

**“ACCESS TO CARE”
PROJECT:
FINAL ASSESSMENT**

July 7th, 2021

Document prepared
for the

EMHA

European
Migraine &
Headache
Alliance



“ACCESS TO CARE” PROJECT: FINAL ASSESSMENT

INDEX

EMHA

European
Migraine &
Headache
Alliance



INDEX

**“ACCESS TO CARE”
PROJECT:
FINAL
ASSESSMENT**

EMHA

European
Migraine &
Headache
Alliance

Document content

1. SURVEY CONTENT AND RESPONSE RATE.....	04
2. SURVEY SECTION I “ABOUT YOURSELF” RESULTS.....	14
3. SURVEY SECTION II “ABOUT YOUR MIGRAINE” RESULTS.....	20
4. SURVEY SECTION III “ABOUT YOUR ACCESS TO CARE” RESULTS.....	28
5. SURVEY SECTION IV “SOURCES OF INFORMATION” RESULTS.....	55
6. MAIN CONCLUSIONS.....	57



1

SURVEY CONTENT AND RESPONSE RATE

EMHA

European
Migraine &
Headache
Alliance

1

SURVEY CONTENT AND RESPONSE RATE

SUMMARY OF THE ACCESS TO CARE III SURVEY CONTENT

The content from “Access to Care III” survey consisted on 39 items distributed in 4 dimensions

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

EMHA European Migraine & Headache Alliance
Access to Care III Survey Questionnaire

TOTAL QUESTIONS: 39
Section I: About yourself (currently 7 questions)
Section II: About your migraine (currently 4 questions)
Section III: About your access to care (currently 24 questions)
Section IV: About information sources (currently 2 questions)

Please answer the survey without giving any feedback the current COVID-19 conditions. Your answers should reflect your experience as a patient out of COVID-19 pandemic situation.

1. SECTION I: ABOUT YOURSELF

1.1. Country of residence

- Spain
- Italy
- Germany
- Portugal
- Ireland
- UK
- Czech Republic
- Norway
- France
- Greece
- Austria
- Finland
- Other _____

1.2. Gender

- Man
- Woman
- Other _____

1.3. Age

- 18-24
- 25-44
- 45-59
- 60-70
- Over 70

1

1. SECTION I: ABOUT YOURSELF

7 items to obtain socio-demographic data: country of residence, gender, age, area of residence, family annual income, employment status and general health coverage.

2. SECTION II: ABOUT YOUR MIGRAINE

6 items focused on patient’s migraine: type of migraine, years suffering the disease, days with migraine per month, help needed with and without migraine attack and most important issue to improve their HRQoL.

3. SECTION III: ABOUT YOUR ACCESS TO CARE

Access to healthcare professionals: 10 items, first specialist visited, number of specialists visited until final diagnostic, who regularly follows the patient, specialized migraine centers, etc..

Access to treatments: 11 items, treatment used, time to treatment since diagnosis, main treatment barriers, access to Anti CGRP, etc..

Impact on patient’s life: 3 items, monthly spending on migraine medicines, treatment switch to less expensive drugs, impact of the cost of migraine treatment on their finances.

4. SECTION IV: SOURCES OF INFORMATION

2 items focused on identify the main sources of information used by patients for general disease information and migraine treatment.

1

SURVEY CONTENT AND RESPONSE RATE

ACCESS
TO CARE III
SURVEY
QUESTIONNAIRE

EMHA

European
Migraine &
Headache
Alliance

SECTION I: ABOUT YOURSELF

1.1. Country of residence

- Spain
- Italy
- Germany
- Portugal
- Ireland
- UK
- Czech Republic
- Norway
- France
- Greece
- Austria
- Finland
- Latvia
- Other (please specify): _____

1.2. Gender

- Man
- Woman
- Other

1.3. Age

- 18 - 24
- 25 - 44
- 45 - 59
- 60 - 70
- Over 70

1.4. Area of residence

- Urban (City)
- Rural (Countryside)

1.5. Can you please specify approximately the level of your FAMILY annual income?

- No income
- Less than 40,000€
(or equivalent in other currencies)
- Between 40,000€ to 60,000€
(or equivalent in other currencies)
- Between 60,000€
and 80,000 €/year
(or equivalent in other currencies)
- More than 80,000 €/year
(or equivalent in other currencies)
- I prefer not to say

1.6. What is your employment status?

- Self-employed
- Employed part-time in an organisation
- Employed full -time in an organisation
- Unemployed
- Retired

1.7. What is your general health coverage?

- Private
- Public
- Both

SECTION II: ABOUT YOUR MIGRAINE

2.1. Please specify your type of Migraine

- With Aura
- Without Aura
- Both types
- Chronic migraine
- Not sure
- Other (please specify): _____

2.2. For how many years have you been suffering from Migraine?

- Less than 5 years
- Between 5 years and 10 years
- Between 10 years and 20 years
- Between 20 years and 30 years
- More than 30 years

2.3. Over the last 3 months, how many days of migraine do you have per month on average?

- Less than 4/ month
- Between 4 and 7/month
- Between 8 and 14 /month
- More than 14 / month
- Daily pain

SURVEY CONTENT AND RESPONSE RATE

ACCESS TO CARE III SURVEY QUESTIONNAIRE

EMHA

European
Migraine &
Headache
Alliance

2.4. On the days that you have an attack, do you need a someone to help you with one or more of the activities listed below?

	YES	NO	SOMETIMES
Administration of the treatment for migraine			
Cooking or Eating			
Taking care of Family/Childcare			
Getting medicines at the Pharmacy			
Driving			
Calling Employer			
Coworkers to help/replace your workplace			

2.4. On the days that you DO NOT have an attack, do you need someone to help you with the activities listed below?

	YES	NO	SOMETIMES
Administration of the treatment for migraine			
Cooking or Eating			
Taking care of Family/Childcare			
Getting medicines at the Pharmacy			
Driving			
Calling Employer			
Coworkers to help/replace your workplace			

2.6. What is the most important issue that you want to address in terms of quality of life due to your migraine? Please rank from 1 to 6. (Where 1 is the less important and 6 the most important) (*)

- To have less migraine days per month
- To have less severe migraine attacks
- To have an effective treatment
- To improve my family life
- To be more productive at work
- To be more included into the society

SECTION III: ABOUT YOUR ACCESS TO CARE

3.1. Access to Healthcare Professionals:

3.1.1. What has been the first specialist you visited due to your migraine?

- General Practitioner
- Internist (Internal Medicine)
- Neurologist
- Migraine specialist
- Other (please specify) _____

3.1.2. How many specialists have you visited to get the final diagnosis?

- 1
- 2 or 3
- 4 or 5
- 6 or 7
- More than 8

3.1.3. Which specialist made your first migraine diagnosis?

- General Practitioner
- Internist (Internal Medicine)
- Neurologist
- Migraine specialist
- Other (please specify) _____

3.1.4. Are you regularly followed by a Healthcare Professional because of your migraine?

- No, I am not followed by any healthcare professional
- I am followed by a Nurse
- I am followed by a G.P. or a family Doctor

1

SURVEY CONTENT AND RESPONSE RATE

ACCESS TO CARE III SURVEY QUESTIONNAIRE

EMHA

European Migraine & Headache Alliance

- I am followed by a Headache Specialist (neurologist)
- I am followed by other type of Specialist, please specify (open answer):_____

3.1.5. If you are followed by a physician because of your migraine, please specify the healthcare setting:

- Public health care system
- Private health care system

3.1.6. Who pays for your physician visit in relation to your migraine?

- The public health care system
- I pay out of my pocket
- I have a private insurance
- A combination of the above

3.1.7. Do you go to a specialised migraine centre?

- Yes
- No

3.1.8. If Yes to previous question: How easy was it to get a visit at the migraine centre? (scale from 1 to 5: 1 = Very difficult and 5: Very easy)

3.1.9. If yes to previous question: How have you find this migraine centre?

- Social media (e.g. Facebook, Twitter, Instagram)
- Internet browser (e.g. Google, Bing, etc.)
- People or friends
- Patient associations

- My doctor
- A nurse
- The pharmacist
- Pharmaceutical Companies
- Migraine Apps

