

SAND abstract No. 131 from the BEACH program 2008–09

Subject: Prevalence and management of migraine

Organisation supporting this study: Janssen-Cilag Pty Ltd

Issues: Prevalence of migraine among patients attending general practice; frequency of migraine attacks; current and previous prophylaxis medication; current acute medications.

Sample: 3,095 patients from 105 GPs; data collection period: 10/06/2008 – 14/07/2008.

Method: Detailed in the paper entitled 'SAND Method 2008-09' available at: <www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

The sex distribution of the sampled patients was similar but included significantly fewer younger patients than patients at all BEACH encounters 2007–08:

Of the 3,095 surveyed patients, 253 (8.2%, 95% CI: 6.7–9.6) suffered from migraine attacks. Prevalence of migraine was significantly higher among females (11.1%, 95% CI: 9.0–13.2) than males (4.5%, 95% CI: 3.1–5.8), was uncommon in patients younger than 25 years, and significantly more common among patients aged 25–64 years than among older patients. Of 229 patients with migraine who reported attack frequency, 57.2% experienced less than one migraine per month. One in ten migraine patients had one or two migraines per month (11.4% and 9.6% respectively) and 21.8% experienced migraine three or more times per month. Reported number of migraine attacks per month was similar for males and females.

Of 250 patients with migraine who responded to the question on prophylaxis medication usage, 35 (14.0%, 95% CI: 8.3–19.7) were on current prophylaxis medication. Among 229 migraine patients for whom attack frequency and medications were known, those experiencing 2 or 3+ migraines per month were significantly more likely to be taking prophylaxis medication (31.8% and 24.0%) than those having less than one migraine per month (5.3%). As migraine frequency increased, the proportion using current prophylaxis medication increased (trend test: $p < 0.001$). Most frequently used prophylaxis medications were pizotifen and propranolol, which together accounted for 55.3% of all prophylaxis medications. Of 245 patients with migraine who reported previous prophylaxis usage, 9.8% ($n = 24$) had previously used a prophylaxis medication, mainly propranolol and pizotifen. Of these, 10 (41.7%) had switched to another prophylaxis, and 7 (29.2%) stopped medication due to successful treatment.

Of 244 patients with migraine who reported rescue medication usage, 194 (79.5%, 95% CI: 73.1–86.0) were currently using rescue medication when required; a stark contrast to prophylaxis use. Likelihood of use of rescue medication increased significantly with migraine frequency, from 71.7% of those having less than 1 migraine per month, to 80.0%, 95.5% and 90.0% of those having 1, 2 or 3+ migraines per month (trend test: $p < 0.001$). Most common acute medications were paracetamol, paracetamol/codeine and ibuprofen.

Overall, in 2008, 14.0% of patients with migraine attending general practice were currently on prophylaxis medication, with most on pizotifen or propranolol. In contrast, most migraine patients used acute medication as needed.

Correspondence to: Lisa Valenti, AGPSCC

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **PATIENTS WITH MIGRAINE**.
 You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Ask **ALL** of the **next 30 PATIENTS** the following questions **in the order in which the patients are seen**.

Please **DO NOT** select patients to suit the topic being investigated.

Migraine

Please indicate by ticking the appropriate box whether this patient suffers from **migraine** attacks, either initially diagnosed today or at a previous encounter, in the past 12 months, or more than 12 months ago (by you or by another GP).

If **'no'** you should **end the questions here**.

If **'yes'** to any of the options, please continue.

Migraine frequency

Please advise the approximate **number of times** the patient would usually experience a **migraine episode during a month**.

Current migraine medication

Please write the **name and regimen** of the **current prophylaxis medication** being taken by the patient to prevent migraine.

If **no** prophylaxis medication is currently being taken please tick the box labelled **'none'**.

In the space below, please write the **name and regimen** of any medication (oral, nasal spray or injection) taken during an **acute attack** or as **'rescue' medication** taken acutely for **breakthrough** migraine.

If **no** acute or rescue medication is usually taken please tick the box labelled **'none'**.

For each medication, please write the approximate **duration this patient has been using the medication** in the space provided, and **circle an option** to indicate weeks, months or years.

Previous prophylaxis medication

If the patient was taking a **different** prophylactic medication **prior to the one currently taken**, please write the **name and regimen** and **duration of use** for the **previous prophylactic medication**.

Please write the **most recent** previous medication only, and use the tick boxes to advise **why** this medication was **discontinued**.

If discontinuation occurred because of **side effects**, please **write** the **main side effect/s** experienced in the space provided. If discontinuation occurred because of a reason other than those listed, please tick the box labelled **'other'** and write the reason in the space provided.

If **no prophylaxis medication** was taken **prior** to the current one, or if prophylaxis medication is **not being taken at all**, please tick the box labelled **'none'**.

Patients seeking rescue medication

Please advise **how frequently** the patient consults a **GP** or an **after hours service**, at the time of a migraine episode, for **rescue** medication.

<p>Does this patient suffer from migraine attacks?</p> <p><input type="checkbox"/> No → End questions</p> <p><input type="checkbox"/> Yes - diagnosed ...</p> <p><input type="checkbox"/> Today</p> <p><input type="checkbox"/> In the past 12 mths</p> <p><input type="checkbox"/> > 12 mths prior</p> <p>BL103C</p>	<p>If 'yes' migraine frequency per month is:</p> <p><input type="checkbox"/> < 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> ≥ 3</p>	<p>Current prophylaxis medication is:</p> <table border="0"> <tr> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td><u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u></td> </tr> <tr> <td>_____ wks/mths/yrs</td> </tr> <tr> <td>_____ wks/mths/yrs</td> </tr> </table> <p>Acute or 'rescue' medication is:</p> <table border="0"> <tr> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td><u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u></td> </tr> <tr> <td>_____ days</td> </tr> </table>	<input type="checkbox"/> NONE	<u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u>	_____ wks/mths/yrs	_____ wks/mths/yrs	<input type="checkbox"/> NONE	<u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u>	_____ days	<p>Previous prophylaxis medication (if any) was:</p> <table border="0"> <tr> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td><u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u></td> </tr> <tr> <td>_____ wks/mths/yrs</td> </tr> </table> <p>Reason for discontinuing use was:</p> <p><input type="checkbox"/> Lack of efficacy <input type="checkbox"/> Side effects _____ (please specify)</p> <p><input type="checkbox"/> Cost</p> <p><input type="checkbox"/> Withdrawal after successful treatment <input type="checkbox"/> Other _____ (please specify)</p>	<input type="checkbox"/> NONE	<u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u>	_____ wks/mths/yrs	<p>Does the patient consult a GP/Out of Hours Service at the time of migraine for rescue medication?</p> <p><input type="checkbox"/> Never/almost never (0-20%)</p> <p><input type="checkbox"/> Some of the time (21-40%)</p> <p><input type="checkbox"/> Half of the time (41-60%)</p> <p><input type="checkbox"/> Most of the time (61-80%)</p> <p><input type="checkbox"/> Always/almost always (81-100%)</p>
<input type="checkbox"/> NONE														
<u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u>														
_____ wks/mths/yrs														
_____ wks/mths/yrs														
<input type="checkbox"/> NONE														
<u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u>														
_____ days														
<input type="checkbox"/> NONE														
<u>Name & Form</u> <u>Strength</u> <u>Dose</u> <u>Frequency</u> <u>Duration of use</u>														
_____ wks/mths/yrs														