

## **SAND abstract No. 165 from the BEACH program 2010–11**

### **Subject: Migraine and acute/rescue medication use in general practice patients – 2010**

**Organisation supporting this study:** Merck Sharp & 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:** 2,856 patients from 98 GPs; data collection period: 04/05/2010 – 07/06/2010

**Method:** Detailed in the paper entitled *SAND method 2010–11* at:

<<http://sydney.edu.au/medicine/fmrc/publications/sand-abstracts>>.

#### **Summary of results**

The age and sex distribution of the 2,856 respondents did not differ from the distribution for all 2009–10 BEACH encounters, with the majority (59.8%) being female. Patients aged less than 25 years, 25–44 and 45–64 years accounted for 20.8%, 24.2% and 28.0% of the sample respectively.

Of the 2,856 surveyed patients, 324 (11.3%, 95% CI: 9.5–13.2) suffered from migraine. Prevalence of migraine was significantly higher among females (15.5%, 95% CI: 13.0–18.0) than males (5.4%, 95% CI: 3.8–6.9), and was highest among patients aged 15–24 years, 25–44 years and 45–64 years (12.0%, 18.4% and 15.4% respectively). Of 314 patients with migraine who reported attack frequency, 55.7% had less than one migraine per month, 18.5% had one per month, and 25.8% had two or more per month. Reported migraine frequency per month did not differ between males and females.

Of 316 respondents with migraine, 43 (13.6%) currently used no acute/rescue medication at the time of an attack, and 273 (86.4%) used prescribed and/or advised over-the-counter (OTC) acute/rescue medication. About two-thirds (69.9%) used acute OTC medications, and one in four (25.6%) used prescribed medication. For both OTC and prescribed acute medication the proportion using medication did not differ by migraine frequency.

Of the 81 migraine patients currently taking prescribed acute/rescue medication, 80 gave details of these medications. About half (52.5%,  $n = 42$ ) were currently using a triptan, most commonly sumatriptan (42.5%,  $n = 34$ ), followed by zolmitriptan (7.5%,  $n = 6$ ). Almost half (53.8%,  $n = 43$ ) were currently using other acute/rescue prescribed medications, paracetamol combinations being the most commonly listed ( $n = 25$ ), followed by metoclopramide ( $n = 11$ ).

Of the 273 migraine patients currently on acute/rescue medication/s (OTC or prescribed), 227 gave information about whether they had ever tried a triptan. One-third (31.7%,  $n = 72$ ) had tried a triptan, 146 (64.3%) had never tried a triptan, and the GP indicated 'Don't know' for 9 (4.0%). Of the 72 patients who had tried a triptan, 42 (58.3%) were currently taking a triptan.

Of the 146 migraine patients on current acute/rescue medication who had never tried a triptan, 129 gave information on cardiovascular risk concerns related to triptan use. Of the 129 respondents, only 3 (2.3%) had not tried a triptan due to concerns about cardiovascular safety.

*Correspondence to: Lisa Valenti, FMRC*

Family Medicine Research Centre, University of Sydney. SAND abstract No. 165 from the BEACH program: Migraine and acute/rescue medication use in general practice patients - 2010. Sydney: FMRC University of Sydney, 2011. 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), zolmitriptan (e.g. zomig) and rizatriptan (e.g. maxalt).

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, sprays or wafers 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><b>Does this patient suffer from migraines?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → <b>End questions</b></p>	<p><b>Migraine frequency per month is:</b></p> <p><input type="checkbox"/> &lt;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><b>What types of acute/rescue medications are currently used for an acute migraine attack?</b></p> <p><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 → <b>End questions</b></p>	<p><b>What prescribed acute/rescue meds are currently used?</b></p> <table border="1"> <thead> <tr> <th>Name &amp; Form</th> <th>Strength</th> <th>Avg no. of tabs/inj/sprays per attack</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Sumatriptan</td> <td>_____ mg</td> <td>_____</td> <td rowspan="5"><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><input type="checkbox"/> Rizatriptan wafer</td> <td>10 mg</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other meds: _____</td> <td></td> <td></td> </tr> </tbody> </table> <p><i>(please specify)</i></p>	Name & Form	Strength	Avg no. of tabs/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"/> Rizatriptan wafer	10 mg	_____	<input type="checkbox"/> Other meds: _____			<p><b>What triptan medications has this patient ever tried?</b></p> <p><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 (e.g. imigran, suvalan, sumigran)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Naratriptan (e.g. naramig)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Zolmitriptan (e.g. zomig)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rizatriptan (e.g. maxalt)</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 (e.g. imigran, suvalan, sumigran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naratriptan (e.g. naramig)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zolmitriptan (e.g. zomig)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rizatriptan (e.g. maxalt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>If triptan has never been tried, was this due to concerns about cardiovascular safety?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>
Name & Form	Strength	Avg no. of tabs/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"/> Rizatriptan wafer	10 mg	_____																																											
<input type="checkbox"/> Other meds: _____																																													
	Yes	No	Don't know																																										
Sumatriptan (e.g. imigran, suvalan, sumigran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Naratriptan (e.g. naramig)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Zolmitriptan (e.g. zomig)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Rizatriptan (e.g. maxalt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										