3.1.10. If you need to contact a Health Care Provider when suffering an attack, do you have immediate access to...

	Always	Very often	Sometimes	Rarely	Nearly never	I don't know
To your G.P.						
To a Specialist like Neurologist						
To a physical therapist, psychologists, or other therapists						
To Hospitals Services						
To a nurse						

3.2. Access to Treatments:

3.2.1. Do you get a treatment for your Migraine?

- Yes
- No

3.2.2. If YES:

A. How much time since your diagnosis of migraine until you received treatment for your migraine?

- 1 year
- 2-3 years
- 3- 5 years
- More than 5 years

B. Which treatments have you taken since your diagnosis (check all that apply in chronologic order – 1 to 7)?

- Symptomatic over the counter medications (painkillers or general analgesics) when I have a migraine attack.
- Specific prescription medications for acute migraine attack (e.g. TRIPTANS)
- Preventive treatment (a drug taken regularly to reduce the number of migraine attacks) (e.g. Topiramate)

SURVEY CONTENT AND RESPONSE RATE

ACCESS TO CARE III SURVEY QUESTIONNAIRE

EMHA

European
Migraine &
Headache
Alliance

- Botulin Toxin (Botox) preventive treatment
- New Anti CGRPs preventive treatments (these are new injectable biological drugs taken regularly to reduce the number of migraine attacks)
- Both symptomatic and preventive treatment
- Other complementary therapies (Acupuncture, physical therapy, herbal products, homeopathy, etc.).

C. What is your current treatment? (check all that apply)

- Symptomatic over the counter medications (painkillers or general analgesics) when I have a migraine attack.
- Specific prescription medications for acute migraine attack (e.g. TRIPTANS)
- Preventive treatment (a drug taken regularly to reduce the number of migraine attacks) (e.g. Topiramate)
- Botulin Toxin (Botox) preventive treatment
- New Anti CGRPs preventive treatments (these are new injectable biological drugs like drugs taken regularly to reduce the number of migraine attacks)
- Both symptomatic and preventive treatment
- Other complementary therapies (Acupuncture, physical therapy, herbal products, homeopathy, etc.).

3.2.3. If the respondent DIDN'T select the Anti CGRP option they should answer the following questions:

A. Have you heard about new Anti CGRP preventive treatments (these are new injectable biological taken regularly to reduce the number of migraine attacks)?

- Yes
- No

B. If your answer to previous question was 'yes', why don't you have access to new CGRP specific preventive treatments? Please tick the situation that best applies you

- Because they are not covered by my health system (national health system or private insurance) in my country our healthcare system has put a cap on access to a-CGRPs
- Because my doctor doesn't know about it
- Because according to my doctor I don't need it
- Because my doctor didn't mention it
- Because they are not available in my country
- Because I am not eligible for this treatment yet

If you selected the Anti CGRP option in previous question, they should answer the following question:

C. Who is paying for your treatment?

- I pay for Anti CGRP preventive

- treatment out of my pocket
- The cost of Anti CGRP preventive treatment is fully covered by Social Security
- The cost of Anti CGRP preventive treatment is fully covered by Private Insurance
- The cost of Anti CGRP preventive treatment is fully covered by a combination of both Social Security and Private Insurance
- The cost Anti CGRP preventive treatment is partially covered. Please specify by whom (Social security / Private Insurance / combination of both).

D. Are you satisfied with the results obtained from the new preventive CGRP treatment?

- I am not satisfied with the results of the treatments
- I have managed to improve but I still suffer limitations in my daily life
- I have improved a lot in my limitations for daily life
- I am very satisfied with the results of the treatments

3.2.4. From 1 – 5 can you rank what are the biggest (5) and the lowest (1) difficulties to get access to specific migraine treatments?

- My doctor does not give enough importance to migraine (stigma within the healthcare community)

1

SURVEY CONTENT AND RESPONSE RATE

ACCESS TO CARE III SURVEY QUESTIONNAIRE

EMHA

European
Migraine &
Headache
Alliance

- National healthcare system does not cover treatments for migraine
- Private insurance does not cover treatments for migraine
- Product is not available in the hospital formulary or in the migraine center
- Stigma from policy-makers who do not see migraine as a life-threatening disease and therefore prevent treatments to be reimbursed
- Budget constraints in my country which puts barrier to migraine treatments in our country or arbitrary caps to prevent patient access to medication
- COVID19

3.2.5. Did you face the same difficulties for all treatments for migraine? If no, please give a score from 1 to 5 to each treatment you have received based on the difficulties to get access to it (use 5 for biggest difficulties and 1 for lowest difficulties)

- Symptomatic over the counter medications (painkillers or general analgesics) when I have a migraine attack
- Specific prescription medications for acute migraine attack (e.g. TRIPTANS)
- Preventive treatment (a drug taken regularly to reduce the number of migraine attacks) (e.g. Topiramate)
- Botulin Toxin (Botox) preventive treatment
- New Anti CGRPs preventive treatments

(these are new injectable biological drugs taken regularly to reduce the number of migraine attacks)

- Both symptomatic and preventive treatment
- Other complementary therapies (Acupuncture, physical therapy, herbal products, homeopathy, etc.)

3.2.6. To help you managing better your migraine, please indicate from 1 to 5 which proposals could improve your situation (1 = doesn't improve much; 5 = improve a lot)

- Increased knowledge and training for Healthcare Professionals about Migraine
- Increased awareness of the disease and its limitations to general population
- Increased awareness of the disease and its limitations Politicians / Payers
- Increased awareness of the disease and its limitations Employers
- Increased availability of specialized migraine centres
- Increased access to preventive treatments
- Accelerated path to get an effective treatment
- Other (please specify) _____

3.3. Impact of Patient's life:

3.3.1. How much do you spend each month, out of your pocket as an average to treat Migraine? (private doctors, medicines, complementary treatments such as physiotherapy or mindfulness...etc.)

- Nothing
- Below 50 €
- Between 50 € and 100€
- Between 100 € and 200 €
- Between 200 and 300 €
- More than 300€

3.3.2. Have you switch treatment or asked the physicians for other therapeutic alternatives because treatment cost is too expensive?

- Yes
- No

3.3.3. Does the cost of treatments for your migraines have a relevant impact on your finances?

- Yes
- No

1

SURVEY CONTENT AND RESPONSE RATE

ACCESS
TO CARE III
SURVEY
QUESTIONNAIRE

EMHA

European
Migraine &
Headache
Alliance

SECTION IV: SOURCES OF INFORMATION AND STIGMA (*)

4.1. What is your main source of information about migraines?

	Disease general information
I do not have any information	
Social media (e.g. Facebook, Twitter, Instagram)	
Internet browser (e.g. Google, Bing, etc.)	
Other people or friends	
Patient association	
Doctor	
Nurse	
Pharmacist	
Pharmaceutical Companies	
Migraine apps	
Other (please specify)	

4.2. What is your main source of information for migraine treatments?

	Disease general information
I do not have any information	
Social media (e.g. Facebook, Twitter, Instagram)	
Internet browser (e.g. Google, Bing, etc.)	
Other people or friends	
Patient association	
Doctor	
Nurse	
Pharmacist	
Pharmaceutical Companies	
Migraine apps	
Other (please specify)	

1

SURVEY CONTENT AND RESPONSE RATE

EVOLUTION OF THE RESPONSE RATE

EMHA

European
Migraine &
Headache
Alliance

Since the launch of the survey in March, we have reached a total number of 3.397 answers

RESPONSE RATE SINCE SURVEY LAUNCH



The survey was launched on March 24th in 10 languages. Latvia and Brazil were launched later, April 8th and April 27th, respectively.

