Migraine ‘much more than just a headache’

Session hosted by Teva UK Limited
PUU4 11:15 – 12:15
AGENDA

11:15 – 11:30  Introduction to Migraine
Dalphir Dhiraj, Medical Scientific Liaison Officer – Teva UK Limited

11.30 – 11.45  Patient experience
Catherine Sullivan, Migraine patient – Teva UK Limited

11.45 – 12.00  The clinician experience
Siobhan Jones, Clinical Nurse Specialist in Headache & Dystonia –
Salford Royal NHS Foundation Trust

12.00 – 12.15  Q&A and close
Audience members can ask questions to the panel
An introduction to migraine

Dalbir Dhiraj
Medical Scientific Liaison Officer
Teva UK Limited
Migraine, more than a headache

Characteristics of Migraine

- A common primary headache disorder with clinical heterogeneity\textsuperscript{1,2}
  - Attacks can vary in intensity of pain\textsuperscript{3}
  - Photophobia, phonophobia, nausea, vomiting, osmophobia and movement sensitivity can occur in various combinations\textsuperscript{3}
- Marked by recurrent and episodic ‘attacks’ of headache pain and associated symptoms\textsuperscript{1,2}
- Divided into major subtypes:\textsuperscript{1,2}

3. Lipton RB *et al.* *Headache* 2015; 55 (Suppl. 2): 103-122
Migraine is not only prevalent but also a major cause of global disability

► Median age of onset is often in early 20s\(^1\)

► 1-year prevalence of migraine in European countries is 17% for women and 8% for men\(^2\)

► Third most common disease in the world with an estimated prevalence of 14.7% (approx. 1 in 7 people)\(^3\)
  ► The condition affects 5.85 million adults in the UK\(^4\)
  ► Today approximately 190,000 people are experiencing a migraine attack\(^4\)

► Among the top 10 causes of disability in 14 of the 21 world regions\(^3\)

► The most burdensome disease among neurological causes evaluated\(^5\)

► The #6 global cause of years of life lost to disability (YLD)\(^5,6\)

► Ranked 25\(^{th}\) in global disability-adjusted life years (DALYs)\(^5,7\)

4. Headache disorders – not respected not resourced. All-party parliamentary group on primary headache disorders. 2010
7. GBD 2013 DALYs and HALE Collaborators. Lancet 2015; 386: 2145-2191
Acute and Prophylactic Treatments

**Acute Treatment***
- To rapidly relieve the pain and migraine-associated symptoms
- Appropriate for most attacks and should be used no more than 2–3 days a week

**Preventative Treatment***
- To reduce the frequency and impact of attacks
- May also decrease attack duration or severity and often enhances the benefit of acute treatment

Migraine treatment can be acute or preventative, and some patients require both modalities

*Male or female (18+ years of age)

## Limitations and unmet needs of current treatments

### Acute Treatments\(^1\)-\(^3\)

- Medication overuse headaches
- Trial and error approach
- Use of rescue treatment
  - Efficacy
  - Response rate
  - Tolerability
  - Progression

### Preventative Treatments\(^4\)-\(^5\)

- Therapies were initially not developed for migraine; efficacy is not optimal and patients often report an initial response that “wears off”\(^4\)
  - Side effects are common and adherence is generally poor\(^4\)-\(^5\)

---

2. Lipton RB et al. *Headache* 2015; 55(S2): 103-122
Migraine has a substantial impact on patients and their families

► During migraine attacks:

► 90% of patients have moderate to severe pain\(^1\)
► Three-quarters of patients have reduced functional ability\(^1\)
► One-third of patients require bed rest\(^1\)
► 85% of patients have substantially reduced ability to carry out household work and chores\(^2\)
► 45% of patients miss family, social, and leisure activities\(^2\)
► 32% of patients avoid planning activities\(^2\)

1. Lipton RB et al. Neurology 2007; 68: 343-349
2. D'Amico D & Tepper SJ. Neuropsychiatr Dis Treat 2008; 4: 1155-1167
### Impact of Migraine on Important Aspects of Life

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very negative</th>
<th>Quite negative</th>
<th>Some negative</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend work</td>
<td>11</td>
<td>18</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Family situation</td>
<td>6</td>
<td>23</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Leisure time</td>
<td>8</td>
<td>14</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Sexual life</td>
<td>7</td>
<td>8</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Pursuing studies</td>
<td>8</td>
<td>12</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Social position</td>
<td>3</td>
<td>10</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Love</td>
<td>3</td>
<td>6</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Finances</td>
<td>4</td>
<td>6</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Making career</td>
<td>3</td>
<td>8</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Finding friends</td>
<td>2</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Lipton RB et al. Cephalalgia 2003; 23: 441-450
Migraine imposes a substantial economic burden in the UK\textsuperscript{1,2}

- \textbf{100,000} people miss school or work every working day due to migraine
  - Estimated that the UK population loses \textbf{25 million days} from work or school each year because of migraine

