

# Many Migraineurs Report Unmet Medical Needs

BY MICHELE G. SULLIVAN

FROM THE ANNUAL MEETING OF THE AMERICAN HEADACHE SOCIETY

WASHINGTON – Almost half of patients with episodic migraine report having at least one unmet medical need, according to the findings of more than 20,000 people participating in a population-based survey.

The findings suggest that despite the expanding armamentarium of acute migraine-specific therapies, patient satisfaction with treatment is at best low to moderate for many, Dawn Buse, Ph.D., said. “You all know this is nothing new. You keep working to meet your patients’ needs while considering side effects, cost, effectiveness, and speed of onset.” But despite all these efforts, some patients report unsatisfactory results.

Dr. Buse, director of behavioral medicine at the Montefiore Headache Center, New York, and her colleagues examined data from the AMPP (American Migraine Prevalence and Prevention) study (Headache 2008 [doi:10.1111/j.1526-4610.2008.01217.x]). This population-based survey began in 2004, when a general-population headache screening netted 162,756 respondents, 36,000 of whom reported having severe headache.

The study that was presented at the meeting examined data from the 2009 sample of 11,792 who had been followed since 2005, including 5,600 who met the International Classification of Headache Disorders definition of episodic migraine. A control group comprised 8,315 who were free of severe headache

or migraine in the original 2004 survey.

Dr. Buse and her coinvestigators identified five domains of possible unmet treatment needs, and resurveyed the migraine population for their response. The domains included the following:

► Dissatisfaction with current acute treatment (assessed by the three-item

different in demographics; most (81%) were women. The mean age in the control group was 51 years vs. 52 years in the two groups with unmet needs.

Those with no unmet needs reported a mean of 2 days per month with headache, compared with 3 days per month for the group with one unmet

ity, 10% met that area only. But 4% of them also reported opioid overuse, 3% also reported dissatisfaction with their medications, and 2% endorsed all three of these areas.”

The investigators then contrasted psychological comorbidities between the group with unmet needs and the 60% who reported no unmet needs. Anxiety and depression correlated significantly with the number of unmet needs.

Among the control group, 5% met criteria for anxiety and 10% for depression. Among the group with one unmet need, the rates were 11% for anxiety and 22% for depression. Among the group with at least two unmet needs, the rates were 21% for anxiety and 41% for depression.

In an interview, Dr. Buse said the relationship between headache and psychiatric disorders is not well understood, but appears to be bidirectional. Anxiety increases the likelihood and the severity of headache, whereas headaches increase the risk of anxiety. The brain neurotransmitters that are involved in depression may also predispose a person to headache, but years of headache pain also increase the risk of becoming depressed, she said. ■

To see a video interview with Dr. Buse, scan the QR code or visit [www.clinicalneurologynews.com](http://www.clinicalneurologynews.com), click on the video icon and search for “treatment needs unmet in migraine.”



## VITALS

**Major Finding:** In a sample of 5,600 people with episodic migraine, 41% reported at least one unmet medical need.

**Data Source:** An analysis of more than 20,000 people from the American Migraine Prevalence and Prevention Study.

**Disclosures:** The American Migraine Prevalence and Prevention Study is funded by the American Headache Society through grants from Ortho-McNeil Neurologics and Merck Sharp & Dohme Corp., a subsidiary of Merck. Dr. Buse has received research support from Allergan Pharmaceuticals, Iroko Pharmaceuticals, MAP Pharmaceuticals, and Merck.

summary from the Patient Perception of Migraine Questionnaire).

► Moderate or severe headache-related disability (defined by a score of at least 11 on the Migraine Disability Assessment Test).

► Excessive use of opioids or barbiturates (that is, using the drugs at least 4 days per month or meeting the DSM-IV criteria for dependence).

► Excessive use of the emergency department or urgent care clinic for headache (that is, at least two visits in the preceding year).

► History of cardiovascular events that might preclude triptan therapy (including heart attack, stroke, angina, claudication, stent placement, or coronary artery bypass graft).

The samples were not significantly

need, and 5 days per month for those with two or more needs.

