



Migraine Preventive Treatment Failure: A Real-World Study in a Tertiary Clinic in Brazil

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Categoria: Epidemiologia, Desfechos E Impacto Das Cefaleias

Background

Migraine is an overlooked chronic pain disorder that remains undertreated and mistreated. In Brazil, there is a scarcity of evidence on migraine burden in patients who have experienced previous preventive treatment failure (PPTF).

Objective

To evaluate the associations between ≥ 3 PPTF and clinical, psychiatric, and medical and procedures history data.

Methods

In a retrospective, cross-sectional study, the medical records of migraine patients who first visited a tertiary specialized clinic were examined. We selected adults of both sexes aged ≥ 18 years who attended their first appointment between March and July 2017. Ordinal logistic regression models were employed to estimate the associations between number of PPTF (no previous treatment, 1 PPTF, 2, and ≥ 3 PPTF) and chronic migraine, number of diagnosis exams performed (0, up to 3, and ≥ 4), number of abortive drugs classes used (0, 1, 2, and ≥ 3), and severe depression (PHQ-9 ≥ 15), adjusted for sex, age, and years with disease.

Results

Data from 463 patients (72.1 % female) with a mean (SD) age of 37.3 (13.0) years were analyzed. The frequency of patients with no previous treatment was 40.4 % (187/463), while 30.5 % (141/463) showed ≥ 3 PPTF. In patients with ≥ 3 PPTF, 35.5 % (50/141) had episodic migraine and 64.5 % (91/141) had chronic migraine. Compared to no previous treatment group, patients with ≥ 3 PPTF showed higher odds for having chronic migraine [OR = 2.50 (1.57, 3.99), $p < 0.001$], severe depression [OR = 1.97 (1.03, 3.76), $p = 0.039$], severe anxiety, [OR = 1.98 (1.07, 3.66), $p = 0.029$], ≥ 4 diagnosis exams [OR = 6.06 (3.78, 9.73), $p < 0.001$], and used ≥ 3 abortive drug classes [OR = 17.4 (10.5, 28.7), $p < 0.001$].

Conclusion

In this tertiary clinic, patients first visiting a headache specialist had a high frequency of ≥ 3 PPTF, which was associated with higher migraine burden in terms of chronification, psychiatric comorbidity, acute medication inefficacy, and unnecessary exams.

Keywords: Migraine; Preventive Therapy; Treatment Failure; Healthcare Resources; Disease Burden; Chronic Migraine.