

An Episodic, Disabling Headache With an Otherwise Normal Physical Exam and No Contradictory Evidence Is Migraine



Clinic diagnosis

Patients self-reported a headache diagnosis

Physicians assigned a diagnosis following standard diagnostic protocols (n = 1203)

Physician diagnosis at baseline clinic visit¹

- 84% (n = 1017) migraine: 711 previously diagnosed, 306 new diagnosis
- 12% (n = 142) nonmigraine primary headache
- 4% (n = 44) diagnosed with secondary headache (not included in the diary study)

Patients were given diaries to record headache symptoms for up to 3 months or 6 attacks if they were:

- Newly diagnosed migraine (n = 306)
- Nonmigraine primary headache (n = 142)



Expert panel review of patient diaries

Expert panel, unaware of clinic diagnosis, used diary data to assign a diagnosis to each patient and attack using the 1988 IHS criteria

Expert panel review of patient diaries (n = 377/448 with evaluable data)

- 76% (n = 288) migraine
- 18% (n = 67) probable migraine
- 3% (n = 11) episodic tension-type headache
- 3% (n = 11) unclassified

Diary diagnosis of patients with new clinic diagnosis of migraine:

- 87% IHS-defined migraine
- 11% probable migraine

Diary diagnosis of patients with a clinic diagnosis of nonmigraine primary headache:

- 48% IHS-defined migraine
- 34% probable migraine

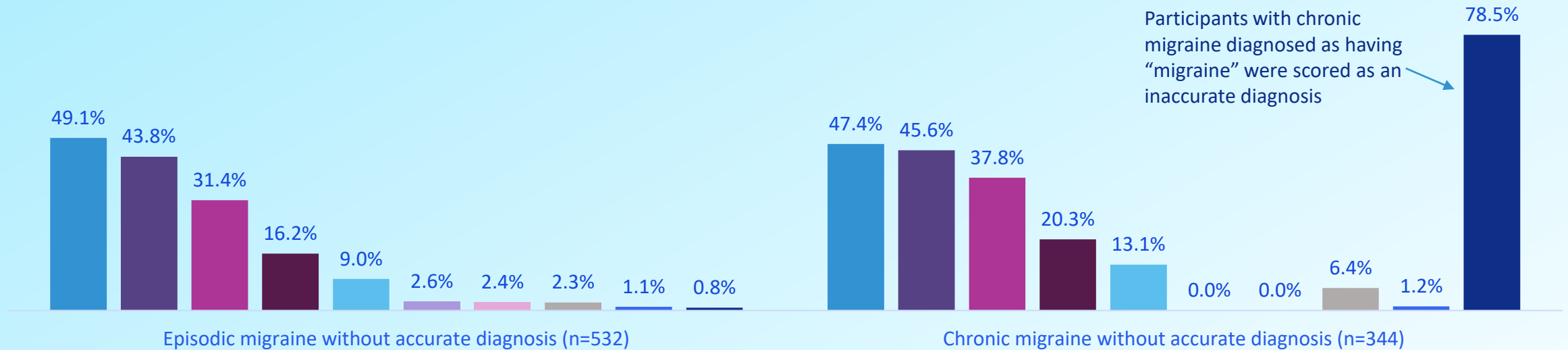
LANDMARK study: 128 practices (93% primary care), 15 countries, 1203 patients, 84% female, 86% White

IHS, International Headache Society; MHD, mean headache days; OVERCOME, ObserVational survey of the Epidemiology, tReatment and Care of MigraineE.

Tepper SJ, et al. *Headache*. 2004;44(9):856-64.

