

# EMHA Access to Care survey findings in Norway



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## “Access to Care III” survey consisted on 39 items distributed in 4 dimensions and reached 3,397 total answers (201 from Norway)



### Survey content

The “Access to Care III” survey consists on 39 items distributed in 4 dimensions:

- **SECTION I: ABOUT YOURSELF:** 7 items to obtain socio-demographic data.
- **SECTION II: ABOUT YOUR MIGRAINE:** 6 items focused on patient’s migraine.
- **SECTION III: ABOUT YOUR ACCESS TO CARE:**
  - Access to healthcare professionals: 10 items
  - Access to treatments: 11 items
  - Impact on patient’s life: 3 items
- **SECTION IV: SOURCES OF INFORMATION:** 2 items focused on identifying the main sources of information used by patients for general disease information and migraine treatment.



### Languages

Survey was launched in 12 languages: Brazilian, Czech, English, Finnish, French, German, Greek, Italian, Latvian, Norwegian, Portuguese and Spanish.



### Time on life

Survey was available for migraine patients all along 12 weeks (from March to June 14th).



### Response rate

The average response rate has remained homogeneous and considerable high all along the survey (around 65% of respondents)



### Launch

Survey was launched on March 24th in 10 languages. Latvian and Brazilian were launched later, on April 8th and April 27th, respectively.



### Total answers

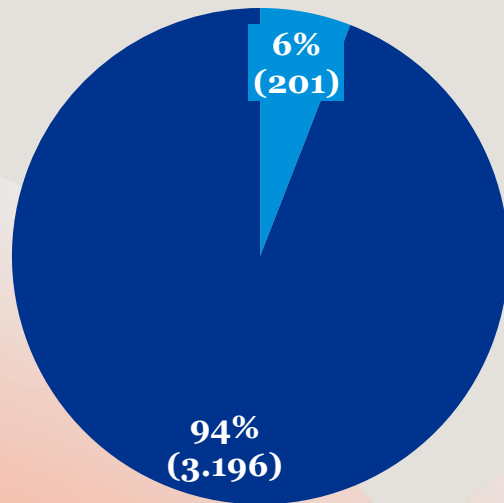
Since the launch of the survey in March, we have reached a total number of 3,397 answers (201 from Norway).



Data used for the analysis in Norway (6% of total responses) evidences that vast majority of respondents are women between 25 and 59 years old..

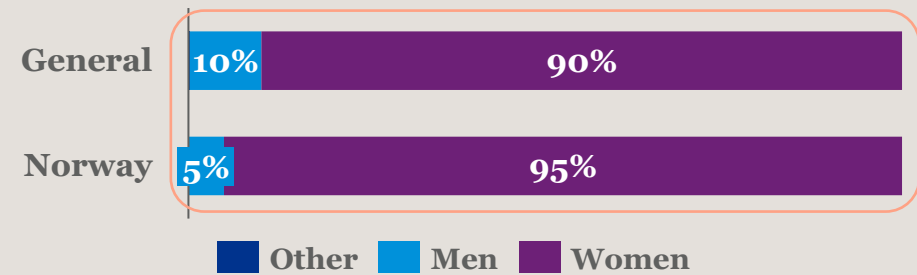
Sociodemographic data

- At June 14<sup>th</sup> 2021, **3397 answered surveys** have been obtained by migraine patients from **41 different countries** (question 1.1).
- **6% of the responses corresponded to Norwegian migraine patients.**

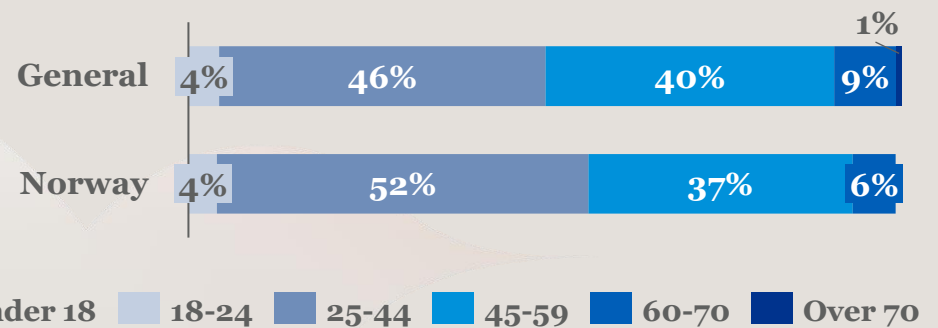


■ Greece  
■ Other countries

♀ **Split by gender** (question 1.2).



