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The effect of Erenumab on sick leave days and healthcare visits in patients with migraine in Finland

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ML, ST— employees in Medaffcon

MK — employee in Novartis at study initiation

TP, EMLE, HA — employees in Novartis.

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Overview

Migraine is globally among the leading causes of years lived with disability, impacting people their prime working age. It is not only associated with decreased quality of life but also with work impairment, further resulting in significant economic burden due to absenteeism and loss of productivity.

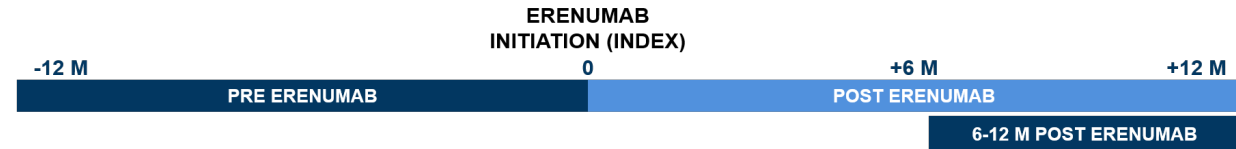
Erenumab, the first monoclonal antibody targeting the calcitonin gene –related peptide (CGRP) pathway by inhibiting the CGRP receptor has broadened the spectrum of treatment options for patients with migraine, reducing the number of monthly migraine days in patients with episodic or chronic migraine. Information about the impact of erenumab treatment on sick leave days and healthcare visits is, however, limited.

Study aim

This retrospective registry study aimed at understanding the effect of erenumab on sick leave days and healthcare visits in working-aged migraine patients.

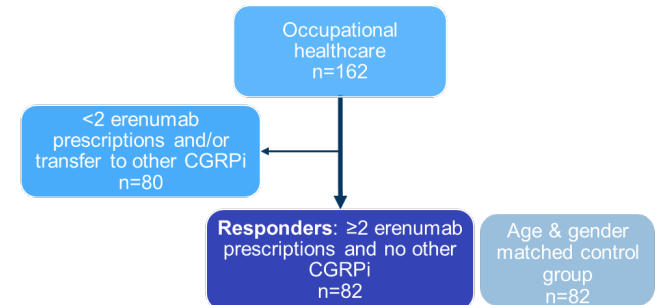
Methods

The impact of erenumab on headache related (ICD codes G43*, G44*, R51*) and all cause sick leaves and visits was studied in a cohort of migraine patients entitled to employer-sponsored healthcare (occupational healthcare) at a private healthcare provider Terveystalo. Patients treated with erenumab between 20th Sept 2018 and 15th Oct 2020 (**responders**, see flow chart) were included in the study.



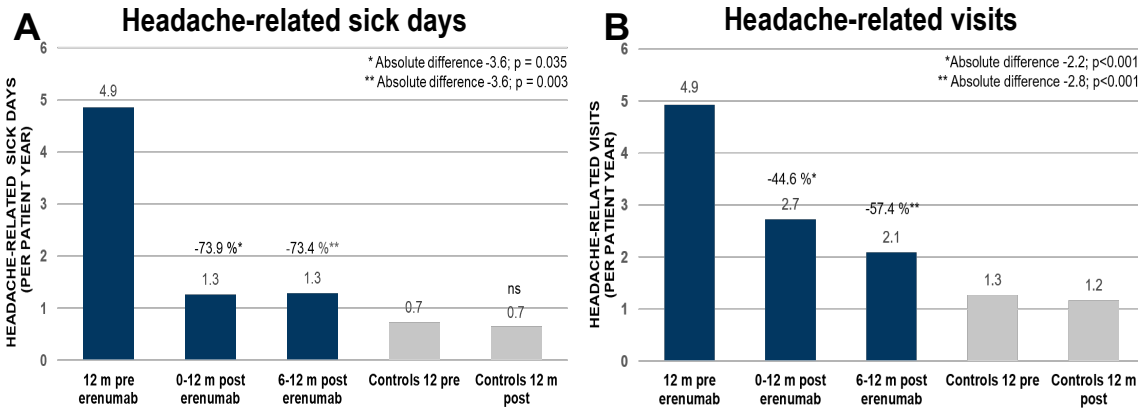
Methods, continued

The number of sick leave days and healthcare visits during the 12 months preceding erenumab treatment (**pre-index**) were compared to the 12 months after treatment initiation (**post-index**) in patients receiving ≥ 2 erenumab prescriptions and no other CGRPi (**responders**). In a sensitivity analysis the results were assessed separately for 6-12 months post-index. This time frame was included to assess the full treatment effect after 6 months of erenumab treatment.



Responders and flowchart of cohort generation

Results



Patients who were treated with erenumab had **A) significant reduction in headache related sick leave days, a decrease of 74% from the 12 months pre vs. post index** (pre vs. post 12 months: 4.9 vs. 1.3 sick leave days per patient-year, p=0.035). The change in headache related sick leave days and visits at 6-12 months was similar to the full 12 months post-index results. There were no changes in the headache related or overall sick leave days nor visits in the control group. **B) Headache related visits decreased by 45% from the 12 months pre vs. post index** (pre vs. post 12 months: 4.9 vs. 2.7 visits per patient-year, p<0.001).

Conclusions

This real-world registry study showed that treatment with erenumab **reduced headache related sick leave days by 74%**, and **headache related visits by 45%** at 12 months after treatment initiation in working aged patients with migraine.

12 months post erenumab initiation the patients had...

73.9 %
FEWER SICK DAYS DUE
TO HEADACHE

44.6 %
FEWER HEADACHE-RELATED
VISITS TO DOCTOR

...than in the previous year