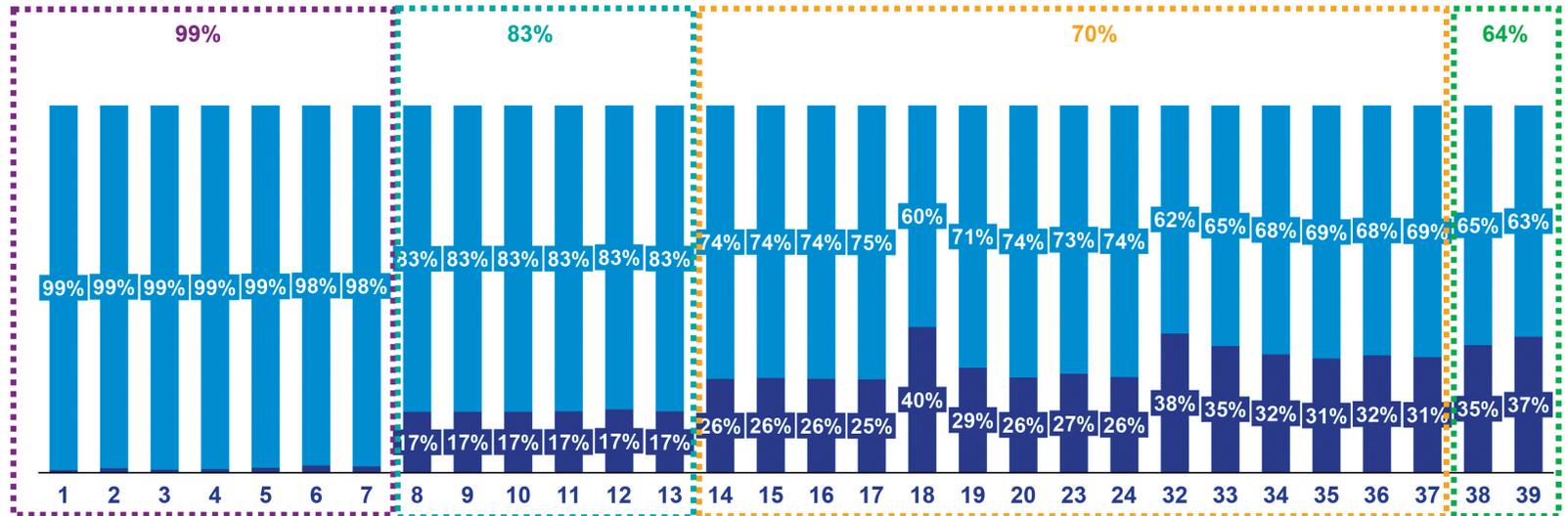
*Number of surveys answered for week of 29th of April and week of 24th of May had been extrapolated with Spanish data and general data respectively.

1

SURVEY CONTENT AND RESPONSE RATE

RESPONSE EVOLUTION ALONG THE SURVEY

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



EMHA

European
Migraine &
Headache
Alliance



*Dependent questions of previously responses had not been included in the analysis (questions: 21, 22, 25, 26, 27, 28, 29, 30 and 31).



SURVEY SECTION I “ABOUT YOURSELF”

RESULTS

EMHA

European
Migraine &
Headache
Alliance



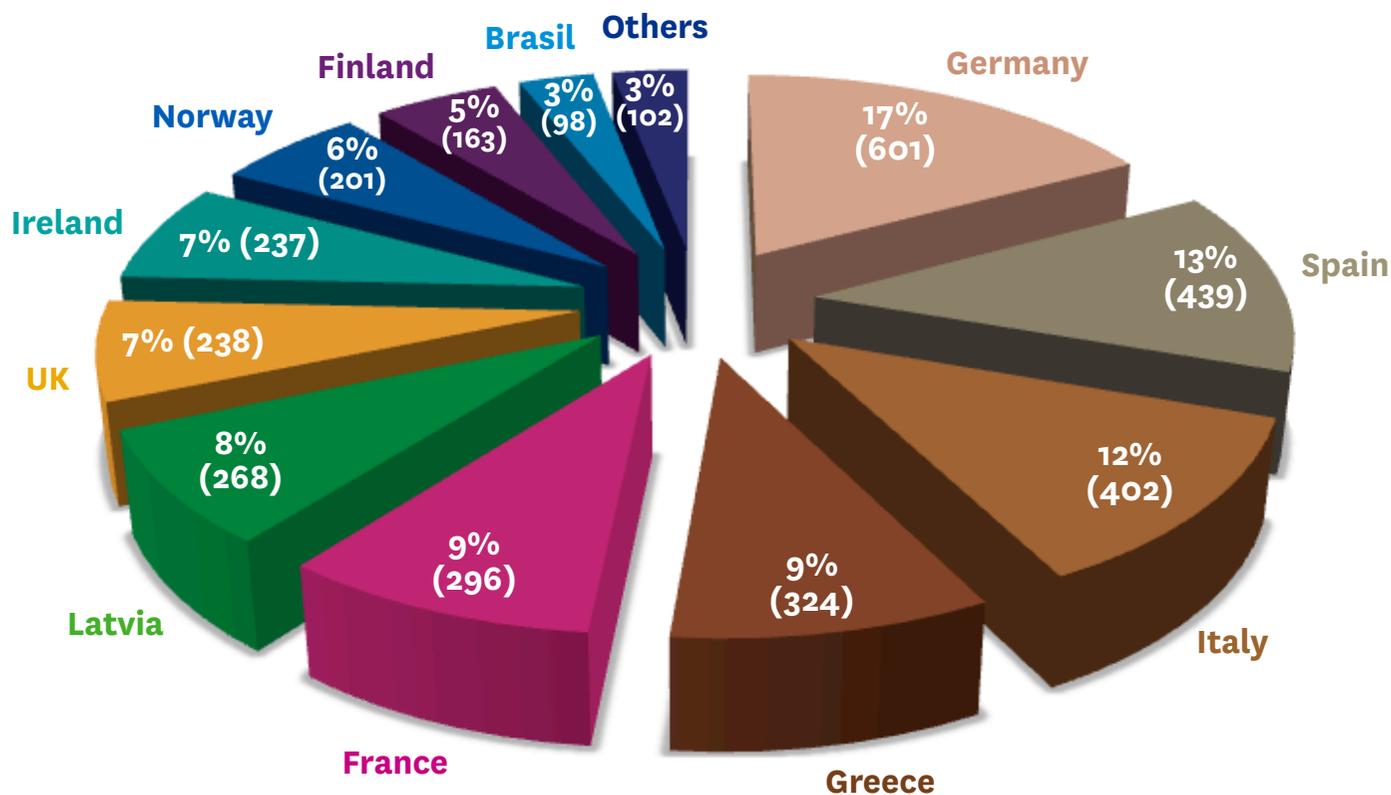
SECTION I: ABOUT YOURSELF

SOCIODEMOGRAPHIC DATA

Data used for the analysis (3,397 surveys from June 14th) evidences that vast majority of respondents are women between 25 and 59 years old...

Question 1.1

- At June 14th 2021, 3397 answered surveys have been obtained by migraine patients from 41 different countries.
- 58% of the responses correspond to EU5 countries (Spain, Italy, France, Germany and UK):



EMHA

European
Migraine &
Headache
Alliance

*Sample size for question 1.1: 3370 respondents.

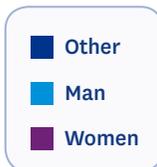
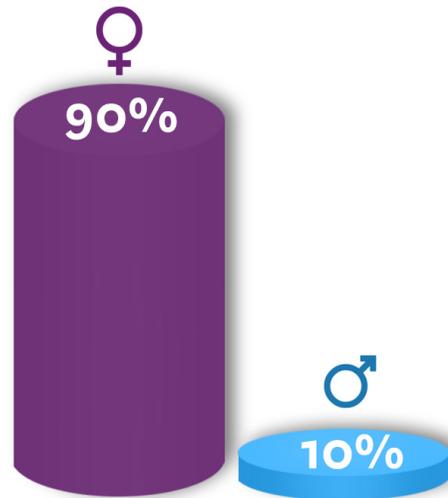


SECTION I: ABOUT YOURSELF

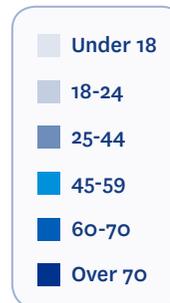
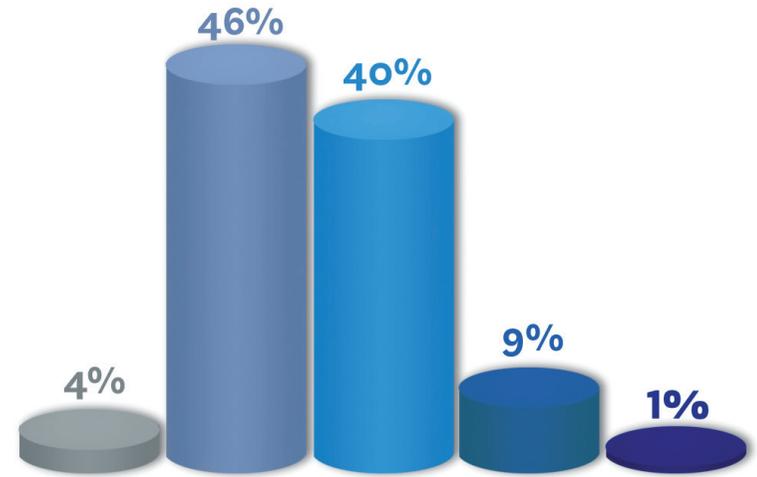
SOCIODEMOGRAPHIC DATA

Data used for the analysis (3,397 surveys from June 14th) evidences that vast majority of respondents are women between 25 and 59 years old...

