

Prevention and Acute Treatment of Migraine: Evaluating the Impact of Education to Empower Clinicians and Their Patients in Shared Decision-Making

Authors: Carole Drexel, PhD¹, Emily Bixler, MBA¹, Nim Lalvani, MPH², Stewart Tepper, MD³

1 - PlatformQ Health, Needham, MA; 2 - American Migraine Foundation, Mount Royal, NJ; 3 - Geisel School of Medicine, Dartmouth, NH

INTRODUCTION

Migraine remains underdiagnosed, undertreated, and poorly understood in clinical practice. Its management has also changed tremendously, leaving patients/caregivers (P/Cs) and health care professionals (HCPs) in need of information on how to improve shared decision-making (SDM).

HCP Education: This educational activity is supported by an educational grant from Allergan.

P/C Education: Supported by Biogen and MRC Holland.



METHODOLOGY: EDUCATIONAL PROGRAM AND EVALUATION DETAILS



Partners

Advocacy groups: American Migraine Foundation (AMF), National Headache Foundation (NHF)
Education: PlatformQ Health, Albert Einstein College of Medicine



Interventions

Tethered education comprised of one 60-min CME activity for HCPs and four 15-min modules for P/Cs, covering similar themes relative to the changing landscape of migraine management



Data collected

Changes in knowledge and competence, reported behavior, engagement, and identification of continuing gaps



Measurements

Questions asked before, immediately after, and 2 months post activity; Chi Square tests for statistical analysis

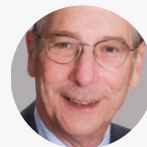
Title

Updates on Calcitonin Gene-Related Peptide-Targeted Therapies for Acute and Chronic Migraine

Learning Objectives

- Summarize the underlying pathophysiology of CGRP and its role in the development of migraine
- Assess the relative safety and efficacy of CGRP targeted agents (monoclonal antibodies and small antagonists) for the treatment of acute and chronic migraine
- Contrast CGRP monoclonal antibodies and small molecule antagonists for migraine against traditional treatment options used to treat migraine
- Identify clinician barriers to optimal management of migraine
- Describe the clinical consequences of nonadherence in patients with migraine and how they may be adequately

Faculty



Stewart J. Tepper, MD
Professor of Neurology,
Geisel School of Medicine at Dartmouth



Susan Hutchinson, MD
Director,
Orange County Migraine & Headache Center



Deborah Henscheid Lorenz – Patient Advocate
Intellectual Property Lawyer,
Lorenz & Kopf, LLP

All activities featured downloadable slides, panel discussions, live polling, and pre-program and live Q&A. Video vignettes of P/Cs were inserted within the content to bring in additional patient experiences during the P/C session.



Jill Dehlin – Patient Interview Speaker

Jill has suffered from migraines since the age of 32. She spoke about how migraines impact her life, particularly in regards to brain fog and lack of executive functioning, and discussed her treatment journey.



Daniel King – Patient Interview Speaker

Daniel has experienced migraines since he was 10 years old, but wasn't diagnosed with episodic migraine until adulthood. He discussed his experiences with treatment.