🧠 **Range of ages** (question 1.3).



\*Sample size for question 1.1: 3370 respondents; sample size for question 1.2: 3354 respondents (199 in Norway); sample size for question 1.3: 3354 respondents (201 in Norway).

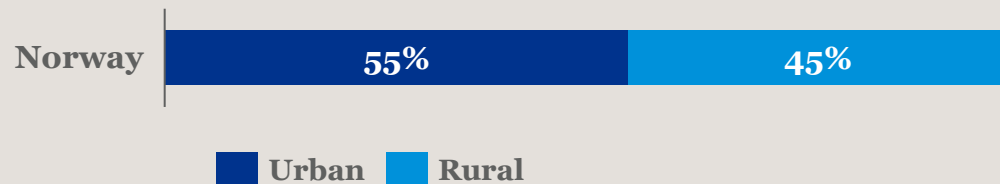


.. from both urban and rural areas of residence, actively working and with higher family annual income in comparison to the rest of EU countries

Sociodemographic data



**Area of residence** (question 1.4).



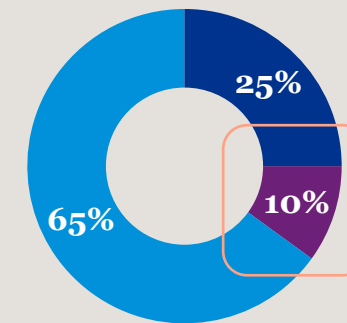
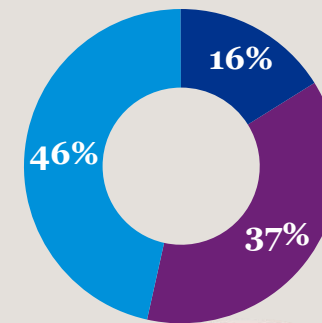
**Employment status** (question 1.6).



