

The Appropriate Patient for Migraine Prevention

Migraine is a prevalent disease^{1,2}



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 25 to 55 years highest prevalence

Prevalence by sex



Higher prevalence in females vs males

Migraine has a substantial impact on patients, their families, and the wider society³⁻⁶



6th highest cause of years lived with disability

- 90% of patients have moderate to severe pain
- 75% of patients have reduced functional ability
- 33% 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



- \$78 billion total estimated cost of migraines in the US
- Substantial direct medical costs and indirect costs to US employers due to lost productivity



of migraine patients may benefit from migraine preventive therapy^{4,7}

Episodic migraine progresses to chronic migraine at a rate of



of patients with migraine currently use preventive therapies



Consideration for migraine preventive therapy^{8, 14-16}

Headache frequency

≥4 headache days per month

Degree of impairment

At least some headache-related impairment that interferes with daily routine/activities

Use of acute medication

Overuse of acute therapies containing barbiturates and opiates increases risk of progression

Comorbidities

Obesity, depression, anxiety, sleep-related issues

Some risk factors shown to be associated with migraine progression⁸⁻¹³

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 is 2x 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



1. Lipton RB, Bigal ME. Headache 2005;45 Suppl 1:S3-S13; 2. Cho SJ, Chu MK. Curr Pain Headache Rep 2015;19:465; 3. Global Burden of Disease Study 2013 Collaborators. Lancet 2015;386:743-800; 4. Lipton RB et al. Neurology 2007;68:343-349; 5. D'Amico D, Tepper SJ. Neuropsychiatr Dis Treat 2008;4:1155-1167; 6. Gooch CL et al. Ann Neurol 2017;81:479-484; 7. VanderPluym J et al. Headache 2016;56:1335-1343; 8. Bigal ME et al. Headache 2008;48:1157-1168; 9. Lipton RB et al. Neurology 2015;84:688-695; 10. Bigal ME, Lipton RB. Neurology 2006;67:252-257; 11. He Z et al. Eur J Neurol 2015;22:1228-1234; 12. Buse DC et al. J Neurol Neurosurg Psychiatry 2010;81:428-432; 13. Ashina S et al. J Headache Pain 2012;13:615-624; 14. Estemalik E, Tepper S. Neuropsychiatr Dis Treat 2013;9:709-720; 15. Lipton RB, Silberstein SD. Headache 2015;55(2):103-122; 16. Silberstein SD et al. Headache 2007;47:585-599.