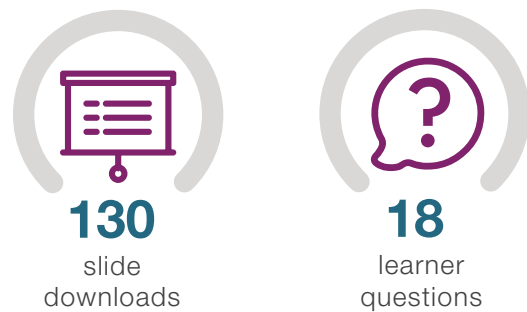
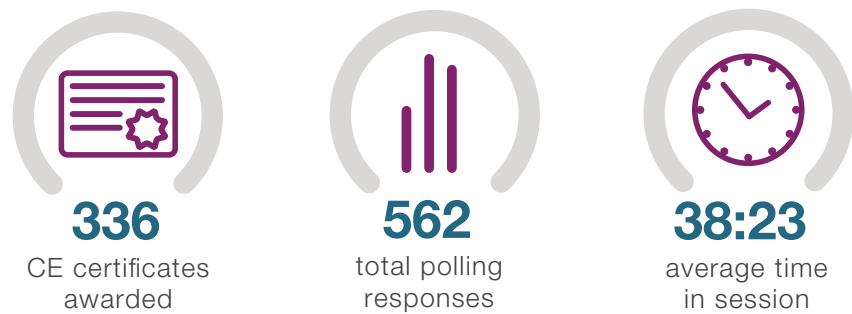
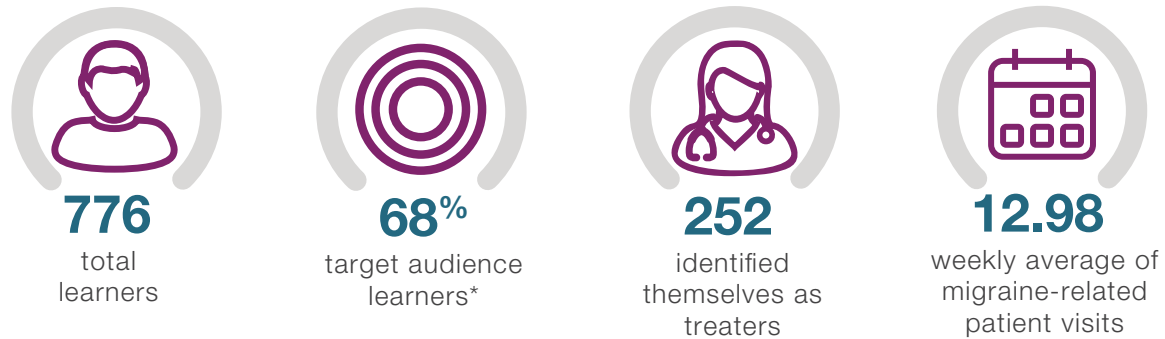


Rachel Koh – Patient Interview Speaker

Rachel has suffered from migraines for 30 years, initially diagnosed as episodic but became chronic. She spoke about how migraines have impacted her life, including affecting her independence, financial freedom, and relationships. She also discussed her triggers, as well as the importance of both advocating for yourself and having an advocate.

RESULTS: DEMOGRAPHICS AND ENGAGEMENT

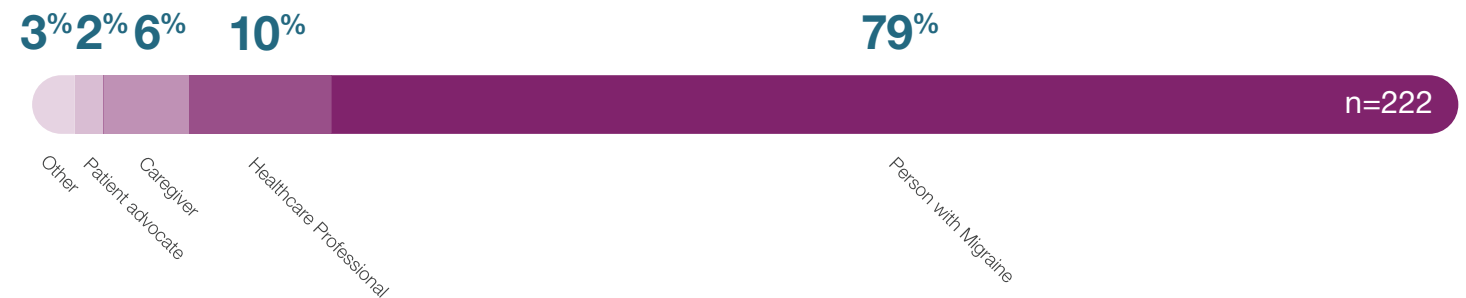
HCP Demographics and Engagement



P/C Demographics and Engagement



Participant Type



Time Since Diagnosis



Learner – An HCP who starts the educational content; term is designated only for individuals who have progressed beyond the CME front matter and pre-test, and have started to consume the educational content