**Range of family annual income per country** (question 1.5 and 1.1.).

General

Norway

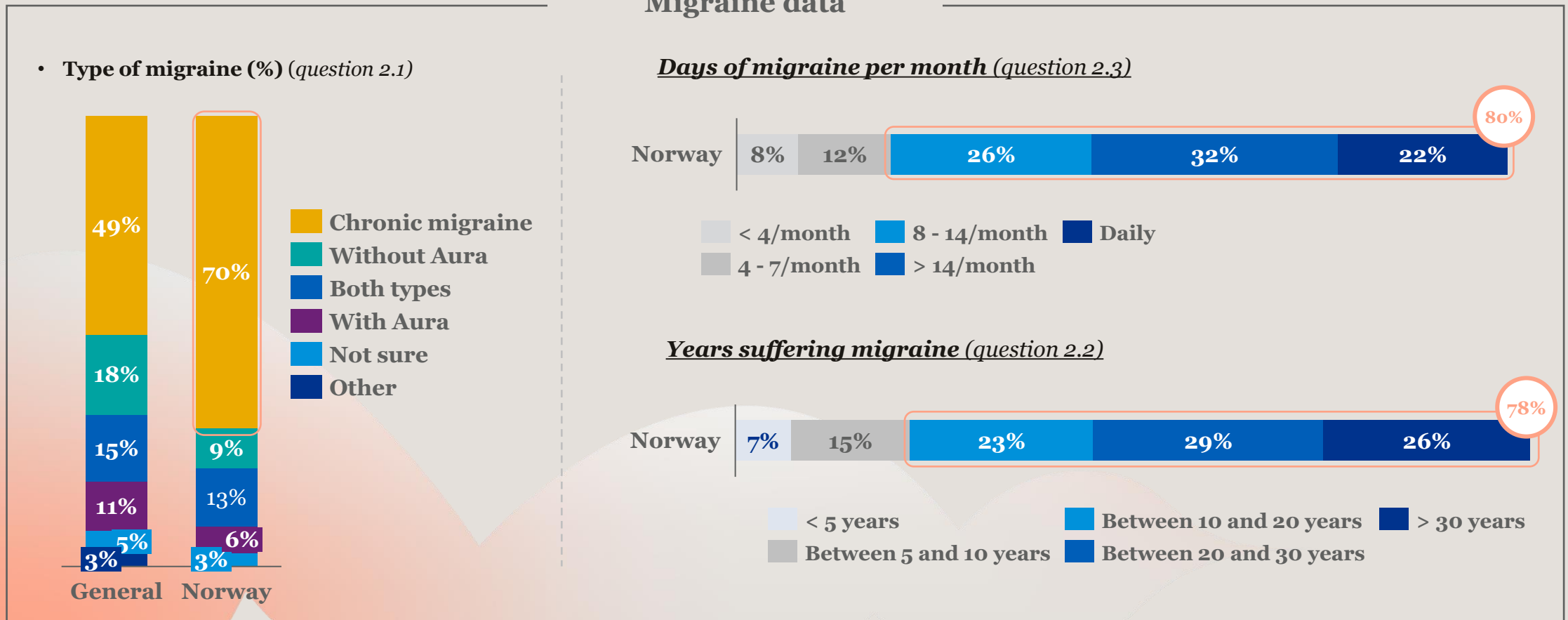


Legend for income: < 40K €/year (purple), > 40K €/year (blue), I prefer not to say (dark blue)

\*Sample size for question 1.4: 3363 respondents (201 in Norway); sample size for question 1.6: 3266 respondents (137 in Norway); sample size for question 1.5: 3338 respondents (200 in Norway).



# Main indicators related to type of migraine evidence that respondents are, in average, patients suffering from severe migraine for many years



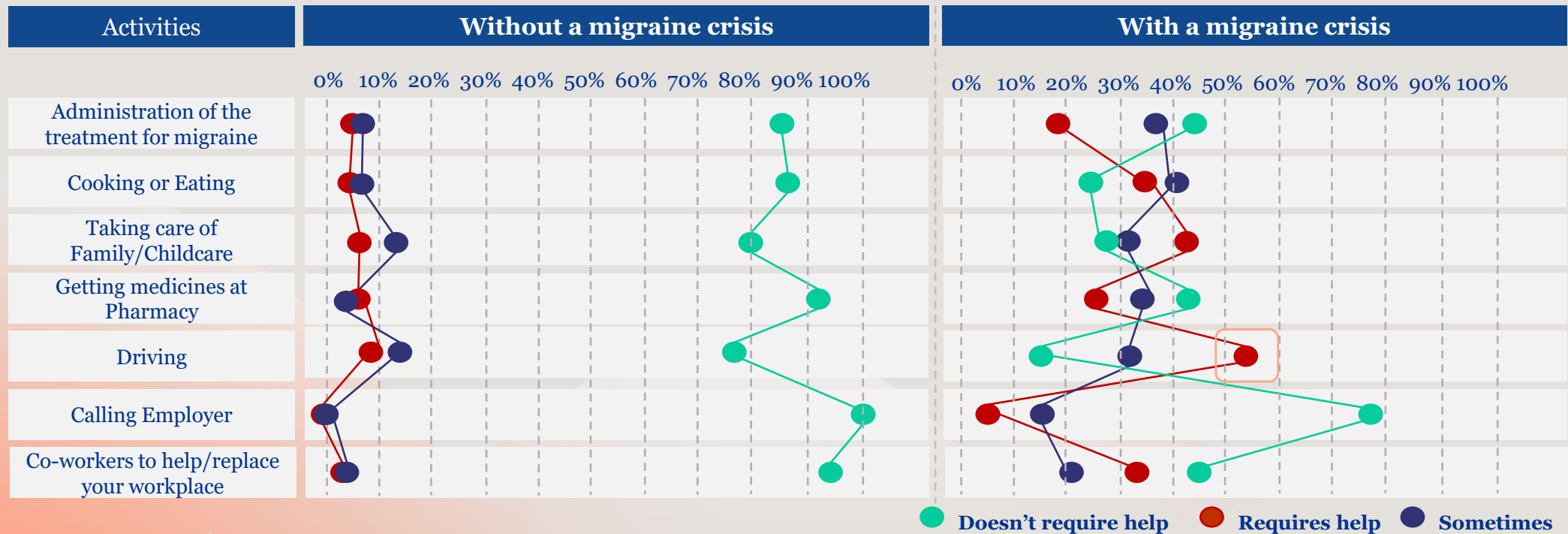
\*Sample size for question 2.1: 2831 respondents (152 in Norway); sample size for question 2.3: 2831 respondents (152 in Norway); sample size for question 2.2: 2832 respondents (152 in Norway).



