

A patient's perspective: Best practice for shared decision making in the prevention and treatment of migraine

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A conversation between:



Patricia Pozo-Rosich, MD, PhD
Vall d'Hebron University Hospital
Barcelona, Spain



Audrey Craven
Migraine Association of Ireland
Dublin, Ireland

Understanding migraine-related disability

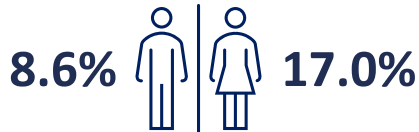
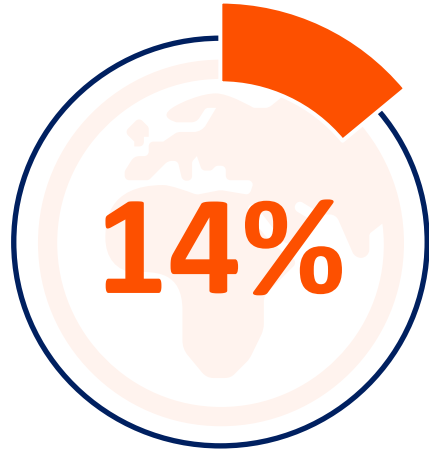
Patricia Pozo-Rosich, MD, PhD

Vall d'Hebron University Hospital
Barcelona, Spain



The burden of migraine

Global prevalence¹



Diagnosis



Average delay:^{2,3}
8–12 years

% of patients given correct
diagnosis of migraine:⁴

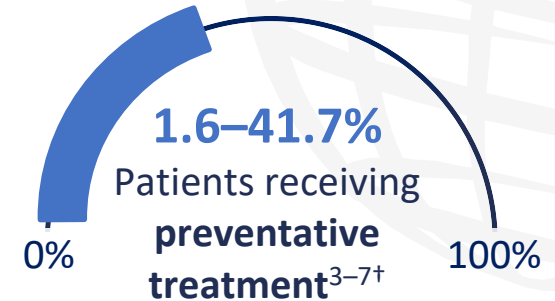
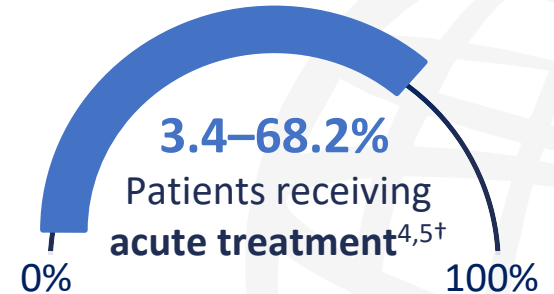


**By general
practitioners: 28%**



By specialists* : 35%

Treatment



*51% were neurologists and/or headache specialists; †Large percentage range for acute and preventative treatment due to country variation of medication utilization and differences in study populations and designs.

1. Stovner et al. *J Headache Pain*. 2022;23:34; 2. Al-Hashel JY, et al. *J Headache Pain*. 2013;14:97; 3. Puvvadi P, et al. *Neurology*. 2018;90(Suppl. 15):P3.135; 4. Viana M, et al. *Eur J Neurol*. 2020;27:536–41; 5. Katsarava Z, et al. *J Headache Pain*. 2018;19:10; 6. Ertas M, et al. *J Headache Pain*. 2012;13:147–57; 7. Koch M, et al. *J Headache Pain*. 2021;22:106.

Developing patient-centric treatment goals

Patricia Pozo-Rosich, MD, PhD

Vall d'Hebron University Hospital
Barcelona, Spain



Clinical trial outcomes and endpoints used

Acute migraine treatment¹

Pain related:

- Pain relief
- Pain freedom
- Rescue medication use
- Headache recurrence
- Pain general
- Meaningful relief

Associated symptoms:

- Nausea, vomiting, photophobia, phonophobia, etc.
- Most bothersome symptom
- Disability/impairment

PROMs:

- Non-headache-related PROMs*
- Headache-related PROMs[†]



Preventive migraine treatment²

Migraine focused:

- Attacks
- Headache/migraine days
- Pain intensity/severity
- Duration, e.g. average length of attack
- Hours, e.g. total headache hours per 4-week period
- Acute or rescue medication use (days/number of doses)

PROMs:

- Non-headache-related PROMs, e.g. PGIC, SF-36, BDI, treatment satisfaction, treatment efficacy
- Headache-related PROMs, e.g. MIDAS, MSQ, HIT-6, disability/impairment

*For example, treatment satisfaction, treatment efficacy, and treatment preference; †For example, the 24-hour Migraine-Specific Quality of Life Questionnaire and the Patient Perception of Migraine Questionnaire-Revised.

BDI, Beck Depression Inventory; HIT-6, 6-item Headache Impact Test short form; MIDAS, Migraine Disability Assessment; MSQ, Migraine-specific Quality of Life; PGIC, Patient Global Impression of Change; PROM, patient-reported outcome measure; SF-36, Short Form 36 Health Survey Questionnaire.

