

Healthcare resource utilisation in migraine patients stratified by prior prophylactic treatment failure, frequency of monthly migraine days and medication overuse: Evidence from the BECOME study



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Charly Gaul^{1*}, Christian Lucas², Patricia Pozo-Rosich^{3,4}, David PB Watson⁵, Paolo Martelletti⁶, Shannon Ritter⁷, Josefin Snellman⁸

¹Migraine and Headache Clinic Königstein, Königstein im Taunus, Germany; ²Pain Clinic, Service de Neurochirurgie, Hôpital Salengro, CHU de Lille, Lille Cedex, France; ³Headache Unit, Neurology Department, Vall d'Hebron University Hospital, Barcelona, Spain; ⁴Headache Research Group, VHIR, Universitat Autònoma de Barcelona, Barcelona, Spain; ⁵Hamilton Medical Group, Aberdeen, Scotland; ⁶Department of Clinical and Molecular Medicine, Sapienza University of Rome, Sant'Andrea Hospital, Rome, Italy; ⁷Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA;

⁸Novartis Pharma AG, Basel, Switzerland

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Background

- Migraine is a debilitating neurological disease and presents a substantial personal, economic and societal burden^{1,2}
- The BECOME study assessed the **Burden of migrainE** in specialist headache **Centers** treating patients with **prOphylactic treatMent failurE**
- Limited HRU data is available about migraine patients who have experienced PPTF in Europe

Objective

- To report the HRU in patients with migraine stratified by PPTF (1 to ≥ 4), frequency of MMD and MOH from the BECOME study

Methods

- BECOME was a prospective, multi-centre, non-interventional study, conducted in two concurrent parts in adult patients (aged 18–65 years) with migraine across 18 countries in Europe and Israel
- In Part 1, we assessed the cumulative hospital data. In Part 2, we assessed migraine-related HRU in adult patients attending headache centres with ≥ 4 MMDs and ≥ 1 PPTF in the previous 5 years
- HRU included all-cause and migraine-specific GP or neurologist visits, ED visits, and hospitalisations in patients at participating European healthcare specialist sites with 4–7 MMD, 8–14 MMD or ≥ 15 MMD, ≥ 8 of which were migraine days, who had 1, 2, 3, 4 or more PPTFs

1. Buse DC, et al. *J Manag Care Spec Pharm*. 2020;1–10; 2. Burch RC, et al. *Neurol Clin*. 2019;37:631–49.

ED, emergency department; GP, general practitioner; HRU, healthcare resource utilisation; MMD, monthly migraine days; MOH, medication overuse headache; PPTFs, prior prophylactic treatment failures

Results



Results

- Patients with PPTFs were more likely to have visited a neurologist compared to a GP. The proportion of patients who visited an ED for migraine and hospitalised for migraine were higher with increasing PPTFs (**Figure 1**)
- Patients with increasing MMDs were more likely to have visited a neurologist compared to a GP. The proportion of patients who visited an ED for migraine and hospitalised for migraine were highest in the ≥ 15 MMDs subgroup (**Figure 2**)

Figure 1. Proportion (%) of patients and mean number of visits for HRU stratified by PPTFs