The unmet need that was most commonly reported was headache-related disability of moderate to severe intensity (19%). Some 15% claimed dissatisfaction with their current therapy. Opioid or barbiturate use or dependence was seen in 13% of respondents. In all, 10% reported cardiovascular disease that could preclude triptan use, although 26% of these used the drugs despite these risks. Finally, 2% reported frequent headache-related visits to the ED or urgent care center.

“When we looked at the three most frequently reported areas, we saw an interesting overlap,” Dr. Buse said. “Of the 19% who met the criteria for moderate to severe headache-related disabil-

# High Migraine Frequency Doesn't Impair Cognitive Function

BY MICHELE G. SULLIVAN

FROM THE ANNUAL MEETING OF THE AMERICAN HEADACHE SOCIETY

WASHINGTON – Women with a high burden of episodic migraine don't appear to have any related cognitive impairment.

A small prospective study has found that women with as many as 10 migraines per month scored well within the normal range on tests of learning and memory,

## VITALS

**Major Finding:** Among 28 women with up to 10 migraines per month, there was no significant relationship between cognitive function and headache frequency.

**Data Source:** A subanalysis of the ongoing CAMP study.

**Disclosures:** The research was supported by grants from Cohere Medical, the John L. Locke Jr. Charitable Trust, NMT Medical, and the National Headache Foundation. Neither Dr. Jesurum nor her coinvestigators had any relevant financial disclosures.

many are very worried because they feel they have some type of cognitive problems from their migraines.”

She presented a subanalysis of the CAMP (Comorbidities Associated With Migraine and Patent Foramen Ovale) study. The ongoing study aims to assess cognitive impairment and other comorbidities in at least 40 patients with migraine aura and a large patent foramen ovale, compared with migraineurs who do not have the heart defect.

Dr. Jesurum's substudy comprised 28 women with a high migraine burden. The subjects' mean age was 35 years. They had experienced migraines for a mean 19 years, with a mean of eight migraines each month. The MIDAS (Migraine Disability Assessment Test) and HIT-6 (Headache Impact Test-6) both showed that these women experienced severe disability with their migraines, with a mean MIDAS score of 40 and a mean HIT-6 score of 64. Depression and anxiety were minimal and moderate, according to mean test scores.

The women underwent a battery of cognitive testing during a headache-free period; they had no headache symptoms and no alcohol or opioid use during the 24 hours before the testing. The analysis controlled for antiepileptic agents as well as the use of NSAIDs and anticoagulant or antiplatelet drugs. A neuropsychologist who was blinded to the headache ratings administered and scored the tests.

“What we found was very encouraging,” Dr. Jesurum said in an interview. “These women with a very high migraine burden were functioning at a high cognitive level during their headache-free periods. All of them scored within one standard deviation in all of the tests.”

A subanalysis of the data showed no significant relationships between cognitive function scores and monthly migraine frequency. However, Dr. Jesurum noted, “When we looked at migraine burden and disability as measured by the HIT-6 and the MIDAS, we did see many significant inverse relationships between migraine burden, disability, and cognitive function. The higher the migraine burden and the higher the disability, the lower the cognitive functions were, but that relationship was not significant when [we

looked] at monthly migraine frequency.” This may reflect the perceived intensity of migraines, she said. “One woman might have two migraines a month, but if they totally wreck her life and she can't work or take care of her children, that may negatively impact her cognitive function. On the other hand, another may have 5 or even 10 migraines a month, but if she's able to treat them adequately and go about her daily life, they may not affect her cognitive function.”

Because the study was so small did not have a comparator, it must be regarded as exploratory, Dr. Jesurum noted. ■



**All of the women with a high burden of episodic migraine scored within one standard deviation on cognitive tests.**

DR. JESURUM

efficiency and attention, and processing speed, Jill Jesurum, Ph.D., reported in a poster at the meeting.

“This is very good news for women with migraine,” said Dr. Jesurum, scientific director of the Swedish Heart and Vascular Institute at the Swedish Medical Center, Seattle. “I see migraine patients in my own clinic, and