# When patients suffer an attack, migraine is a disabling disease affecting daily activities (driving is the activity where patients require higher support)

## Migraine data

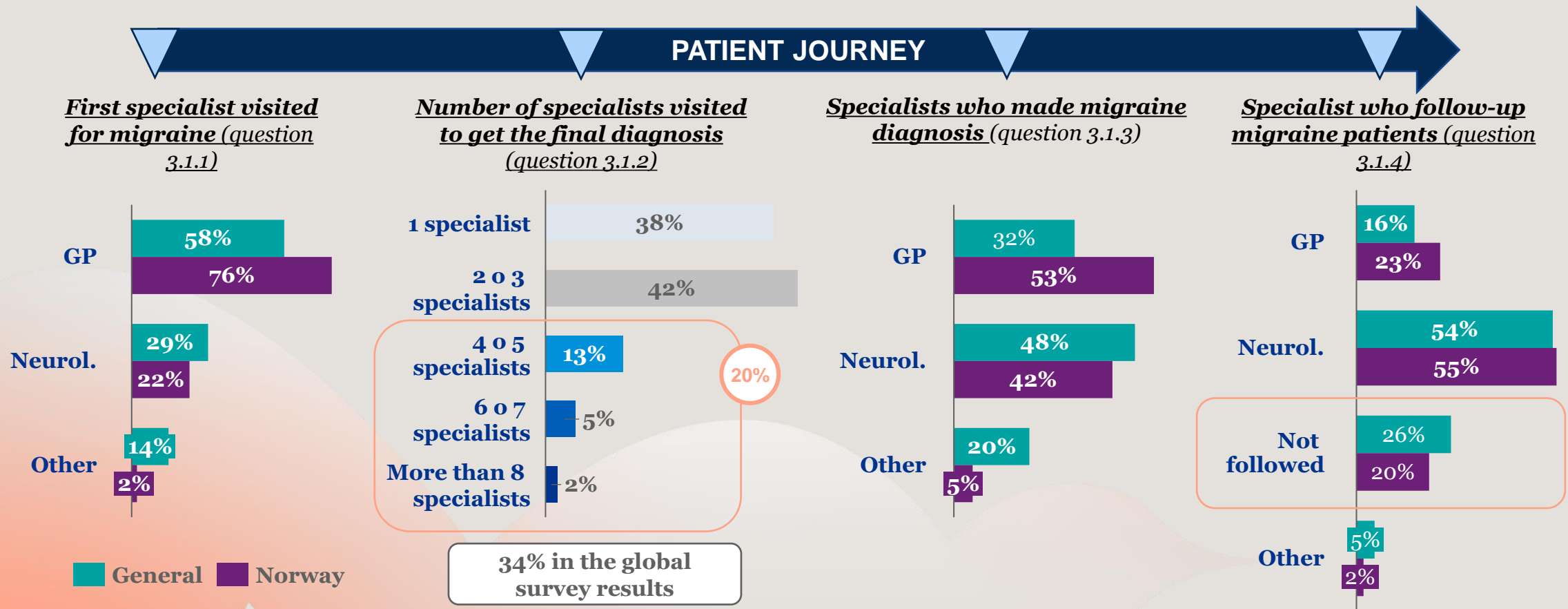
***Help needed with migraine attack and without migraine attack, Norway results (question 2.4 and question 2.5)***



\*Sample size for question 2.4: 152 respondents in Norway; sample size for question 2.5: 152 respondents in Norway.



# GP's weight is important mainly in the 1st visit, as well as the most common specialist diagnosing migraine patients after 2 or more specialist visits