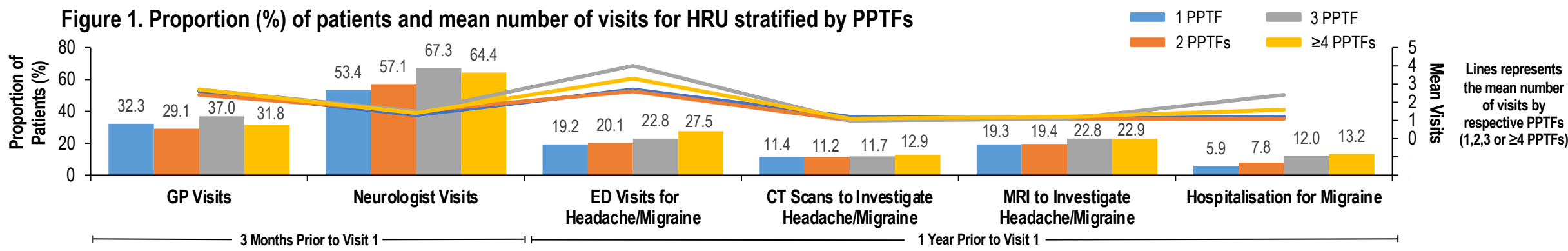
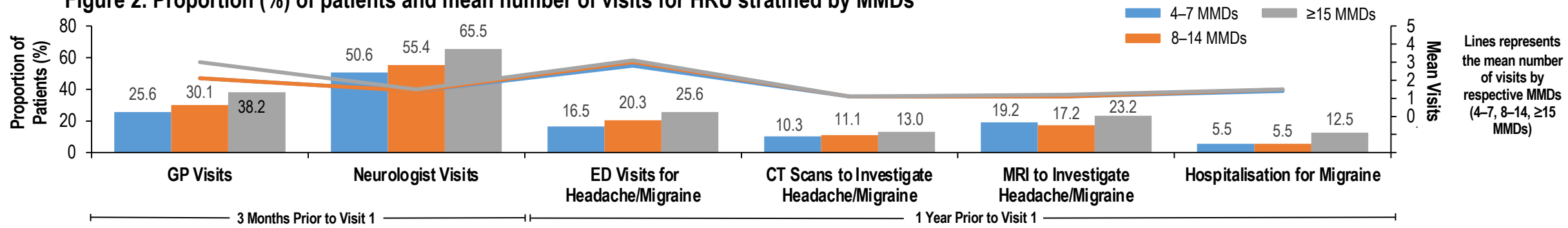


Figure 2. Proportion (%) of patients and mean number of visits for HRU stratified by MMDs



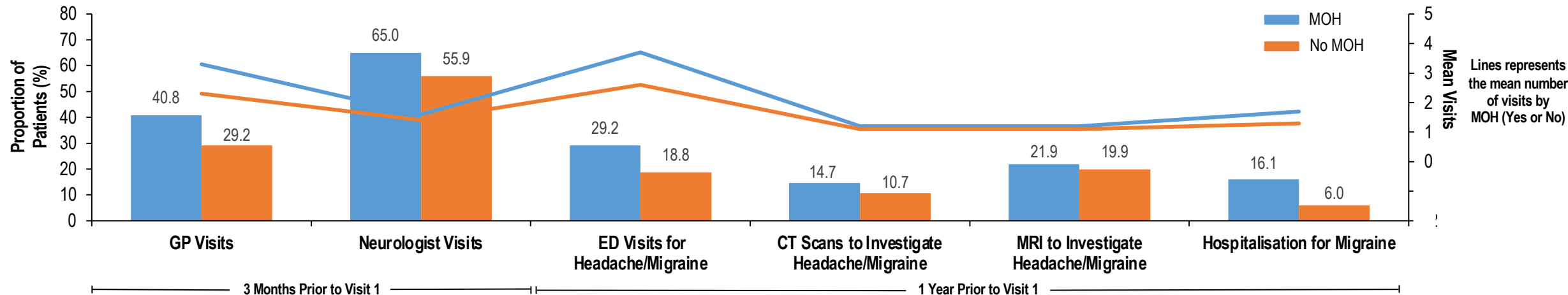
The mean number of visits excludes patients with zero visits. CT, computed tomography; ED, emergency department; GP, general practitioner; HRU, healthcare resource utilisation; MMD, monthly migraine days; MRI, magnetic resonance imaging; PPTFs, prior prophylactic treatment failures



Results

- The proportion of patients who visited a neurologist, ED and hospitalised for migraine were higher with MOH compared with no MOH (**Figure 3**)

Figure 3. Proportion (%) of patients and mean number of visits for HRU stratified by MOH



Conclusions

- Overall, the number of patients visiting a neurologist for migraine was twice as high as those visiting a GP and the mean visits to a GP were higher compared to neurologist visits
- Migraine-related hospitalisations more than doubled with disease advancement
- Differences in healthcare systems and migraine management exist and high HRU was generally observed across the participating countries
- There is a need for improved treatment options for difficult-to-treat migraine patients with PPTF, higher MMD and MOH