*HCP Target Audience: Neurology, Headache Specialists, Primary Care, Pain Medicine, Psychiatry, OB/GYN

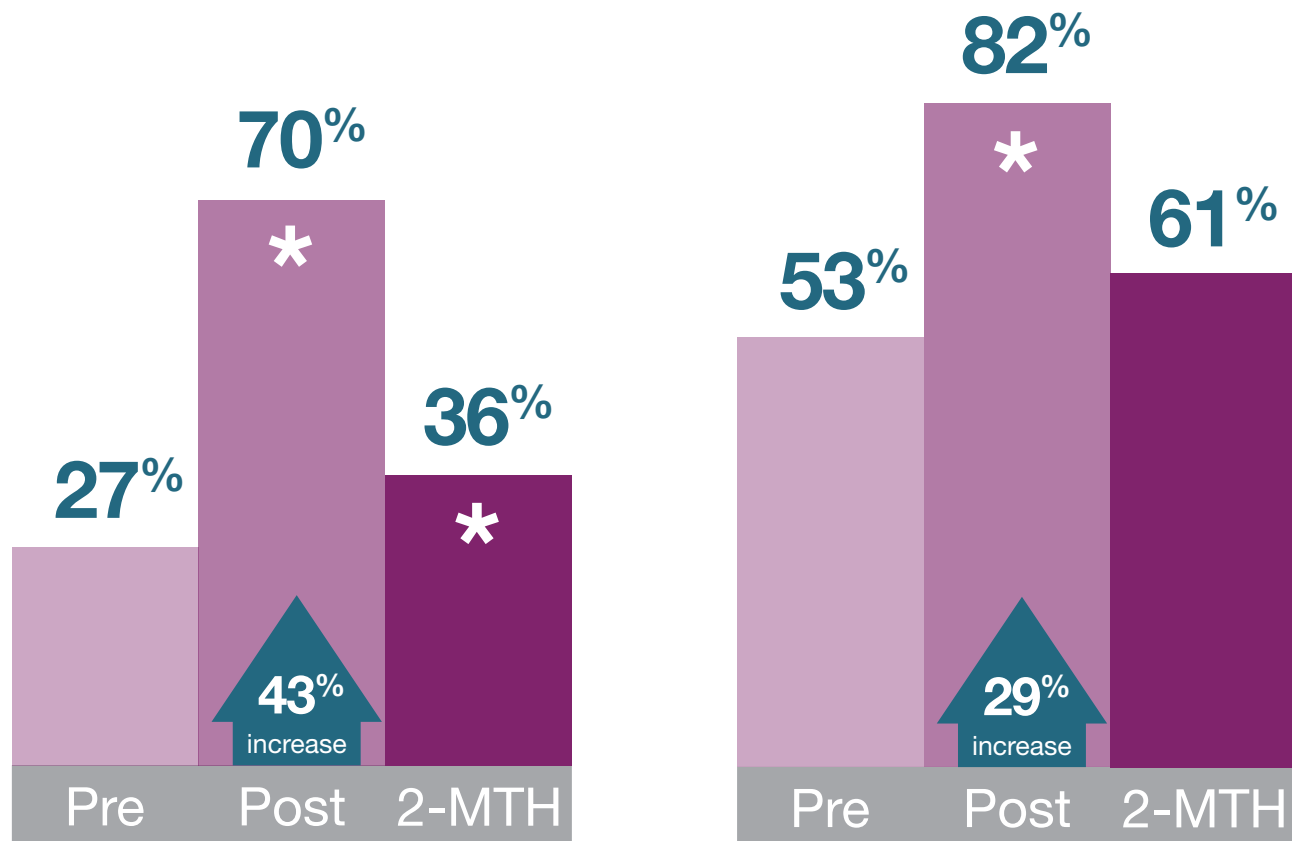
RESULTS: CHANGES IN KNOWLEDGE/COMPETENCE

HCPs: Increased awareness of patient type who may benefit from a gepant, clinical trial data with anti-CGRP monoclonal antibodies

Which is correct regarding CGRP receptor antagonist “gepants” for migraine?