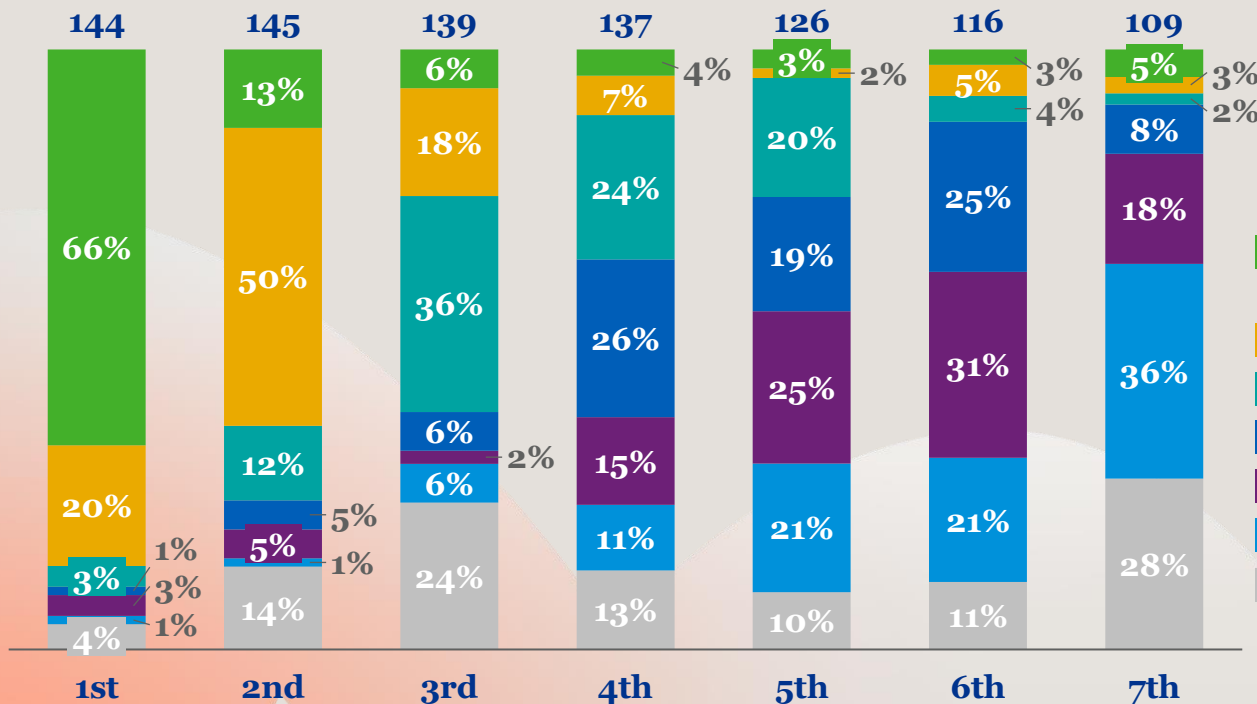
\*Sample size for question 3.1.1: 152 respondents; sample size for question 3.1.2: 151 respondents; sample size for question 3.1.3: 152 respondents; sample size for question 3.1.4: 149 respondents.



Based on interviewees input, general analgesics are the first treatment received since migraine diagnosis and new anti-CGRPs are the last ones

Access to treatment data

**Treatments taken since diagnosis in Norway** (question 3.2.2 b).



Percentage of patients **taken other complementary therapies is much higher in Norway** (from 4 to 28%) than in the global survey results (from 0% to 9%).

