Beyond Frequency Alone – Exploring What Meaningful Improvement Means in the Treatment of Migraine: Focus Groups in Patients and Health Care Providers

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INTRODUCTION

- Although several prophylactic migraine treatments exist, treatment guidelines do not recommend a single, first-line-treatment
  - Choice of treatment is based on patient symptoms, needs, and the presence of comorbid conditions and concomitant medications[1,2]
  - Reducing monthly migraine days may be an important goal (50% used as a benchmark), but other factors must also be considered[3]
- Patients with chronic migraine experience substantially greater impact on daily activities compared with patients with episodic migraine, with higher direct medical costs, greater overall health care resource utilization, reduced health-related quality of life, and higher rates of comorbidities[4,5]
- Meaningful symptom and functional improvements may be defined differently for these groups
- There is growing interest in defining meaningful attributes of care and symptom and functional improvements, which are critical factors that influence acute and preventive treatment decision-making

OBJECTIVE

- To understand what aspects of symptom and functional improvement are most meaningful to patients with migraine and physicians who care for patients with migraine

METHODS

Study Design

- A focus group study was conducted in October 2019 at a qualitative research facility in Raleigh, North Carolina, USA
- A convenience sample of patients and health care providers (HCPs) were recruited for a total of three focus groups
- The focus groups were moderated by experienced qualitative researchers using a semi-structured discussion guide
  - Participants were asked to respond to a series of discussion topics using a standard methods that elicited both spontaneous responses and responses to direct probes
- All interviews were audio-recorded

Study Participants

<u>Health care provider focus group (n = 6 to 8)</u>
- ≥ 5 years clinical experience
- Currently treating ≥ 30 migraine patients per month in the US
- 60-minute focus group discussion

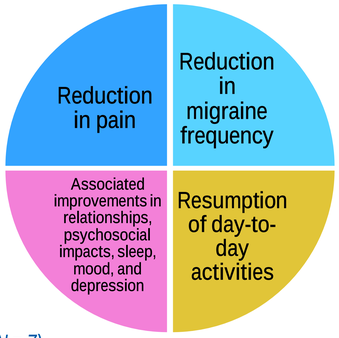
<u>Episodic migraine patient focus group (n = 6 to 8)</u>
- 18–64 years of age
- 4–14 headache days per month for the past 3 months
- 90-minute focus group discussion

<u>Chronic migraine patient focus group (n = 6 to 8)</u>
- 18–64 years of age
- ≥ 15 headache days per month for the past 3 months
- 90-minute focus group discussion

- Qualitative analysis of field notes and audio recordings involved identification, characterization, and summarization of patterns found in focus group data
  - Dominant trends from each focus group were used to define themes or patterns in participants' observations and experiences

RESULTS

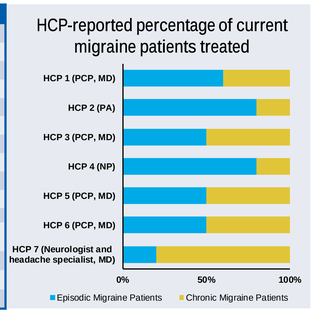
HCPs and patients agreed on important measures of meaningful improvement



Health Care Provider Characteristics (N = 7)

Characteristic	Value, n (%)
Type of HCP	
Neurologist and headache specialist[a]	1 (14.3)
Primary care physician	4 (57.1)
Nurse practitioner	1 (14.3)
Physician assistant	1 (14.3)
Years in clinical practice	
5–15	3 (42.9)
16–25	4 (57.1)
Primary work environment	
Academic hospital/clinic	1 (14.3)
Private group practice	6 (85.7)
Approximate number of migraine patients treated in an average month	
30–60	3 (42.9)
61–90	2 (28.6)
91–120	2 (28.6)

HCP, health care provider; PCP, primary care physician; MD, medical doctor; PA, physician assistant; NP, nurse practitioner.
[a]This HCP was both a neurologist and a headache specialist.

