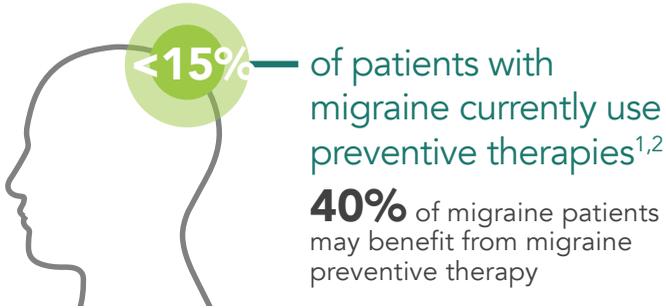


Patient Adherence to and Persistence on Migraine Prevention Therapies



Patient adherence to and persistence on preventive therapy may be affected by^{3,4}

- Efficacy
- Pharmacogenomics
- Safety & Tolerability
- Pharmacophobia & Nocebo

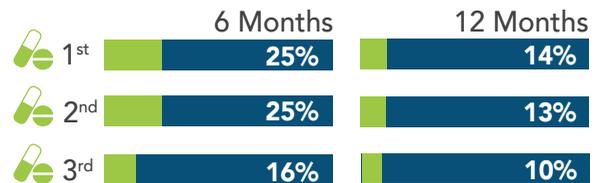
Data from >30 published studies show poor adherence to and persistence on migraine preventive drugs. This can adversely affect treatment outcomes^{5,6,7}

Proportion of Patients Adherent



Adherence is low and declines further over time

Proportion of Patients Persistent



Persistence worsens as patients cycle through multiple drug options

There is a need for preventive therapy that treats the cause of migraine and reduces the associated treatment burden^{8–11}



Goals of migraine preventive therapy:

- Reduce headache frequency, severity, intensity
- Restore function/limit disability
- Prevent progression

Measures of efficacy:

- Change in migraine or headache days per month (relative to baseline)
- Percentage of patients with >50% decrease

Progression of disease and burden over time →

Which factors affect patient decisions on the use of migraine preventive therapy?¹²

Risk–Benefit Drug Considerations

- Expectation of beneficial effects
- Fear of side-effects or dependence
- Ease of administration

Perceived Burden of Migraine

- Frequency and severity of attacks
- Ability to cope with attacks
- Effectiveness of attack treatments

Degree of Autonomy

- Ability to care for self and others
- Availability of information
- Fear of becoming a 'chronic patient'

History of Other Interventions

- Behavioral or dietary changes
- Complementary treatments

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