Economic Burden of Transformed Migraine (TM): Results From the American Migraine Prevalence and Prevention (AMPP) Study

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ABSTRACT

Increasing evidence suggests migraine sometimes progresses to transformed migraine (TM). The most common and challenging subtype of the chronic daily headache disorders is TM. TM is characterized by headache ≥15 days/month and has been associated with adverse health effects (eg, poor sleep, alcoholism, and diminished health-related quality of life).1

Little is known about the economic impact of TM.

OBJECTIVE

To evaluate the impact of non-onset TM on healthcare resource utilization and productivity losses in a US population.

METHODS

AMPP: A 5-year, national, longitudinal study of headache in the United States

First phase (2004): Screener questionnaire developed by panel of headache and healthcare experts and mailed to a random sample of 120,000 US households in the National Family Opinion (NFO) panel—>600,000 households throughout the United States, representative of population of people ≥18 years of age without a history of TM, as defined by criteria of the International Classification of Headache Disorders (ICHD-2).5

To evaluate the impact of new-onset TM on healthcare resource utilization and productivity loss in a US population

Emerging evidence suggests migraine sometimes progresses to TM. This study provides a better understanding of the economic impact of TM.

RESULTS

Migraine Frequency

Participants with TM reported a significantly higher frequency of headaches in past month (RR = 1.60, 95% CI: 1.38-1.85) and in past 12 months (RR = 1.78, 95% CI: 1.60-1.95) compared with participants without migraine (P < 0.001) (Figure 1).

Healthcare Utilization

Participants with TM reported significantly more primary care visits (RR = 5.03, 95% CI: 4.48-5.67), neurologist visits (RR = 5.12, 95% CI: 4.58-5.70), and ED visits (RR = 3.27, 95% CI: 2.85-3.89) (P < 0.001). Nighttime in hospital (RR = 1.20, 95% CI: 0.97-1.46), and urgent care visits (RR = 1.35, 95% CI: 0.88-3.34) did not reach statistical significance (P > 0.05) (Figure 2).

Productivity

Participants with TM reported significantly more days missed at work or school in previous 3 months because of headaches (RR = 0.56, 95% CI: 0.46-0.65) and more days where work or school productivity was reduced by ≥50% in previous 3 months because of headaches (RR = 0.22, 95% CI: 0.14-0.32) (P < 0.001) (Figure 3).

CONCLUSIONS

1. Transformed migraine is a significant and prevalent condition in the general population.
2. Healthcare-related resource utilization and productivity losses were significantly higher in those with TM versus those with migraine in the initial stages of headache care. Further research data underscore a need to (a) address traditional goals of migraine treatment of relieving pain and restoring patient function and (b) prevent migraine progression.

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REFERENCES