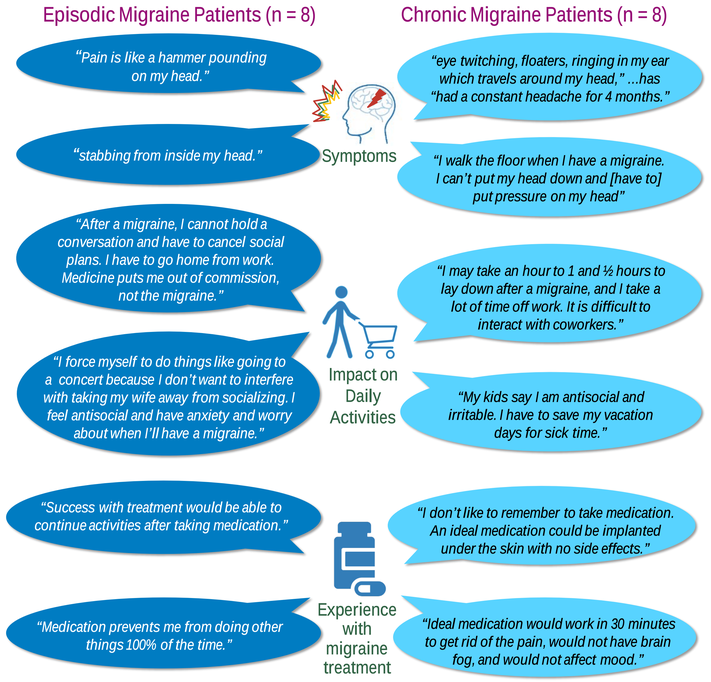


Patient Demographics and Characteristics (N = 16)

	Age, years, n (%)		Female, n (%)	Migraine with aura in the past 90 days, n (%)	Medication taken in the past 30 days, n (%)			
	18–40	41–64			CGRP inhibitor	Generic migraine-preventive prescription	Triptan	Have not taken any medication
Episodic Migraine (n = 8)	3 (37.5)	5 (62.5)	6 (75)	8 (100)	1 (12.5)	2 (25)	6 (75)	1 (12.5)
Chronic Migraine (n = 8)	4 (50)	4 (50)	6 (75)	8 (100)	0	1 (12.5)	5 (62.5)	3 (37.5)

CGRP, calcitonin gene-related peptide.

Verbatim Patient Statements About Experiences With Migraine



Qualities of an Ideal Migraine Medication Identified by HCPs and Patients

Quality	NP	PA	PCP	Neurologist	EM Patients	CM Patients
Efficacy: speed of action	X	X	X	X	X	X
Efficacy: improves functioning/return to normal activities	X	X	X	X	X	X
Efficacy: durability of effect			X		X	
Efficacy: completely relieves pain	X	X	X	X	X	X
Efficacy: prevents migraine, reduces frequency						X
Safety: no side effects and long-term safety			X	X	X	X
Safety: no rebound headache				X	X	
Safety: no drug interactions	X					

CM, chronic migraine; EM, episodic migraine; NP, nurse practitioner; PA, physician assistant; PCP, primary care physician.

- HCPs expressed that it is difficult to manage treatment with nonspecific therapies used for migraine and help patients remain compliant with these medications due to side effects and lack of tolerability
- Side effects from standard therapies, such as tingling, nervousness, drowsiness, fatigue, nausea, cardiovascular problems, and brain fog, can be as debilitating as the migraine itself for some patients
- Both patient groups highlighted that they would be able to resume their daily activities more quickly if they had relief of migraine symptoms, which would subsequently benefit their day-to-day, social, and leisure activities

CONCLUSIONS

- Resumption of day-to-day activities and subsequent impacts on social/emotional function following treatment are aspects of meaningful improvement reported by migraine patients and HCPs
- HCPs discussed reductions in pain and migraine frequency to achieve these improvements, while patients highlighted broader symptom relief, including relief from treatment-related side effects
- Many factors beyond frequency reduction alone are important to patients and HCPs and therefore critical to consider when managing migraine and making migraine treatment decisions

LIMITATIONS

- Selection bias is inherent in qualitative research and study participants comprised a convenience sample and were recruited from one qualitative research facility
- The experiences of patients with migraine and HCPs who are willing to participate in a focus group may be systematically different from those who do not wish to participate in a focus group
- Qualitative analyses did not include formal coding or thematic analysis

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DISCLOSURES

- PS: Employee of RTI Health Solutions which was contracted by Amgen for this analysis
- SS: Employee and stockholder of Amgen
- LJ: Employee of RTI Health Solutions which was contracted by Amgen for this analysis
- MP: Employee of RTI Health Solutions which was contracted by Amgen for this analysis
- MB: Employee and stockholder of Amgen
- CB: performed this work as a paid consultant in collaboration with Amgen. She is an Associate Neurologist at BWH and an Assistant Professor of Neurology at Harvard Medical School

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- The final responsibility for the content lies with the authors

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