

SAND abstract No. 152 from the BEACH program 2009–10

Subject: Migraine and acute/rescue medication use in general practice patients

Organisation supporting this study: Merck Sharp and Dohme (Australia) Pty Ltd

Issues: The proportion of general practice patients who suffer from migraine attacks. For patients who suffer migraine: frequency per month; type and detail of acute/rescue medication used at time of attack; current and previous use of triptan medication; cardiovascular safety concerns.

Sample: 3,098 respondents from 105 GPs; data collection period: 18/08/2009 – 21/09/2009.

Method: Detailed in the paper entitled *SAND method 2009–10* at:
<www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

The age–sex distribution of respondents did not differ from the distribution for all 2008–09 BEACH encounters, with the majority of patients (59.8%) being female. Patients aged 25–44 years and 45–64 years accounted for 22.5% and 27.6% of the sample respectively.

Of the 3,098 surveyed patients, 259 (8.4%, 95% CI: 6.7–10.0) suffered from migraine attacks. Prevalence of migraine was significantly higher among females (10.6%, 95% CI: 8.5–12.6) than males (5.1%, 95% CI: 3.4–6.8), and was highest among patients aged 15–24 years, 25–44 years and 45–64 years (15.5%, 11.1% and 11.0% respectively). Of 249 patients with migraine who reported attack frequency, 55.8% had less than one migraine per month, 18.9% had one per month, and 25.3% had two or more per month. Reported migraine frequency per month were did not differ for males and females.

Of 249 respondents with migraine, 37 (14.9%) currently used no acute/rescue medication at the time of an attack, and 212 (85.1%) used prescribed and/or advised over-the-counter (OTC) acute/rescue medication. The proportion of patients taking OTC acute medication did not differ by migraine frequency. Patients experiencing two or more migraines per month were significantly more likely to use prescribed acute/rescue medication (47.6%, 95% CI: 33.3–62.0) than those who had less than one attack per month (18.8%, 95% CI: 12.7–25.0).

Of the 72 migraine patients currently taking prescribed acute/rescue medication, 71 gave details of these medications. About half (54.9%, $n=39$) were currently using a triptan, most commonly sumatriptan (40.9%, $n=29$), followed by zolmitriptan (9.9%, $n=7$), and naratriptan (4.2%, $n=3$). Almost half (47.9%, $n=34$) were currently using other acute/rescue prescribed medications, paracetamol combinations being the most commonly listed ($n=19$).

Of the 212 migraine patients currently on acute/rescue medication/s (OTC or prescribed), 190 gave information about whether they had ever tried a triptan. One-third (32.6%, $n=62$) had tried a triptan, 120 (63.2%) had never tried a triptan, and the GP indicated 'Don't know' for 8 (4.2%). Of the 62 patients who had tried a triptan, 39 (62.9%) were currently taking a triptan.

Of the 120 migraine patients on current acute/rescue medication who had never tried a triptan, 112 gave information on cardiovascular risk concerns with triptan use. Of the 112 respondents, 10 (8.9%) had never tried a triptan due to concerns about cardiovascular safety.

Correspondence to: Lisa Valenti, AGPSCC

AIHW Australian GP Statistics and Classification Centre, 2010. SAND abstract No. 152 from the BEACH program: Migraine and acute medication use in general practice patients. Sydney: AGPSCC University of Sydney. ISSN 1444-9072

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **TREATMENT OF 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 advise whether the patient suffers from migraines.

If 'no' you should end the questions here for this patient.

Acute/rescue medications

Please use the tick boxes to advise which **types of acute/rescue medications** this patient **currently** uses for an acute **migraine attack**.

Triptan medication

Please advise whether this patient has **ever** tried a **triptan** medication to treat **migraine**.

Please use the tick boxes to indicate which triptan medication(s) the patient has used: sumatriptan (e.g. imigran, suvalan, sumigran, sumatab), naratriptan (e.g. naramig), and zolmitriptan (e.g. zomig).

Please tick one response per row.

Migraine frequency

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

Current prescribed acute/rescue medication(s)

If the patient **currently** uses a **prescribed** medication to treat migraine please **write**:

- **the name and form** of the prescribed medication (if a triptan is used please tick the appropriate box)
- **the strength** of the medication and
- **the average number of tablets, injections or sprays** used by the patient **per migraine attack**.

If a prescribed medication is **not currently used** please tick the box labelled '**NO prescribed acute/rescue med used**'.

Triptan never tried

For patients who have **never tried** a triptan medication please advise whether this was **due to concerns about cardiovascular safety**.

<p>Does this patient suffer from migraines?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → End questions</p>	<p>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><input type="checkbox"/> ≥4</p>	<p>What types of acute/rescue medications are currently used for an acute migraine attack? <i>(Tick all that apply)</i></p> <p><input type="checkbox"/> OTC products</p> <p><input type="checkbox"/> Prescription meds</p> <p><input type="checkbox"/> No medications → End questions ←</p>	<p>What prescribed acute/rescue meds are currently used?</p> <table border="1"> <thead> <tr> <th>Name & Form</th> <th>Strength</th> <th>Avg no. of tablets/inj/sprays per attack</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Sumatriptan</td> <td>_____ mg</td> <td>_____</td> <td rowspan="3"><input type="checkbox"/> NO prescribed acute/rescue med used</td> </tr> <tr> <td><input type="checkbox"/> Naratriptan tablet</td> <td>2.5 mg</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Zolmitriptan tablet</td> <td>2.5 mg</td> <td>_____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other meds: _____ <i>(please specify)</i></td> </tr> </tbody> </table>	Name & Form	Strength	Avg no. of tablets/inj/sprays per attack		<input type="checkbox"/> Sumatriptan	_____ mg	_____	<input type="checkbox"/> NO prescribed acute/rescue med used	<input type="checkbox"/> Naratriptan tablet	2.5 mg	_____	<input type="checkbox"/> Zolmitriptan tablet	2.5 mg	_____	<input type="checkbox"/> Other meds: _____ <i>(please specify)</i>				<p>What triptan medications has this patient ever tried? <i>(Please tick one response per row)</i></p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>Sumatriptan <i>(e.g. imigran, suvalan, sumigran)</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Naratriptan <i>(e.g. naramig)</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Zolmitriptan <i>(e.g. zomig)</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Don't know	Sumatriptan <i>(e.g. imigran, suvalan, sumigran)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naratriptan <i>(e.g. naramig)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zolmitriptan <i>(e.g. zomig)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If triptan has never been tried, was this due to concerns about cardiovascular safety?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>
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