Question 1.2
SPLIT BY GENDER



Question 1.3
RANGE OF AGES



*Sample size for question 1.2: 3354 respondents;
sample size for question 1.3: 3354 respondents.



SECTION I: ABOUT YOURSELF

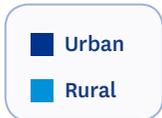
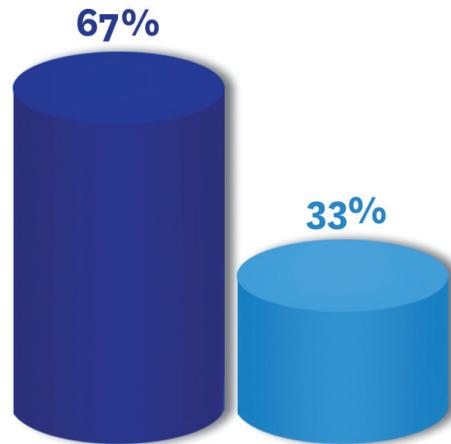
SOCIODEMOGRAPHIC DATA

EMHA

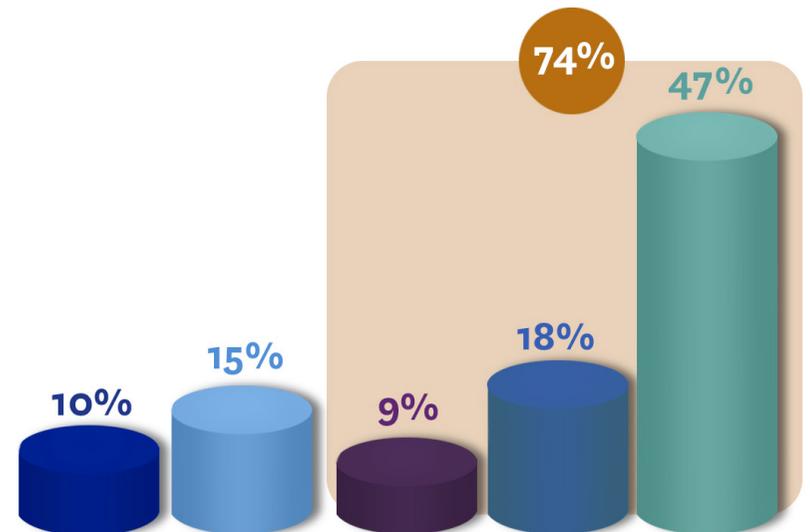
European
Migraine &
Headache
Alliance

... from urban areas of residence, actively working and mainly with public or both public and private health coverage

Question 1.4
AREA OF RESIDENCE



Question 1.6
EMPLOYMENT STATUS



*Sample size for question 1.4: 3363 respondents;
sample size for question 1.6: 3266 respondents.



SECTION I: ABOUT YOURSELF

SOCIODEMOGRAPHIC DATA

EMHA

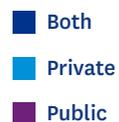
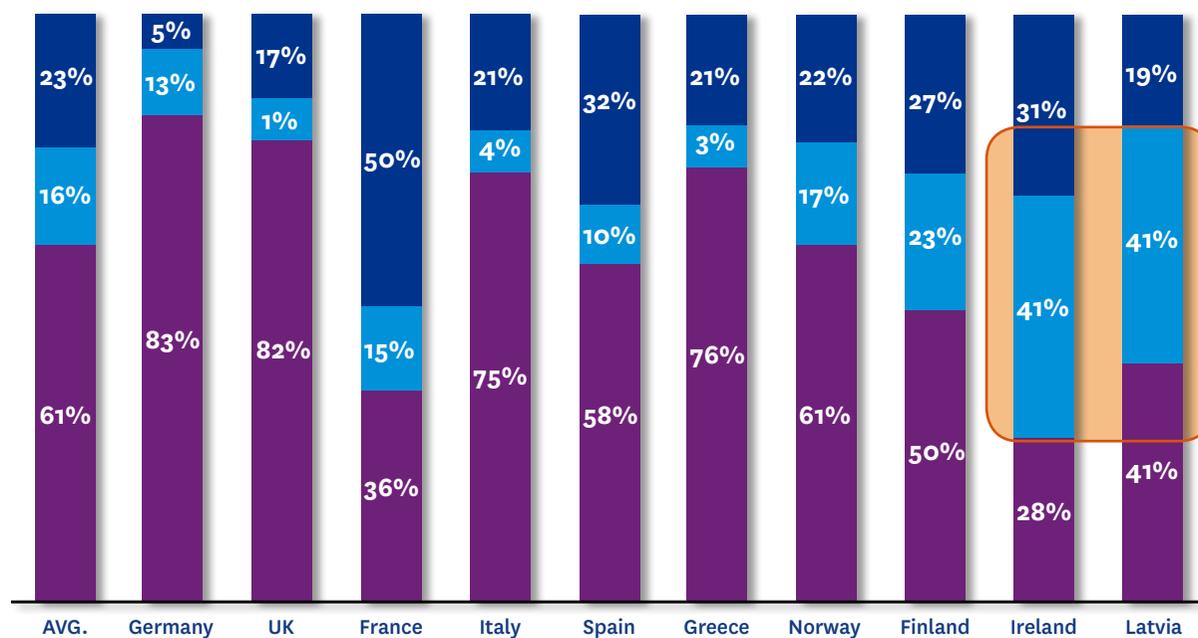
European
Migraine &
Headache
Alliance

... from urban areas of residence, actively working and mainly with public or both public and private health coverage

Question 1.7 and 1.1

HEALTH COVERAGE PER COUNTRY

(top 10 respondents countries)



*Sample size for question 1.7: 3338 respondents;
sample size for question 1.7 & question 1.1: 3136 respondents.



SECTION I: ABOUT YOURSELF

SOCIODEMOGRAPHIC DATA

Results show low family annual income, especially in Latvia and southern European countries such as Greece, Spain and Italy

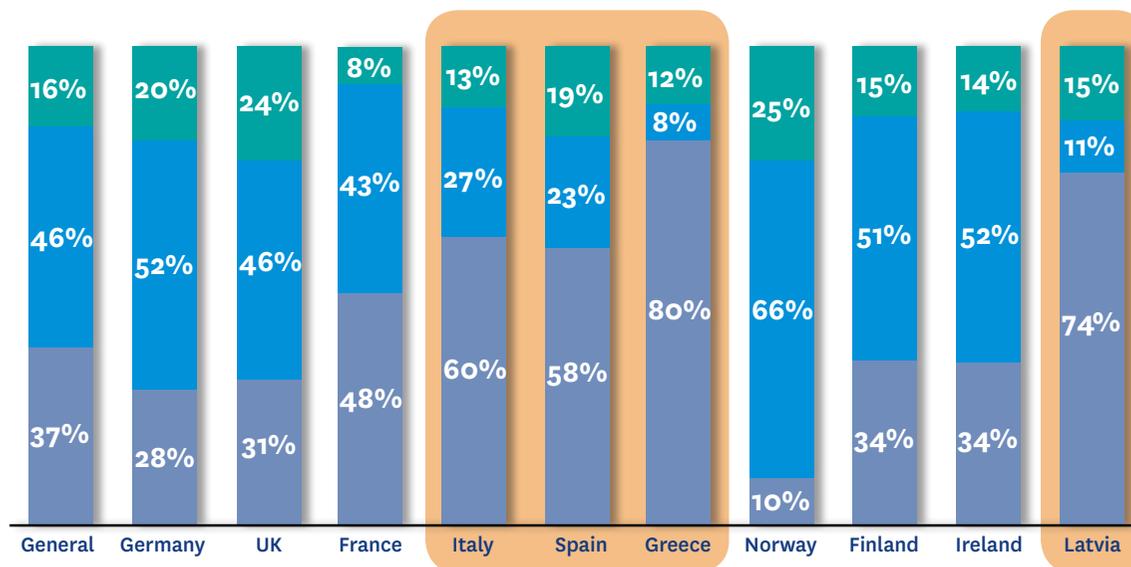
Question 1.5 and 1.1

RANGE OF FAMILY ANNUAL INCOME PER COUNTRY

(top 10 respondents countries)

