The Appropriate Patient for Migraine Prevention

Migraine is a prevalent disease\textsuperscript{1–3}

of eligible patients are currently receiving migraine preventive treatment\textsuperscript{8}

of adults in Western countries are affected by migraine

\begin{table}
\centering
\begin{tabular}{|c|c|}
\hline
Prevalence by age & Prevalence by sex \\
\hline
Ages 20–50 years highest prevalence & Higher prevalence in females vs males \\
\hline
\end{tabular}
\end{table}

1–4\% of the global population have daily or near daily migraine attacks

11\%

Migraine has a substantial impact on patients, their families, and the wider society\textsuperscript{4–7}

6th highest cause of years lived with disability

- 80\% of patients report severe or extremely severe pain
- During migraine attacks the WHO determine the level of disability at 70–100\%
- 75\% 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

- Absenteeism through migraine is estimated to cost £2.25 billion per year in the UK alone
- Due to the combined costs of absenteeism and lost productivity at work it is estimated that the cost of all headache disorders is of the order of £5 billion
- In 2012 the cost of migraine in Europe annually was estimated at £27 billion due to social, direct and indirect costs of this prevalent condition

Considerations for migraine preventive therapy\textsuperscript{10–13}

\begin{itemize}
\item Headache frequency
- \geq 2 headache days per month
\item Degree of impairment
- Quality of life, work activities or school attendance are severely impaired
\item Use of acute medication
- Migraine does not respond to acute treatment or acute therapies are overused.
- Overuse of acute therapies containing barbiturates and opioids increases risk of progression
\item Comorbidities
- Obesity, depression, anxiety, sleep-related issues
\item Auras
- Frequent, very long or uncomfortable auras
\end{itemize}

Some risk factors shown to be associated with migraine progression\textsuperscript{9, 14–21}

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

\begin{itemize}
\item 0.9\% 1.6\% 2.5\%
\end{itemize}

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 are 2–3x 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