Your patient with chronic migraine has had suboptimal response to propranolol and valproic acid prophylaxis. You are considering the anti-CGRP monoclonal antibody erenumab. What do you tell your patient to expect with this therapy?

Percentage of respondents providing the correct response



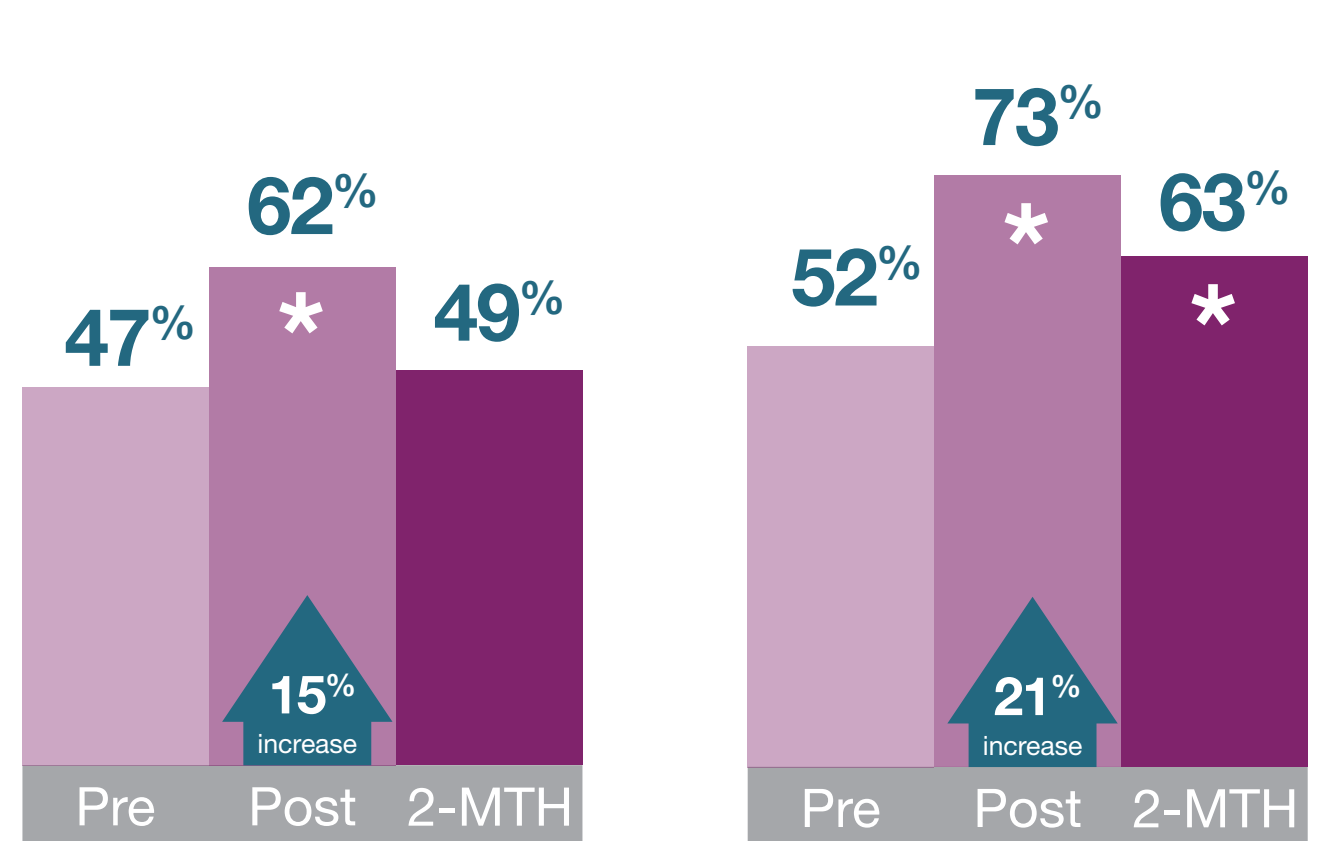
n = 776 pretest, n = 348 posttest, n = 64 follow-up survey
*p<.05