**AVERAGE NET INCOME / YEAR PER
COUNTRY PER PERSON ***

Country	Average net income/year
Latvia	8.169 €
Greece	8.200 €
Spain	15.015 €
Italy	17.165 €
United Kingdom	21.464 €
France	22.583 €
Germany	23.504 €
Finland	24.879 €
Ireland	25.528 €
Norway	39.127 €



EMHA

European
Migraine &
Headache
Alliance

- I prefer not to say
- > 40K €/year
- < 40K €/year

*Sample size for question 1.5: 3344 respondents;
sample size for question 1.5 & 1.1: 3141 respondents.

3

SURVEY SECTION II “ABOUT YOUR MIGRAINE”

RESULTS

EMHA

European
Migraine &
Headache
Alliance

SECTION II: ABOUT YOUR MIGRAINE

MIGRAINE DATA

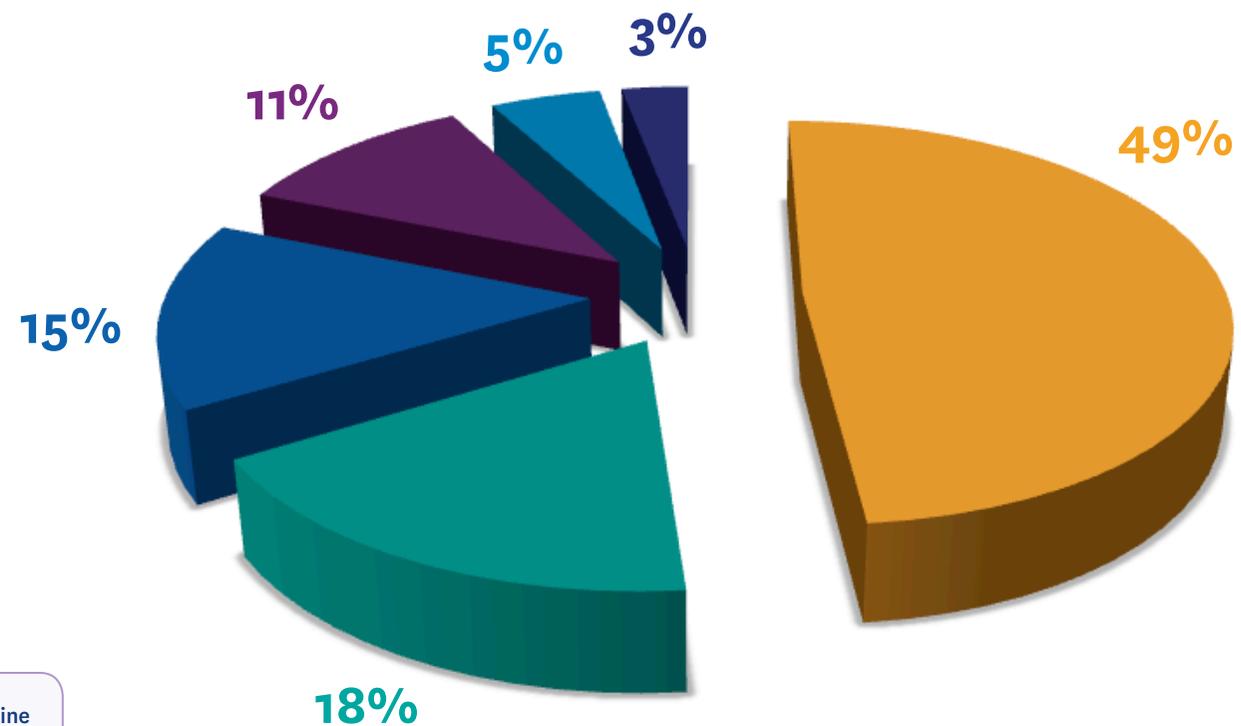
EMHA

European
Migraine &
Headache
Alliance

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

Question 2.1

TYPE OF MIGRAINE (%)



- Chronic migraine
- Without Aura
- Both types
- With Aura
- Not sure
- Other

*Sample size for question 2.1: 2831 respondents.

3

SECTION II: ABOUT YOUR MIGRAINE

MIGRAINE DATA

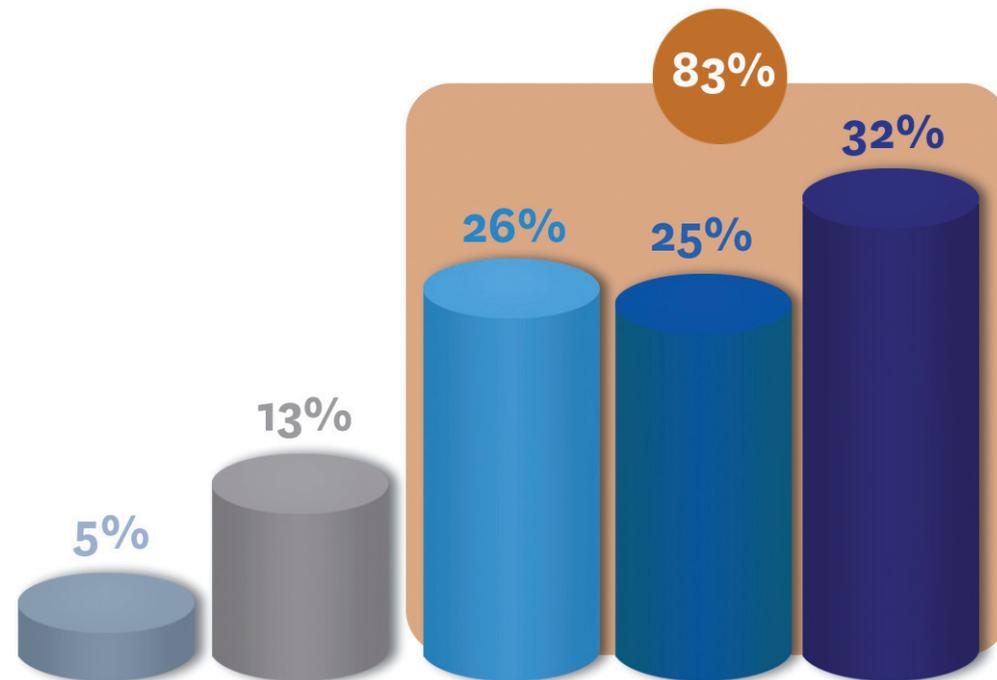
EMHA

European
Migraine &
Headache
Alliance

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

Question 2.2

YEARS SUFFERING MIGRAINE



- < 5 years
- Between 5 and 10 years
- Between 10 and 20 years
- Between 20 and 30 years
- > 30 years

*Sample size for question 2.2: 2832 respondents.