1. Houts CR, et al. *Headache*. 2021;61:263–75; 2. McGinley JS, et al. *Headache*. 2021;61:253–62.



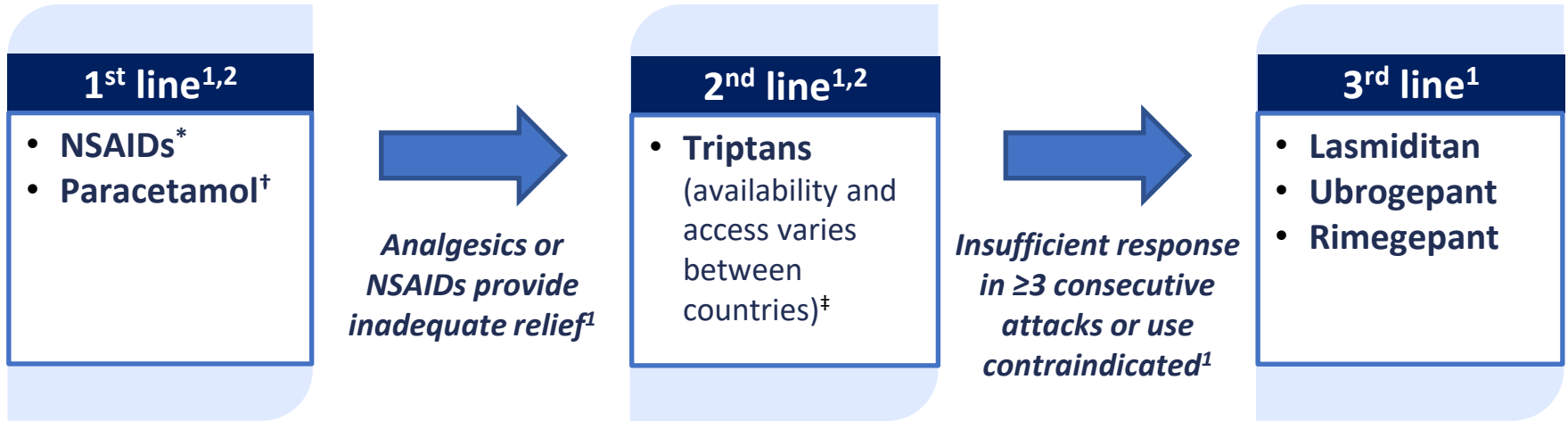
Practical advice on developing a shared decision-making approach

Patricia Pozo-Rosich, MD, PhD

Vall d'Hebron University Hospital
Barcelona, Spain



Episodic migraine: Acute treatments



+ **Adjunct:** Neuromodulatory devices, biobehavioural therapy and acupuncture; for nausea and/or vomiting during attacks, prokinetic antiemetics, e.g. domperidone and metoclopramide¹

! **Avoid:** Oral ergot alkaloids, opioids and barbiturates^{1,2}

*Strongest evidence supports acetylsalicylic acid, ibuprofen, and diclofenac potassium; †Paracetamol is less efficacious and should be used only in those who are intolerant of NSAIDs; ‡If one triptan is ineffective, others might still provide relief. Combining triptans with fast-acting NSAIDs can be considered to avert recurrent relapse. NSAID, non-steroidal anti-inflammatory drug.

1. Eigenbrodt AK, et al. *Nat Rev Neurol.* 2021;17:501–14; 2. Steiner TJ, et al. *J Headache Pain.* 2019;20:57.

Episodic migraine: Preventive treatments

1st line

- **Beta blockers** without intrinsic sympathomimetic activity^{1,2}
- **Topiramate**^{1,2}
- **Candesartan**^{1,2}
- **CGRP mAbs** e.g. eptinezumab, erenumab, fremanezumab, galcanezumab^{3*}



*Failure of first-line therapies*¹

2nd line

- **Flunarizine**^{1,2}
- **Amitriptyline**^{1,2}
- **Sodium valproate**^{1,2†}

+ **Adjunct:** Neuromodulatory devices, biobehavioural therapy and acupuncture¹

*In those with inadequate response to one monoclonal antibody targeting the CGRP pathway, there is insufficient evidence on the potential benefits of antibody switch but switching may be an option; †Contraindicated in women of childbearing potential.

CGRP, calcitonin gene-related peptide; mAb, monoclonal antibody.

1. Eigenbrodt AK, et al. *Nat Rev Neurol*. 2021;17:501–14; 2. Steiner TJ, et al. *J Headache Pain*. 2019;20:57; 3. Sacco S, et al. *J Headache Pain*. 2022;23:67.

Patient involvement in migraine management

Patient treatment decisions

92%

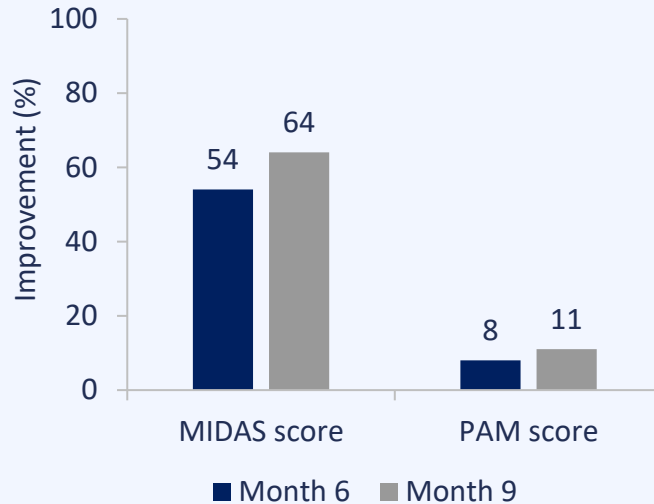
Prefer a shared decision-making approach^{1*}

55%

Report **HCP is sole decision maker**^{1*}

Patient education

Impact of individualized tele-coaching and education²



Patient activation[†]

Increasing patient activation level has been associated with:³



Quality of life improvement



Reduction in absenteeism

*In regards to medical decision making for the prescription of triptans; [†]Activated patients have the motivation, knowledge, skills, and confidence to make effective decisions to manage their health.

HCP, healthcare professional; MIDAS, Migraine Disability Assessment; PAM, Patient Activation Measure.

1. Matthew PG, et al. *Headache*. 2014;54:698–708; 2. Schaetz L, et al. *Headache*. 2020;60:1947–60; 3. Benhaddi H, et al. *Value in Health*. 2020;23(Suppl. 1):S276.