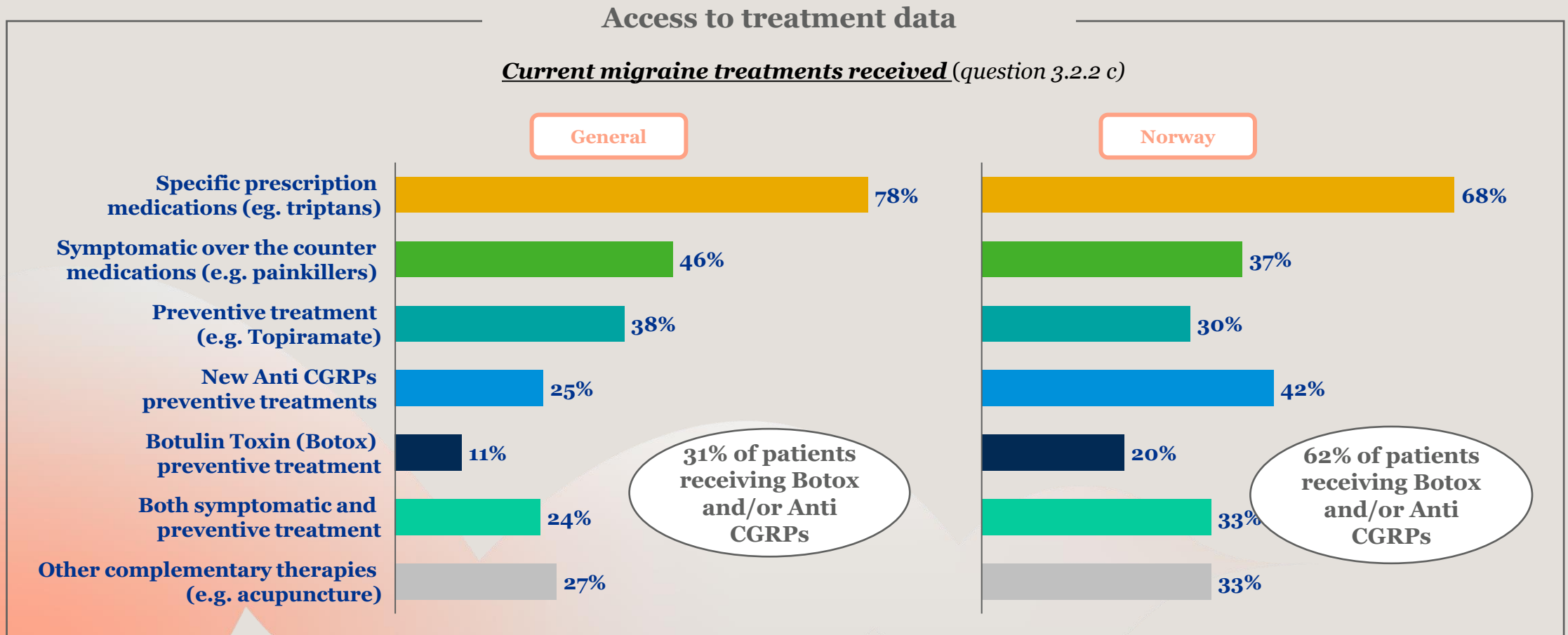
- Symptomatic over the counter medications (e.g. general analgesics)
- Specific prescription medications (eg. triptans)
- Preventive treatment (e.g. Topiramate)
- Botulin Toxin (Botox) preventive treatment
- Both symptomatic and preventive treatment
- New Anti CGRPs preventive treatments
- Other complementary therapies (e.g. acupuncture)

\*Sample size for question 3.2.2 b: 146 respondents in Norway.





# When assessing current treatment, we observe that triptans are widely used, and innovation (Botox and /or Anti-CGRPs) reaches 62% of patients in Norway



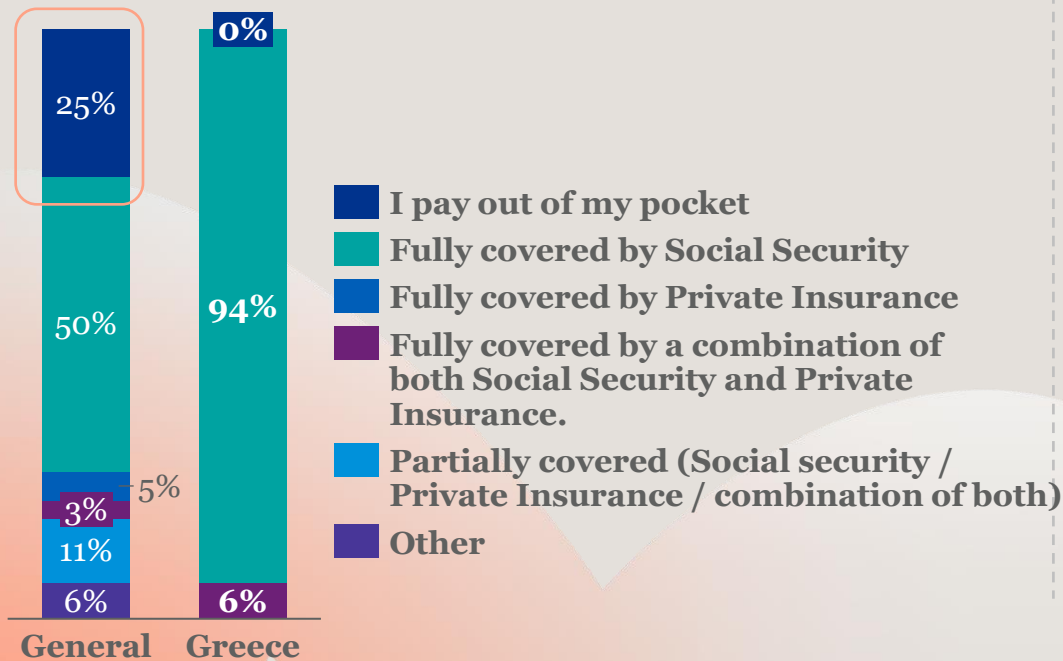
\*Sample size for question 3.2.2 c: 2228 respondents in the global survey and 136 respondents in Norway.



