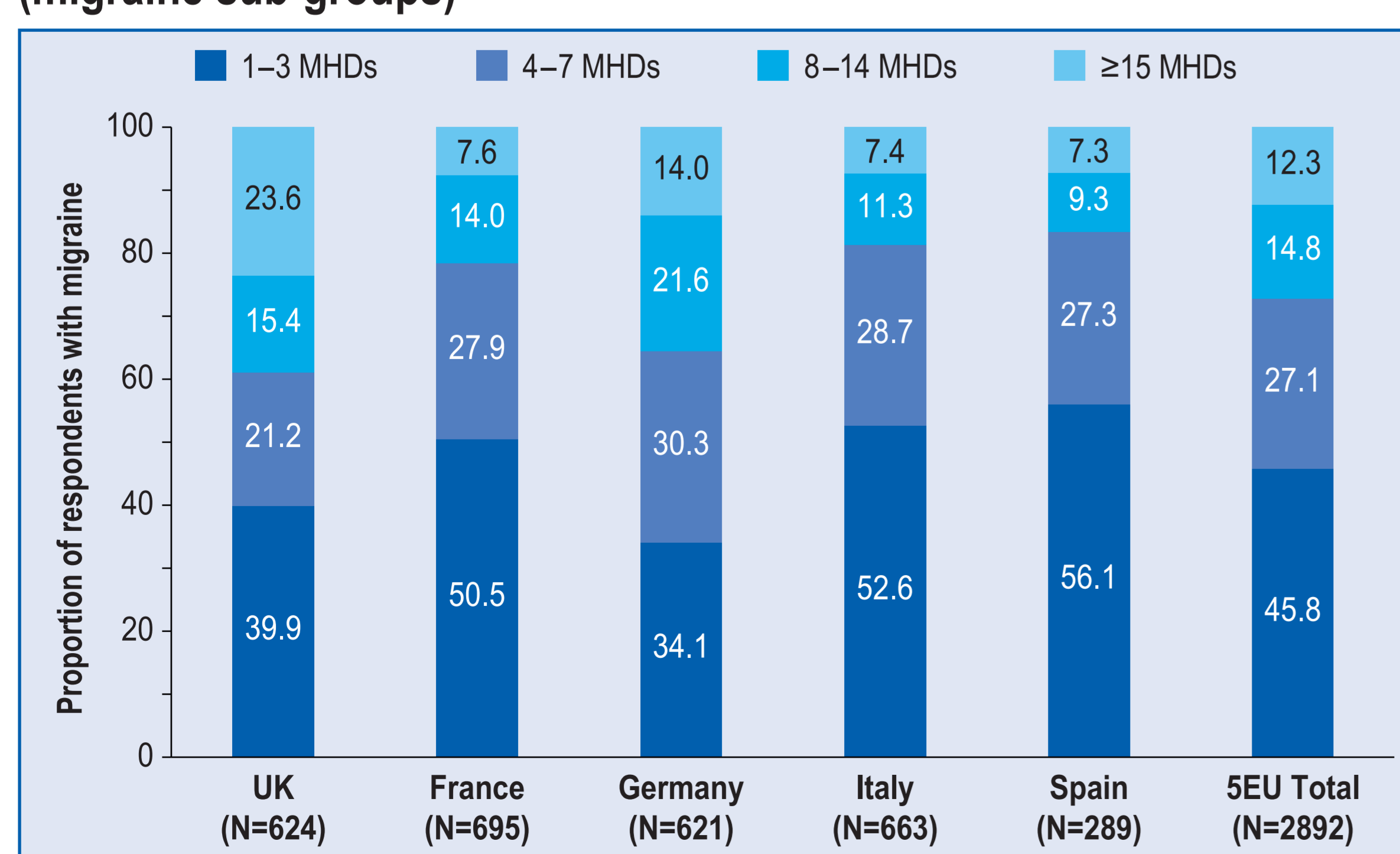
Figure 1. Selection of respondents from NHWS 2017 survey



RESULTS

- A total of 2,892 respondents diagnosed with migraine were categorized based on MHDs during the prior month: 1–3 MHDs (45.75%), 4–7 MHDs (27.07%), 8–14 MHDs (14.83%), and ≥15 MHDs (12.34%) (Figure 1 and 2)

Figure 2. Proportion of respondents stratified by migraine frequency (migraine sub-groups)