- Cost of migraine to the NHS is in the order of \textbf{£150 million per year}
  - Mostly contributed to by prescription medicines and GP visits

- Cost due to absenteeism is estimated to be \textbf{£2.25 billion per year}
  - This is a conservative estimate as it does not take into account loss of productivity whilst at work

1. Headache Disorders – not respected, not resourced. All-Party Parliamentary Group on Primary Headache Disorders. 2010
2. Steiner TJ et al. Cephalalgia 2003; 23(7): 519-527
Summary

- Migraine is a highly disabling and prevalent condition; it is more than a headache
- Current treatments have limitations, leaving patients with several unmet needs
- Migraine not only affects the lives of patients, but also has an impact on their families, work and social lives
- Migraine creates a huge economical burden on society
  - Due to loss of productivity and absenteeism
  - Direct costs to the NHS

Further understanding of the disease, development of better therapies and increasing awareness of migraine and its disabling affects is required
Catherine Sullivan
The Patient experience

www.england.nhs.uk/expo | @ExpoNHS | #Expo18NHS
Migraine ‘much more than just a headache’

Siobhan Jones
Headache Specialist Nurse
Salford Royal Hospital

The views expressed in this presentation are those of the speaker and not necessarily those of the meeting sponsors
Symptoms

- Unilateral onset
- Throbbing
- Nausea
- Sensory Sensitivity
  - Light
  - Sound
  - Smells
  - Movement

www.england.nhs.uk/expo | @ExpoNHS | #Expo18NHS
# Barriers to efficient care

<table>
<thead>
<tr>
<th>What the patient says</th>
<th>What it can mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>It came on suddenly</td>
<td>It started today/this week/year</td>
</tr>
<tr>
<td>It’s constant</td>
<td>It’s episodic but frequent</td>
</tr>
<tr>
<td>I only get normal headaches</td>
<td>Migraine all my life, as has my family</td>
</tr>
<tr>
<td>It’s not migraine – my migraines are on the left</td>
<td>It’s still migraine, just a different part of your head</td>
</tr>
<tr>
<td>No photophobia</td>
<td>I have to draw the curtains</td>
</tr>
<tr>
<td>No phonophobia</td>
<td>The noisy kids hurt my head</td>
</tr>
<tr>
<td>The pain makes me want to bang my head on the wall</td>
<td>The pain is bad and no-one listens to me. I don’t really bang my head. (unless it’s cluster)</td>
</tr>
</tbody>
</table>
Preventatives

- Preventatives are taken every day to help reduce the frequency of headaches.

- The aim of preventive medication is to reduce the frequency of attacks by approximately 50%.

- These medications are increased over several weeks or months to help reduce side effects and to reach a sufficient dose which ought to be effective.
Barriers to efficacy

➢ Perseverance of trying several different preventative medications. Regular visits to the GP in the initial stages may be required to achieve the right treatment regime.

➢ Not taking medications for long enough or at a high enough dose.

➢ Side effects.

➢ Co morbidities.
Acute treatments

➢ Triptans (sumatriptan)

➢ Non-steroidal anti-inflammatories (NSAIDs) (ibuprofen, naproxen)

➢ Anti-emetic (anti-nausea medication)

‘Treat early, whilst mild’
Barriers to efficacy

Over-the-counter medication *i.e.* paracetamol and ibuprofen taken *daily* and for *too long* can cause the risk of ‘medication over-use headache’.

This is a common scenario presented in clinic.
Steps for Self-management

As well as treating headache symptoms with medication, it is also important to think about aspects of lifestyle that may be contribute to headache.
Steps for Self-management

- Diet
- Hydration
- Exercise
- Minimise stress
- Adequate sleep
- Cognitive Behavioural Therapy (CBT)/Pain coping strategies

www.england.nhs.uk/expo | @ExpoNHS | #Expo18NHS
Headache Diary

Diaries are a good way of recording the details of your migraine including:

- Recording how often and how severe your migraines are
- Helps the Doctor find an accurate diagnosis
- Monitors any triggers
- Monitors response and side effects of treatments

www.england.nhs.uk/expo | @ExpoNHS | #Expo18NHS
Summary

Main concerns from patients are issues with:

➢ Coping with pain
➢ Restrictions on daily and working life
➢ Impact on family and social life
Summary

➢ Despite the **unmistakable growing need** for collaborative headache management it is recognised that many practices do not have the resources to manage patients

➢ Ultimately patients are often denied **optimum treatments** and attention which means an ineffective use of clinical resources and time and typically the condition/or management of headache worsens
Conclusion

A shared care package with clinician and patient promoting ‘patient self-empowerment’ and EDUCATION should be encouraged so that the effect of the condition is less of a burden on the individual’s life.
Group therapy @SRFT

www.england.nhs.uk/expo | @ExpoNHS | #Expo18NHS
Any Questions?
Thankyou

Siobhan.jones@srft.nhs.uk
Thank you

Live Q&A Session