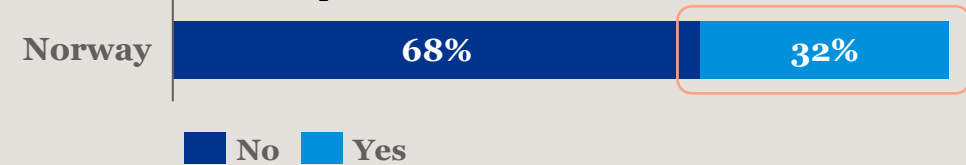
Although 68% patients reported to have impact on their finances due to migraine treatment costs, only 32% asked for a treatment change

Access to treatment data

**Who pays for your Anti-CGRP treatment**  
(question 3.2.3 a).



**Ask for a change of the treatment due to its cost**  
(question 3.2.2)



**Impact of cost of treatment on finances**  
(question 3.3.3)



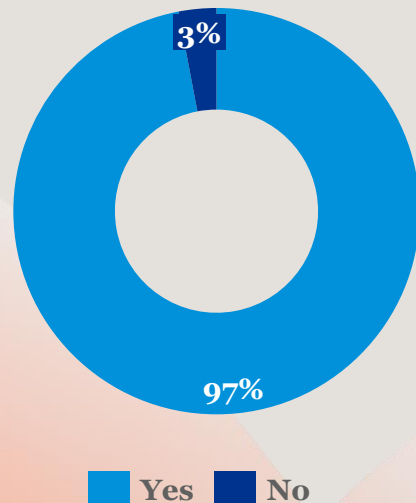
\*Sample size for question 3.2.3 a: 430 respondents in general and 16 respondents in Norway; Sample size for question 3.2.2 a in Norway: 151 respondents; Sample size for question 3.3.3 in Norway: 151.



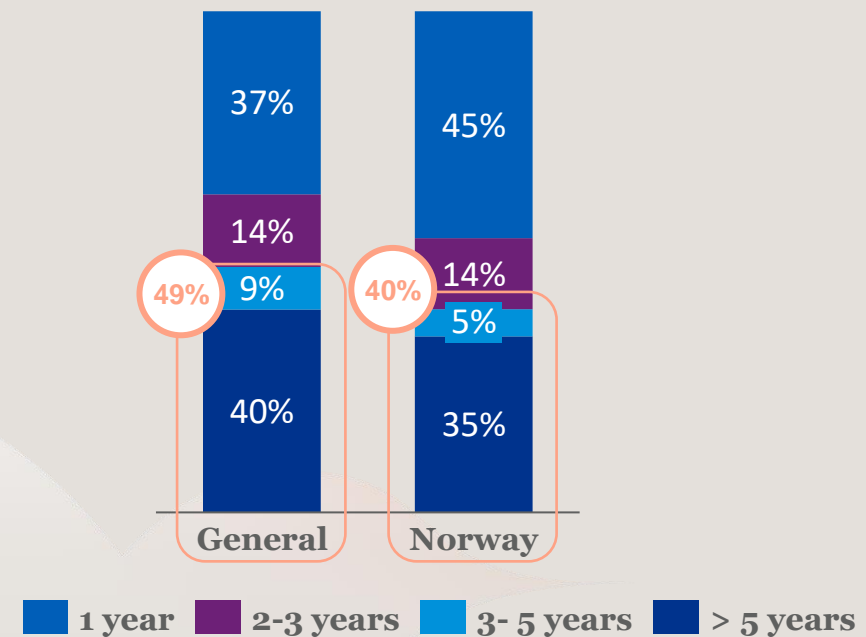
# Around 98% of patients are treated, but time since diagnosis to treatment evidence difficulties to access to migraine treatments

## Access to treatment data

***Migraine patients treated in Norway***  
(question 3.2.1).



***Years since diagnosis to receive migraine treatment***  
(question 3.2.2 a)



\*Sample size for question 3.2.1 in Norway: 152 respondents; sample size for question 3.2.2 a: 1.951 patients (148 in Norway).