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P/C: Increased awareness of limitations of current therapies, and place of CGRP targeted agents in care

Which of the following accurately describes preventive treatment of chronic migraine with blood pressure medicine or antiepileptics?

Which of the following accurately describes CGRP monoclonal antibodies?



N = 673 pre; n = 197 post; n = 91 follow-up survey
*p<.05

N = 715 pre; n = 182 post; n = 91 follow-up survey
*p<.05

RESULTS: HCP AND P/C BELIEFS, ATTITUDES, AND BARRIERS RELATED TO MIGRAINE MANAGEMENT: LEARNINGS FROM A TETHERED ACTIVITY

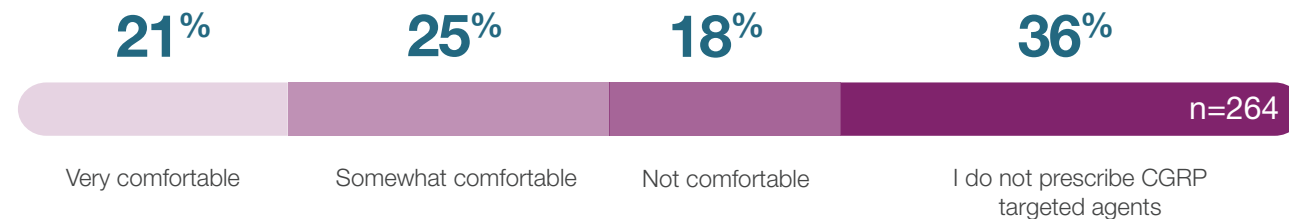
Many HCPs were only "somewhat comfortable" with prescribing a CGRP targeted agent, and a large proportion did not prescribe them. Other than insurance coverage and cost-related barriers, barriers included lack of familiarity with the agents, and preference for more traditional treatment options. In contrast, patients demonstrated high awareness of agents targeting the CRGP pathway. They recognized the limitations of other therapies and acknowledged that insurance/cost coverage are barriers to access. HCPs had a reasonably accurate perception of the magnitude of adherence to migraine medication in clinical practice.

HCP

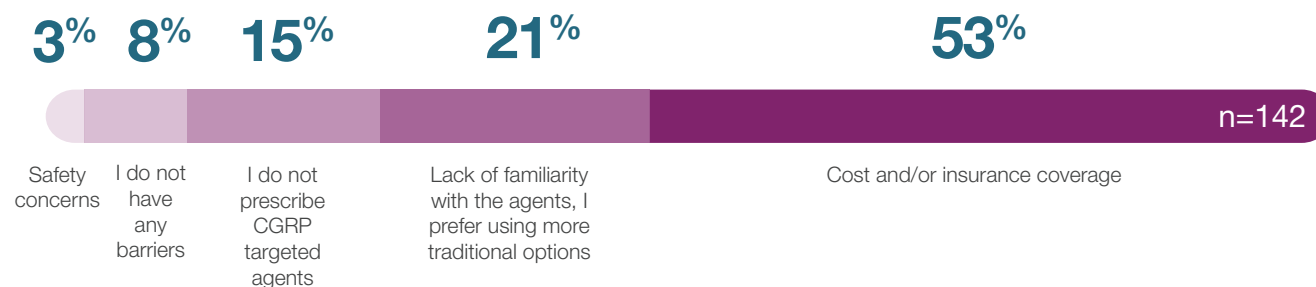
What proportion of your patients suffering from migraine do you estimate is adherent to their migraine medication in your practice?