Migraines Are Most Commonly Misdiagnosed as Sinus or Stress Headaches

Diagnosis reported by respondents who did not receive an accurate diagnosis

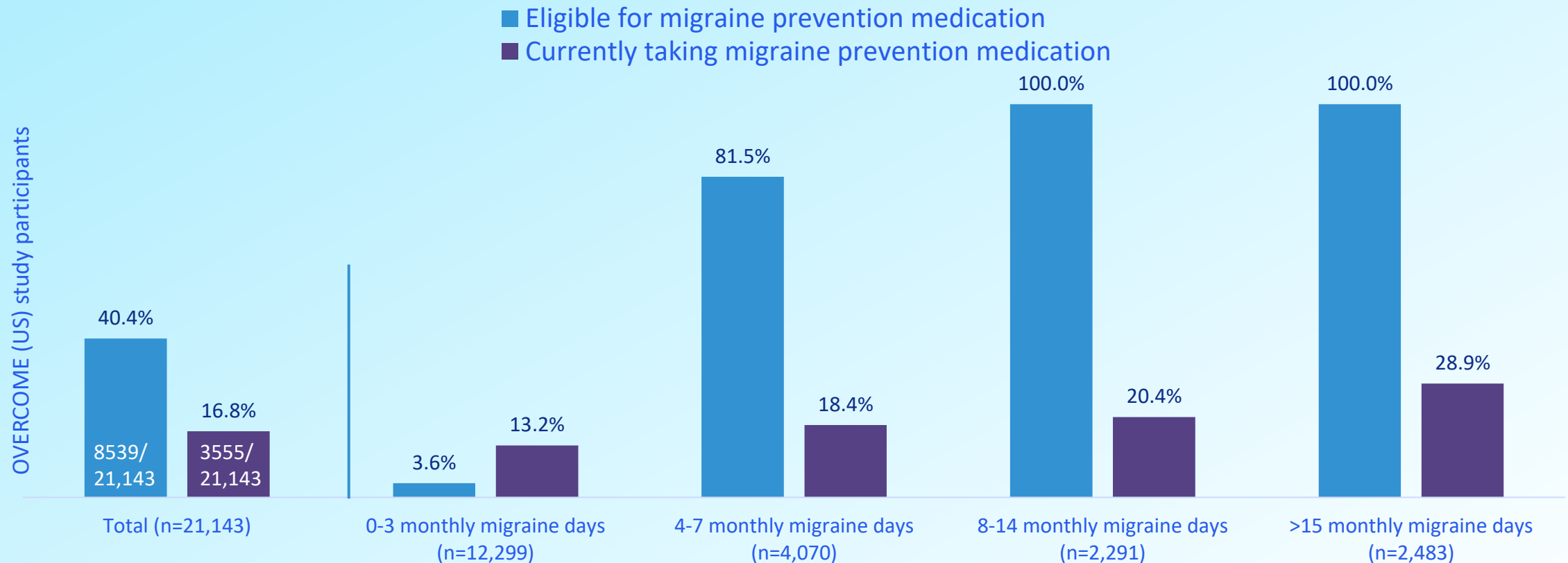


Respondents could choose more than 1 response.

Accepted diagnoses for chronic migraine: chronic migraine, transformed migraine, or chronic daily headache.

The 2018 OVERCOME (US) Study Shows Slow Progress in Using Migraine Prevention Medication

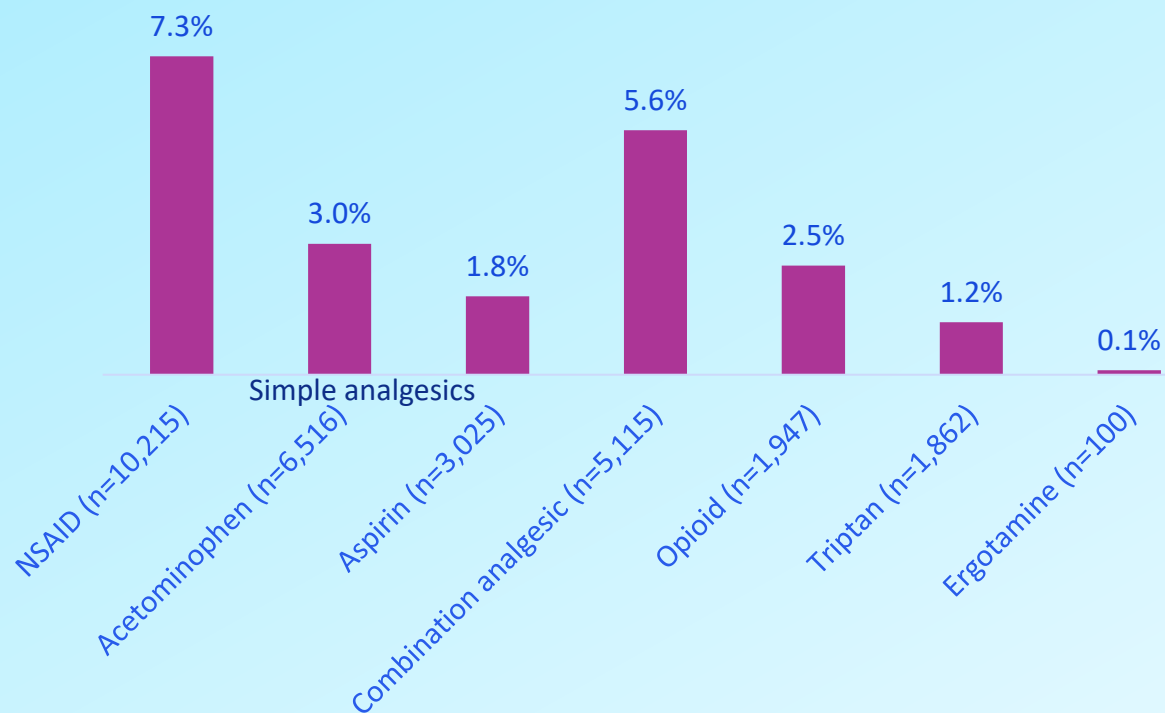
2018 OVERCOME (US) study data show an increase in preventative medication use (16.8%) relative to the 2007 AMPP (12%-13%) data, but preventative treatment remains underutilized with 42% (3555/8539) of eligible OVERCOME study respondents taking preventive treatment



Acute Medication Overuse Increases Migraine Disease Burden Beyond Contributing to Medication Overuse Headaches

17.7% (2975/16,789) CaMEO respondents met AMO criteria

■ % of CaMEO population (n=16,789) overusing individual medication classes



AMO is defined by ICHD-3 criteria as use of:

- Use of any over-the-counter or prescription naproxen sodium, aspirin, ibuprofen, acetaminophen, or prescription NSAID on 15 or more days per month
- Any ergotamine derivative, triptan, opioid, or combination analgesic on 10 or more days per month
- Two or more classes of medication (ergotamine, triptans, non-opioid analgesics, opioids) with cumulative use on 10 or more days per month
- Two or more non-opioid analgesics (acetaminophen, aspirin, NSAID, or other) with cumulative use on 15 or more days per month.

Compared with respondents without AMO, respondents with AMO were more likely to have:¹

- Moderate-to-severe depression or anxiety
- Moderate-to-severe interictal burden
- Moderate-to-severe headache-related disability
- A higher use of the emergency room/urgent care

AMO, acute medication overuse; CaMEO, Chronic Migraine Epidemiology and Outcomes; ICHD-3, International Classification of Headache Disorders, 3rd edition; MHD, monthly headache days; NSAID, nonsteroidal anti-inflammatory drugs.

Schwedt TJ, et al. *Neurol Clin Pract.* 2021;11(3):216-26; Headache Classification Committee of the International Headache Society (IHS). *Cephalalgia.* 2018;38:1-211.