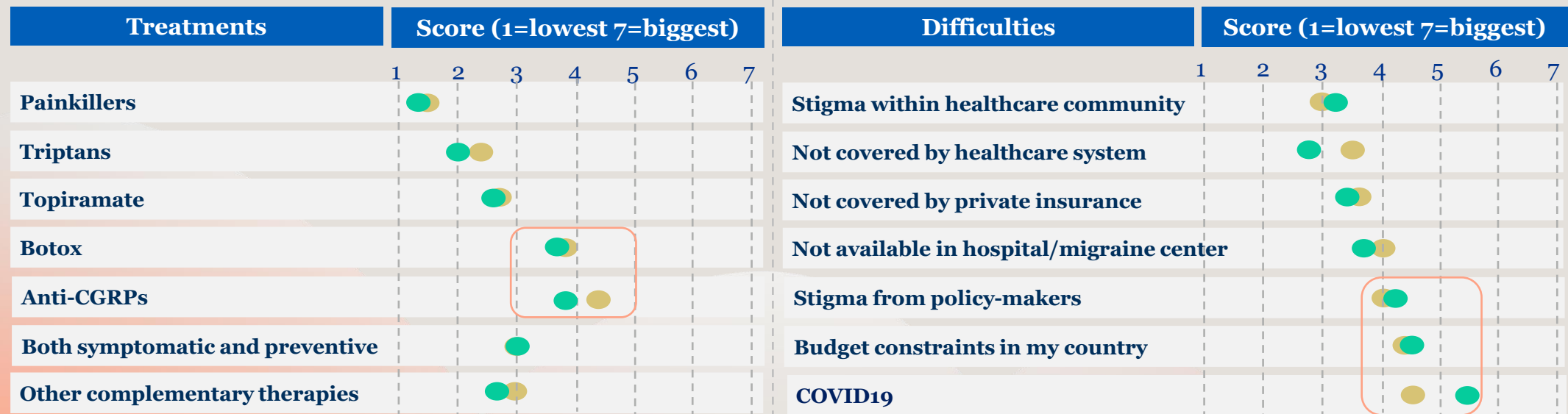


# Anti-CGRPs & Botox are reported as the most difficult treatment to obtain, and some main difficulties are due to COVID-19 and budget constraints in the country

## Access to treatment data

***Difficulties to get access to each migraine treatment***  
(question 3.2.5)

***Difficulties to get access to specific migraine treatments***  
(question 3.2.4)



● Global survey results ● Norway

\*Sample size for question 3.2.5: 143 respondents in Norway; sample size for question 3.2.4: 123 respondents in Norway.



## Summary of the “Access to Care III” survey results for Norway

### Main conclusions

- 1 Majority of respondents are **women between 25 and 59 years** old, actively working and with **higher family incomes than** the total survey results (**10%** reported family annual incomes below 40K€ vs. 37% in the general analysis).
- 2 70% of respondents reported suffer **chronic migraine in Norway**. Main indicators related to the type of migraine evidence that respondents are, in average, **patients suffering from severe migraine** (80% with more than 8 days of migraine/month) **for many years** (78% respondents suffer migraine for more than 10 years).
- 3 Patients reported that migraine affects their daily activities when suffering attacks, being **driving the more critical**.
- 4 **First visited specialist and the main specialist who made the diagnosis is the GP in Norway** (76% and 53%, respectively). On the other hand, the **current follow up** is the **Neurologist** (55%). It is worth noting that **only 20%** of respondents **are not being followed by any HCP in Norway, compared to 26% in global results**.
- 5 Although 97% of patients are treated, **time since diagnosis to treatment evidences difficulties to access to migraine treatments** (40% needed more than 3 years since diagnosis in Norway and 49% in global results).
- 6 Since diagnosis, the **first treatments** received are **analgesics** followed by **triptans**, and the **last prescribed are Anti CGRPs**. Currently, the main treatments used are triptans (68%) and topiramates (37%), and the least used Botox (20% in Norway). It is important to notice that **62% of patients are receiving Botox and/or Anti CGPRs**, compared to only **31% in global results**.
- 7 Moreover, **polymedication is highly frequent** and multiple drug combinations have been reported, being specific prescription mediations (e.g. triptans) together with Anti CGRPs and/or painkillers, topiramate the main received.
- 8 Finally, **Botox and Anti-CGRPs had been identified as the most difficult treatments to get access** in Norway and the main reasons for these difficulties reported have been budget constraints in the country and COVID-19.

Thank you