How comfortable are you in prescribing a CGRP targeted agent to your patients complaining of migraine?



Which is your most important barrier to prescribing a CGRP targeted agent for your patients?

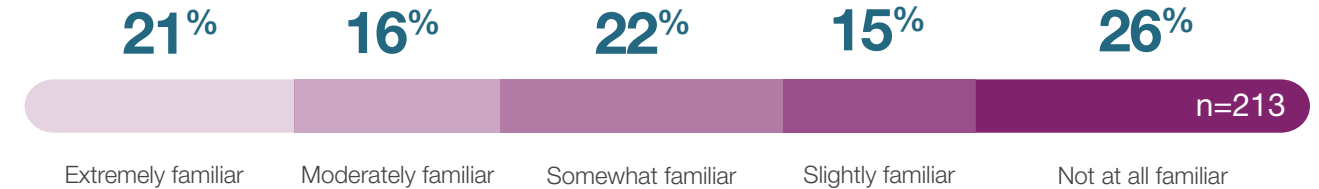


P/C

How many times per month do you miss taking your medication to prevent migraine from happening?



How familiar are you with anti-CGRP therapies?



Which of the following is your biggest barrier to using CGRP targeted agents for migraine therapy?



RESULTS: POSITIVE IMPACT

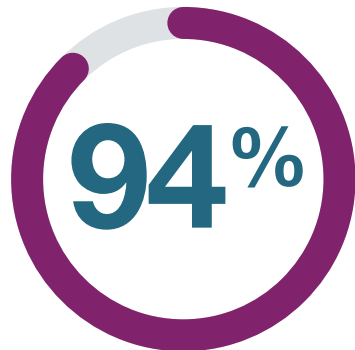
HCP

Positive Impact on Patient Outcomes and Clinical Practice



learners reported the activity positively impacted patient experience/outcomes

n=46



learners reported the activity positively impacted clinical practice

n=47



73

total write-in examples were shared

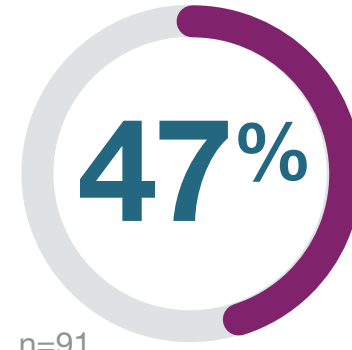
I have been able to select different treatment options and have been able to improve patient adherence.

I am better able to assess the therapeutic potential of new agents for the treatment of acute and preventive migraine.

I can have better conversations with patients with migraines & offer more options for treatment.

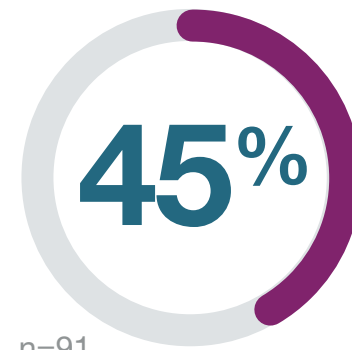
P/C

Positive Impact on Health-Related Behavior and Communication



patients/caregivers reported the activity positively impacted their health-related behaviors

n=91



patients/caregivers reported the activity positively impacted communication with HCPs

n=91



141

total write-in examples were shared

I researched what foods trigger my migraines and started eliminating those foods from my diet.

Talked to my doctor about the new CGRP meds for acute treatment.

CONCLUSIONS

Post-test and participant surveys support the positive impact of live-online HCP and P/C education on knowledge of migraine and its management options. Furthermore, the tethered, aligned format of the education highlighted knowledge-related barriers to the wider adoption of CGRP targeted therapies among HCPs, while P/Cs were reasonably aware of these options and how they differ from current, more traditional approaches.

For questions or any requests for additional information, please reach out to Carole Drexel, PhD at cdrexel@platformq.com.