3

SECTION II: ABOUT YOUR MIGRAINE

MIGRAINE DATA

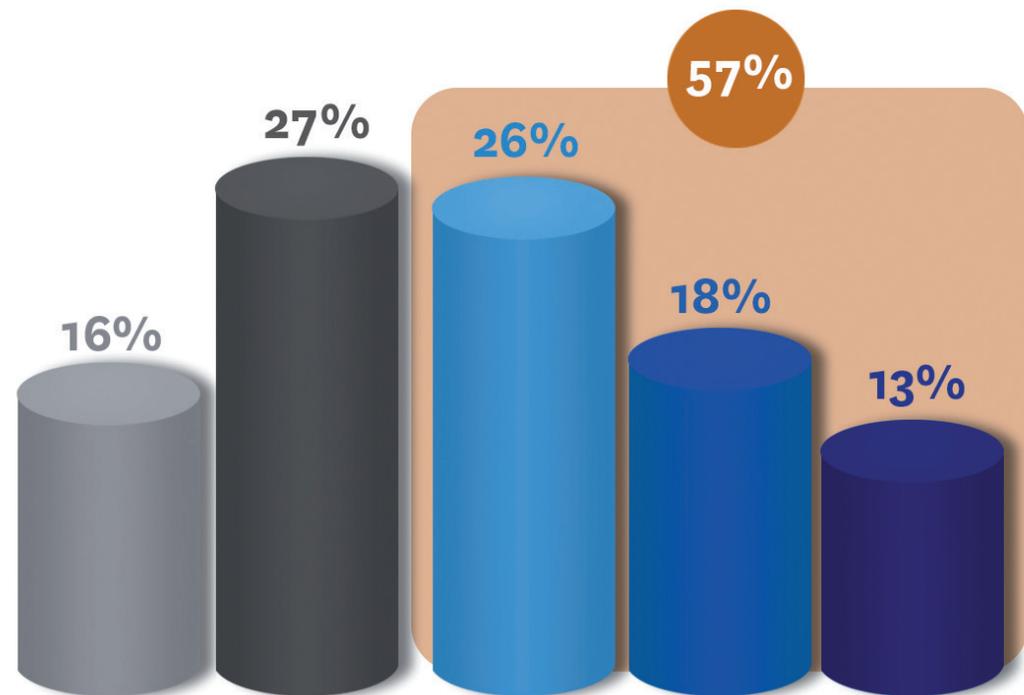
EMHA

European
Migraine &
Headache
Alliance

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

Question 2.3

DAYS OF MIGRAINE PER MONTH



- < 4/month
- 4 - 7/month
- 8 - 14/month
- > 14/month
- Daily

*Sample size for question 2.3: 2831 respondents.

3

SECTION II: ABOUT YOUR MIGRAINE

MIGRAINE DATA

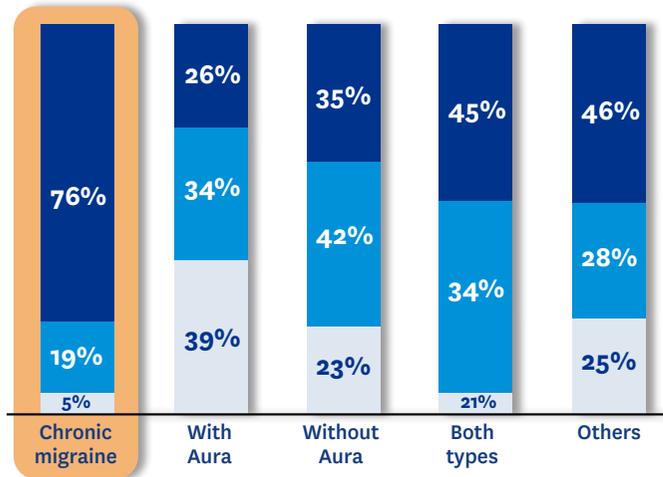
EMHA

European
Migraine &
Headache
Alliance

The analysis per type of migraine shows that patients with chronic migraine are, in its majority, suffering more than 8 migraine attacks per month

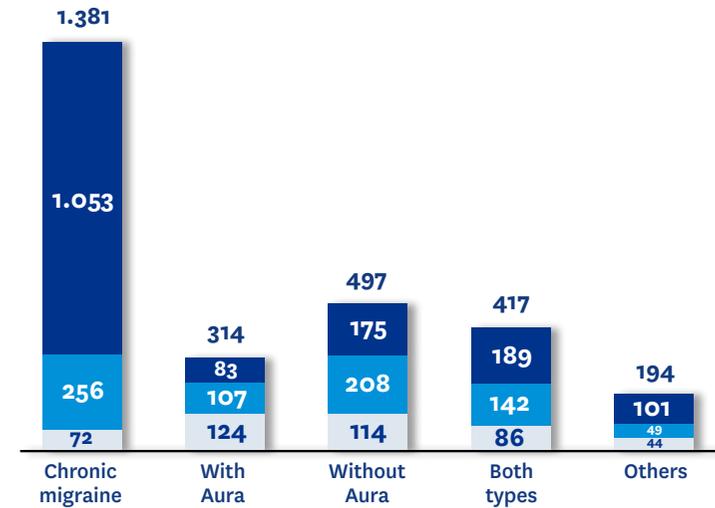
Question 2.1 and question 2.3

DAYS OF MIGRAINE PER TYPE OF MIGRAINE



Question 2.1 and question 2.3

DAYS OF MIGRAINE/MONTH PER TYPE OF MIGRAINE IN ABSOLUTE VALUES



- Less than 4/ month
- Between 4 and 7/month
- > 8/month

*Sample size for question 2.1 & question 2.3: 2803 respondents.

3

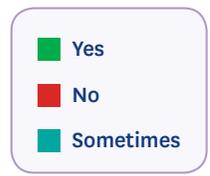
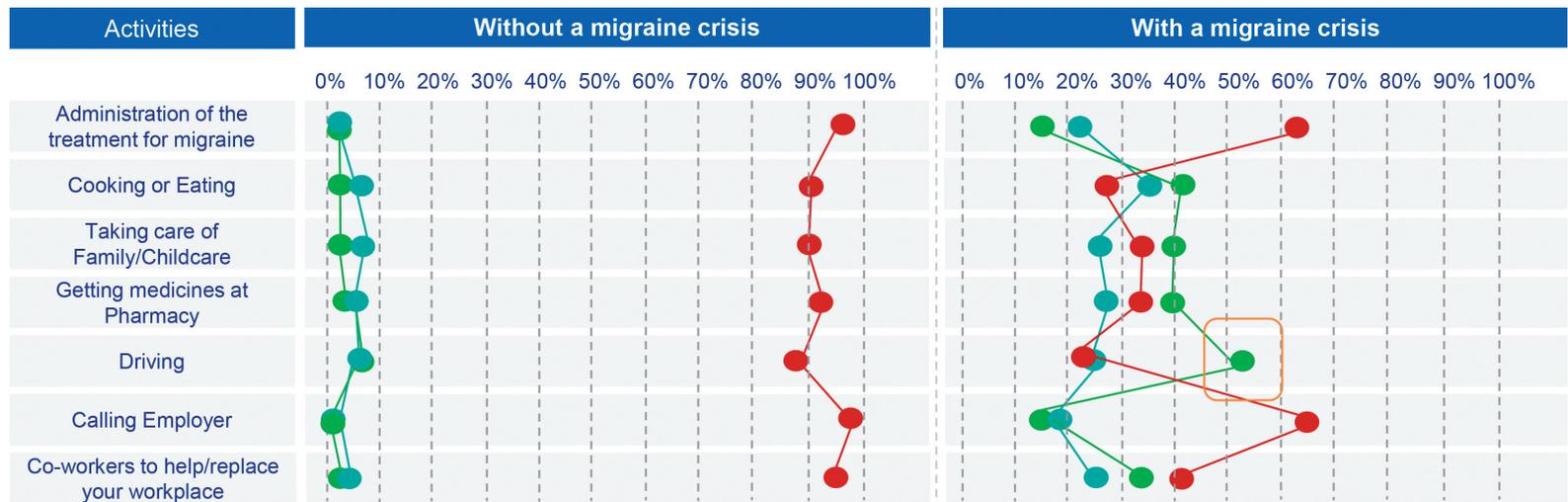
SECTION II: ABOUT YOUR MIGRAINE

MIGRAINE DATA

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

Question 2.4 and question 2.5

HELP NEEDED WITH MIGRAINE ATTACK AND WITHOUT MIGRAINE ATTACK



*Sample size for question 2.4: 2829 respondents; sample size for question 2.5: 2811 respondents.