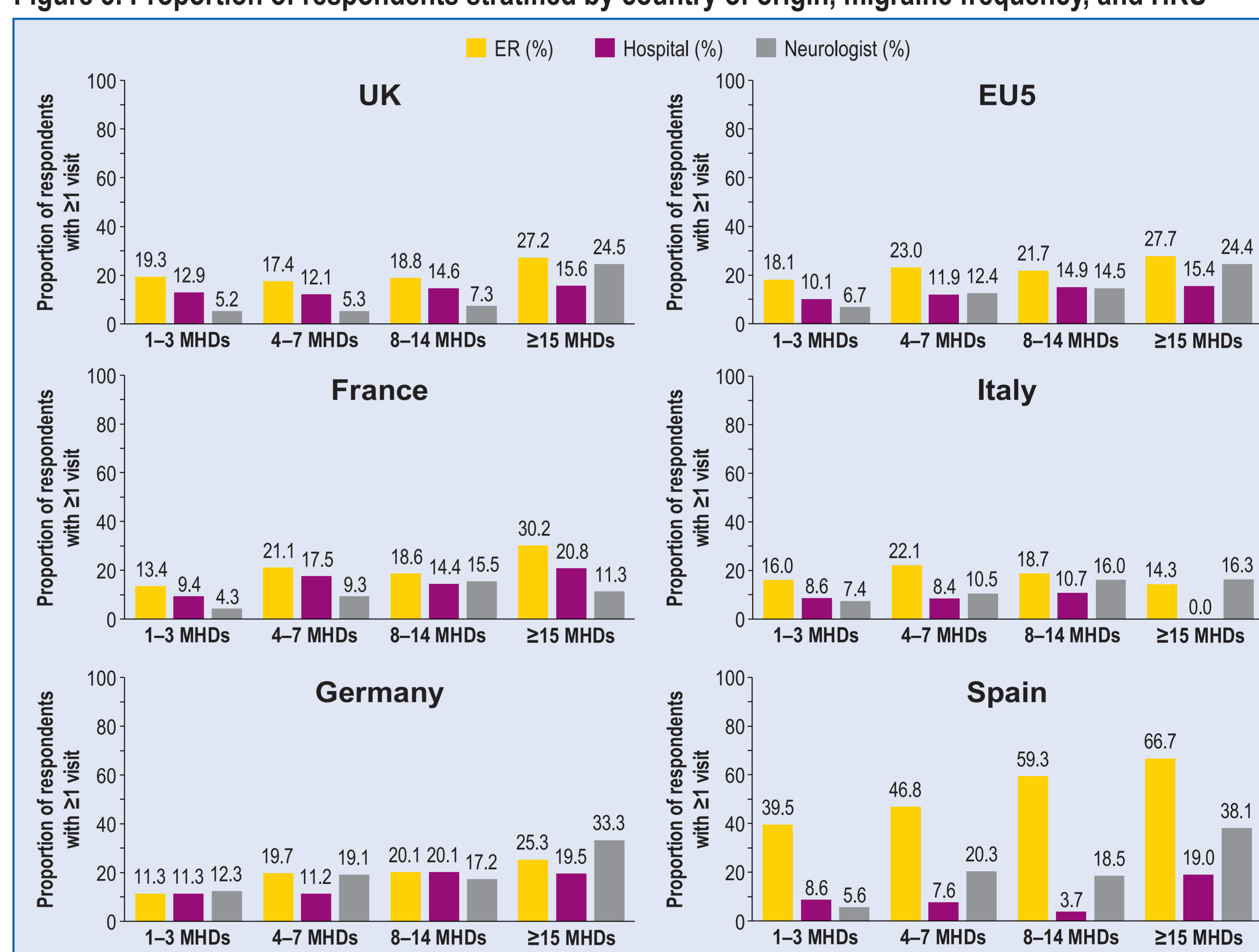
CONCLUSIONS

- This analysis estimated the proportion of migraine patients according to migraine frequency, using data from the 2017 NHWS. Since the NHWS sample is representative of adults across the EU5 countries, this analysis could further be used to estimate the prevalence of migraine by frequency sub-groups in these countries
- Furthermore, this study demonstrates that, while the proportions of patients in the 1 to 3 MHDs and ≥4 MHDs sub-groups are almost equal, the economic burden through HRU is higher amongst patients with ≥4 MHDs

RESULTS (continued)

- In the EU5, HRU in past 6 months among respondents with ≥4 MHDs were higher than those with 1–3 MHDs (Figure 3A). This was seen across all EU5 countries (Figure 3B to 3F)
- Proportions of respondents with ≥1 visits to neurologists were 12.4%, 14.5%, and 24.4% for sub-groups with 4–7 MHDs, 8–14 MHDs and ≥15 MHDs respectively, compared to 6.7% for 1–3 MHDs (Figure 3A)
- Similarly, 11.9% of patients with 4–7 MHDs, 14.9% with 8–14 MHDs and 15.4% with ≥15 MHDs had been hospitalized (≥1 visits), compared to only 10.1% of patients with 1 to 3 MHDs (Figure 3A)
- The country specific patterns of HRU were similar to the overall EU5 sample, which are depicted in Figure 3 (A to F)

Figure 3. Proportion of respondents stratified by country of origin, migraine frequency, and HRU



ER: Emergency room

LIMITATIONS

- For the analysis, pre-matched baseline data were used. The self-reported nature of the NHWS is associated with potential corresponding biases such as inaccurate recall and false reporting (whether intentional or unintentional)
- The HRU was assessed through standard questions that were not specific to migraine. This analysis was conducted using unadjusted, baseline data. Therefore it is possible that the HRU may also be reflective of conditions other than migraine

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DISCLOSURES

This study was funded by Novartis Pharma AG, Basel, Switzerland and conducted by Kantar Health. Michael Doane was associated with Kantar Health at the time of the study and is now associated with Alkermes, Inc.



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