

The Appropriate Patient for Migraine Prevention

Migraine is a prevalent disease¹⁻³



of adults in Western countries are affected by migraine

1-4% of the global population have daily or near daily migraine attacks



Prevalence by age



Ages 20-50 years highest prevalence

Prevalence by sex



Higher prevalence in females vs males

Migraine has a substantial impact on patients, their families, and the wider society⁴⁻⁷



6th highest cause of years lived with disability

- 80% of patients report severe or extremely severe pain
- During migraine attacks the WHO determine the level of disability at 70-100%
- 75% of patients require bed rest

Affects family life and social activity



- 85% of patients have substantially reduced ability to carry out household work and chores
- 45% of patients miss family, social, and leisure activities
- 32% of patients avoid planning activities

Imposes a substantial economic burden



- Absenteeism through migraine is estimated to cost £2.25 billion per year in the UK alone
- Due to the combined costs of absenteeism and lost productivity at work it is estimated that the cost of all headache disorders is of the order of £5 billion
- In 2012 the cost of migraine in Europe annually was estimated at €27 billion due to social, direct and indirect costs of this prevalent condition



of migraine patients may benefit from migraine preventive therapy⁸

Episodic migraine progresses to chronic migraine at a rate of



of eligible patients are currently receiving migraine preventive treatment⁸



Considerations for migraine preventive therapy¹⁰⁻¹³

Headache frequency

≥2 headache days per month

Degree of impairment

Quality of life, work activities or school attendance are severely impaired

Use of acute medication

Migraine does not respond to acute treatment or acute therapies are overused. Overuse of acute therapies containing barbiturates and opiates increases risk of progression

Comorbidities

Obesity, depression, anxiety, sleep-related issues

Auras

Frequent, very long or uncomfortable auras

Some risk factors shown to be associated with migraine progression^{9, 14-21}

High headache frequency

- Risk of new-onset chronic headache increased non-linearly with baseline headache frequency



Obesity and metabolic syndrome

- Prevalence of chronic migraine in obese and morbidly obese person is higher than in normally weighted persons (1.6% and 2.5% vs 0.9%)
- Metabolic syndrome is associated with a higher risk of chronic migraine



Inadequate management of acute migraine

- Ineffective acute treatment doubles the risk for migraine chronification
- Use of barbiturate compounds and opioids increases the risk of chronic migraine in the following year



Depression, anxiety, and chronic pain

- Depression and anxiety are 2-3x more likely and chronic pain is 2.5x more likely in chronic migraine vs episodic migraine
- Depression is a significant predictor of chronic migraine onset in the following year (odds ratio = 1.65) in episodic migraine patients



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