3

SECTION II: ABOUT YOUR MIGRAINE

QUALITY OF LIFE DUE TO MIGRAINE

EMHA

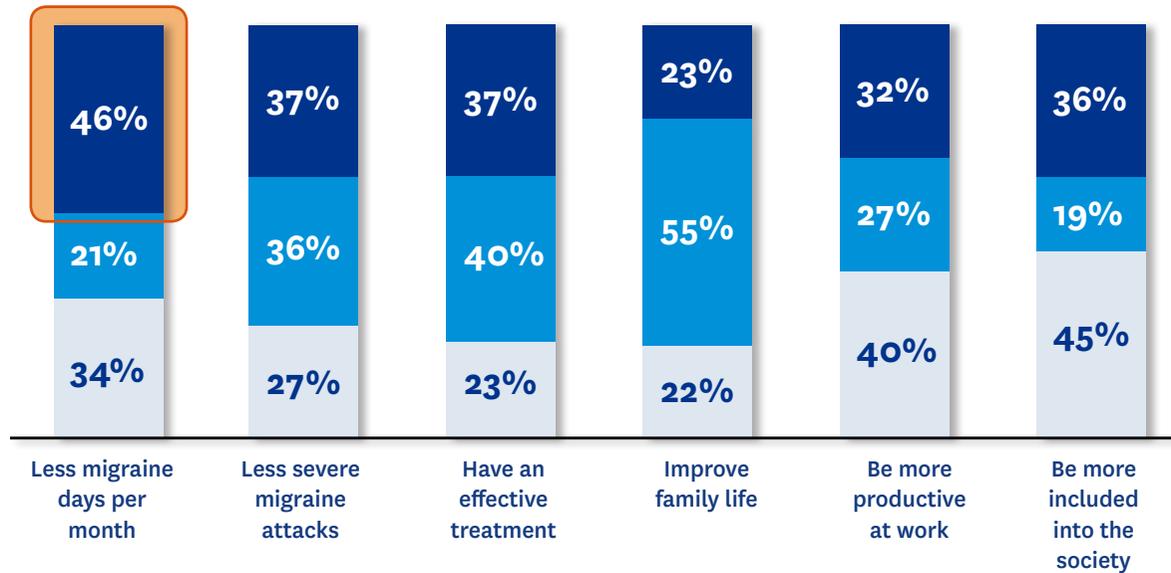
European
Migraine &
Headache
Alliance

Issues/needs related to quality of life were reported with similar importance

Question 2.6

SCORING OF THE MORE IMPORTANT NEEDS IN TERMS OF QUALITY OF LIFE (QoL)

Score range: 1 = the less important and 6 = the most important.



1 to 2

3 to 4

5 to 6

*Sample size for question 2.6: 2830 respondents.

3

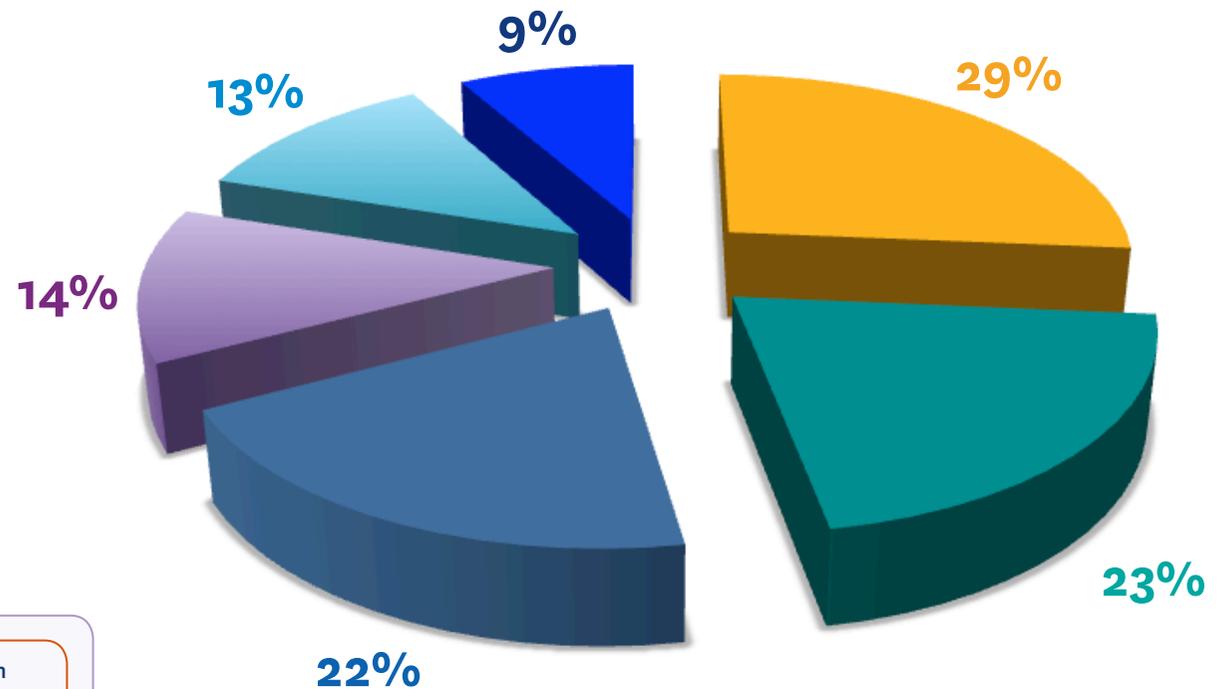
SECTION II: ABOUT YOUR MIGRAINE

QUALITY OF LIFE DUE TO MIGRAINE

Issues/needs related to quality of life were reported with similar importance

Question 2.6

RANKING OF THE MORE IMPORTANT NEEDS IN TERMS OF QoL-% OF ANSWERS SCORING 6 POINTS



- Less migraine days per month
- Have an effective treatment
- Be more included into the society
- Have less severe migraine attacks
- Be more productive at work
- Improve my family life

*Sample size for question 2.6: 2830 respondents.

4

**SURVEY SECTION III
“ABOUT YOUR ACCESS TO CARE”**

RESULTS

EMHA

European
Migraine &
Headache
Alliance

4

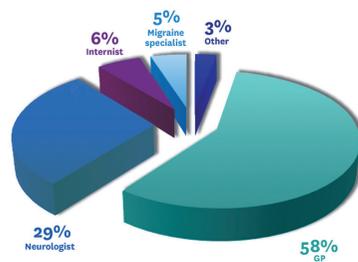
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

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



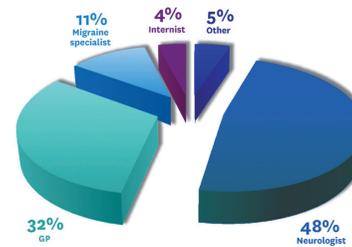
**Question 3.1.1
FIRST SPECIALIST
VISITED FOR
MIGRAINE**



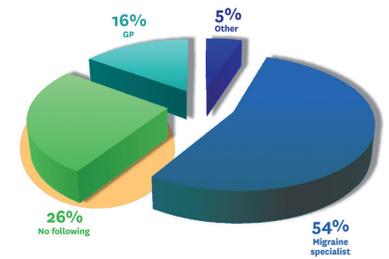
**Question 3.1.2
NUMBER OF
SPECIALISTS VISITED
TO GET THE FINAL DIAGNOSIS**



**Question 3.1.3
SPECIALISTS WHO
MADE MIGRAINE
DIAGNOSIS**



**Question 3.1.4
SPECIALISTS
WHO FOLLOW-UP
MIGRAINE PATIENTS**



*Sample size for question 3.1.1: 2524 respondents; sample size for question 3.1.2: 2519 respondents; sample size for question 3.1.3: 2526 respondents; sample size for question 1.1: 2509 respondents.

