BACKGROUND

- Chronic migraine (CM) is burdensome to the individual, society, and the healthcare system.
- Compared with persons with episodic migraine (EM), persons with CM have greater headache impact and higher direct and indirect costs.

OBJECTIVE

To compare rates of visits to healthcare providers (HCPs) and/or facilities for headache and headache-impact between persons with CM and EM in a US population-based sample.

METHODS

- The AMPP study is a longitudinal, population-based, mailed questionnaire study.
- In 2004, 120,000 US households were screened to identify individuals with severe headache. 24,000 respondents were followed annually between 2005 and 2009.
- A cross-sectional design was used to analyze data from the 2009 survey.
- Respondents who met ICHD-2 criteria for migraine, had ≥1 headache in the preceding year, and provided the necessary data were categorized into two groups: CM (average ≥15 headache days/month) vs. EM (average <15 headache days/month).
- Medical consultation was assessed by self-reported numbers of visits to healthcare providers and/or facilities for the treatment of headache in the year preceding the survey.
- The Headache Impact Test (HIT-6) was utilized to assess headache-impact. HIT-6 sum scores range from 36 to 78 and are categorized into severe (≥60), substantial (56-59), some (50-55), and little or no impact (<49).
- Descriptive statistics were used to summarize data, t-tests were utilized to compare mean HIT-6 scores, Chi-squared tests were utilized to compare relative risks.
- A p value of <0.05 was used to denote statistically significant differences.

RESULTS

Response Rates and Sociodemographics

- In 2009, 27,253 questionnaires were fielded to 16,983 persons with severe headache and 10,270 non-headache control subjects, 20,107 were returned (73.8% response rate).
- 446 respondents met criteria for CM; 6,723 respondents met criteria for EM.
- Both groups were primarily female (CM=81.2% vs. EM=77.8%) and Caucasian (CM=89.2% vs. EM=92.1%). The CM group was slightly older (CM average age=52.3 vs. EM=50.3), reported lower annual household incomes (38.3% of CM respondents and 26.4% of EM respondents reported annual income <30,000/year), and had a higher average body mass index (BMI) (CM=30.5 vs. EM=29.6).
- Relative to persons with EM, those with CM had a greater than 2-fold increase in rates of depression (CM=25.3% vs. EM=9.6%), and almost a 3-fold increase in rates of anxiety (CM=23.1% vs. EM=8.1%).

Healthcare Resource Utilization Was Greater Among Persons with CM

- 30.5% of persons with CM reported ≥1 visit to a healthcare provider or facility for headache within the preceding 12 months, compared to 12.2% of persons with EM (p<0.001).
- The most common types of HCPs visited by both groups for headache care were primary care providers (PCPs) followed by neurologists.
- Respondents in the CM group had approximately 3 times greater odds for visiting both PCPs (OR=2.89; 95% CI=2.35,3.55, p<0.001) and neurologists (OR=3.40; 95% CI=2.59,4.46, p<0.001) at least once in the preceding year compared with persons with EM. (Table 1)
- These differences remained significant even after adjusting for sociodemographics including gender, annual household income, population density, and geographic region.

Persons with CM Were Most Likely to Seek Specialty Care

- 47.1% of those with CM and 20.8% of those with EM reported ever discussing their headaches with a headache specialist (i.e., neurologist, headache or pain specialist).
- The two most commonly reported reasons for seeking care from a specialist were:
  1. I was referred by another healthcare professional: CM=32.1% vs. EM=12.5% (p<0.001).
  2. My headaches became worse: CM=28.2% vs. EM=11.8% (p<0.001). (Table 2)

Persons Seeking Specialty Care Had the Greatest Headache Impact

- Headache impact (measured by HIT-6 sum score) was greater among those consulting neurologists/headache specialists. (Table 3)

CONCLUSIONS

- Persons with CM were significantly more likely to consult PCPs and specialists for headache care, and also more likely to use the emergency department.
- Nonetheless, a minority of persons with CM reported visits to headache/pain specialists or neurologists for headache.
- Headache impact appears to be a major driver of seeking specialty care.
- As “referral by other health care professional” was the most common reason for seeking specialty care among persons with CM, appropriate referral might optimize care for these complex patients.