4

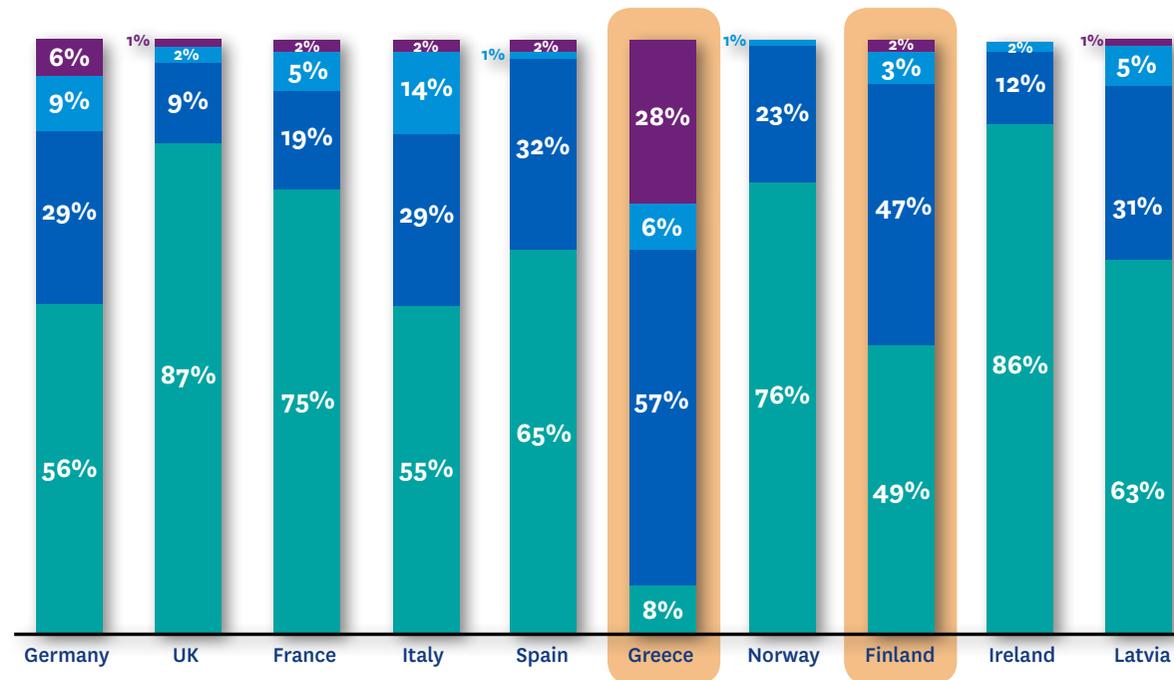
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

Main differences are observed in Finland and Greece, where 47% and 57% of respondents went directly to the neurologist for the first visit

Question 3.1.1 & Question 1.1

FIRST SPECIALIST VISITED FOR MIGRAINE PER COUNTRIES



*Sample size for question 3.1.1 & question 1.1: 2324 respondents.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

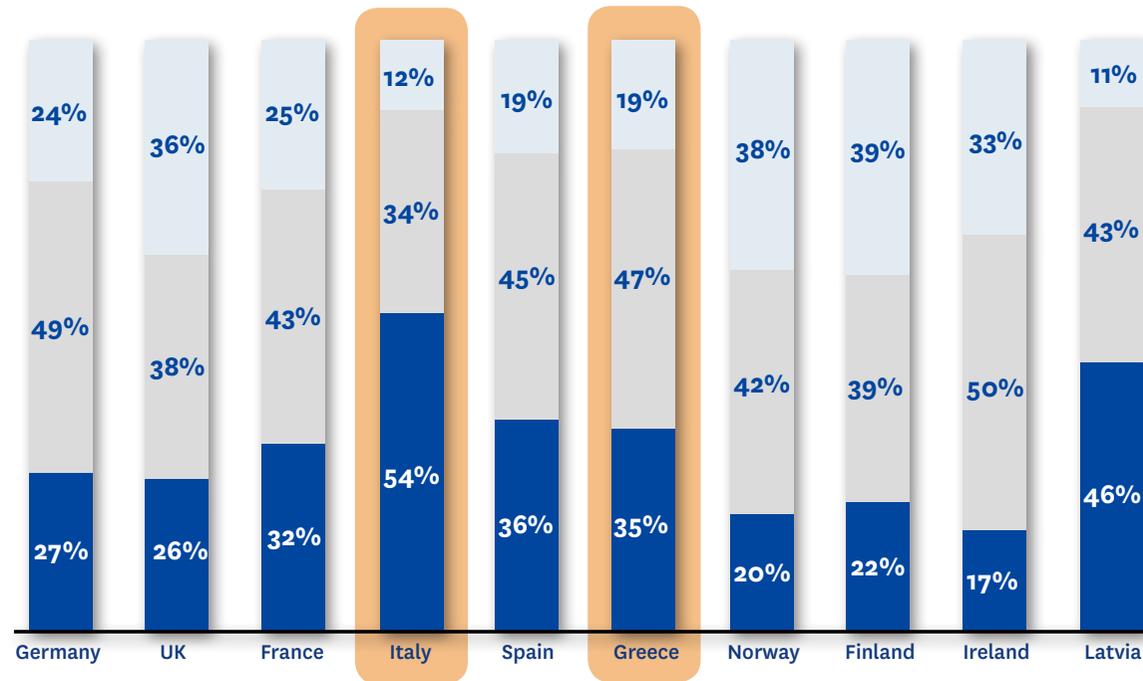
EMHA

European
Migraine &
Headache
Alliance

Main differences are observed in Finland and Greece, where 47% and 57% of respondents went directly to the neurologist for the first visit

Question 3.1.2 & Question 1.1

NUMBER OF SPECIALISTS VISITED TO GET THE FINAL DIAGNOSIS PER COUNTRIES



- 1 specialist
- 2 or 3 specialists
- More than 4 specialists

*Sample size for question 3.1.2 & question 1.1: 2388 respondents.

4

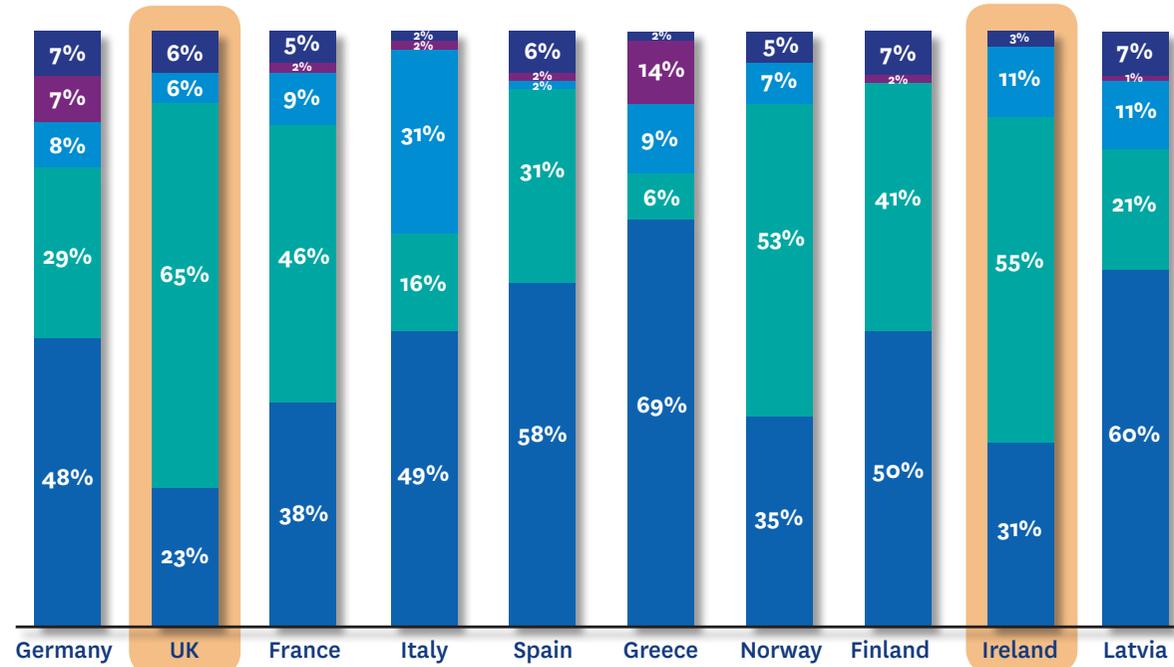
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

In terms of diagnosis, main differences are observed in the UK and Ireland, where relevance of the neurologist falls

Question 3.1.3 & Question 1.1

SPECIALISTS WHO MADE MIGRAINE DIAGNOSIS PER COUNTRIES



- Neurologist
- General Practitioner
- Migraine specialist
- Internist (Internal Medicine)
- Other

*Sample size for question 3.1.3 & question 1.1: 2394 respondents.

EMHA

European
Migraine &
Headache
Alliance

4

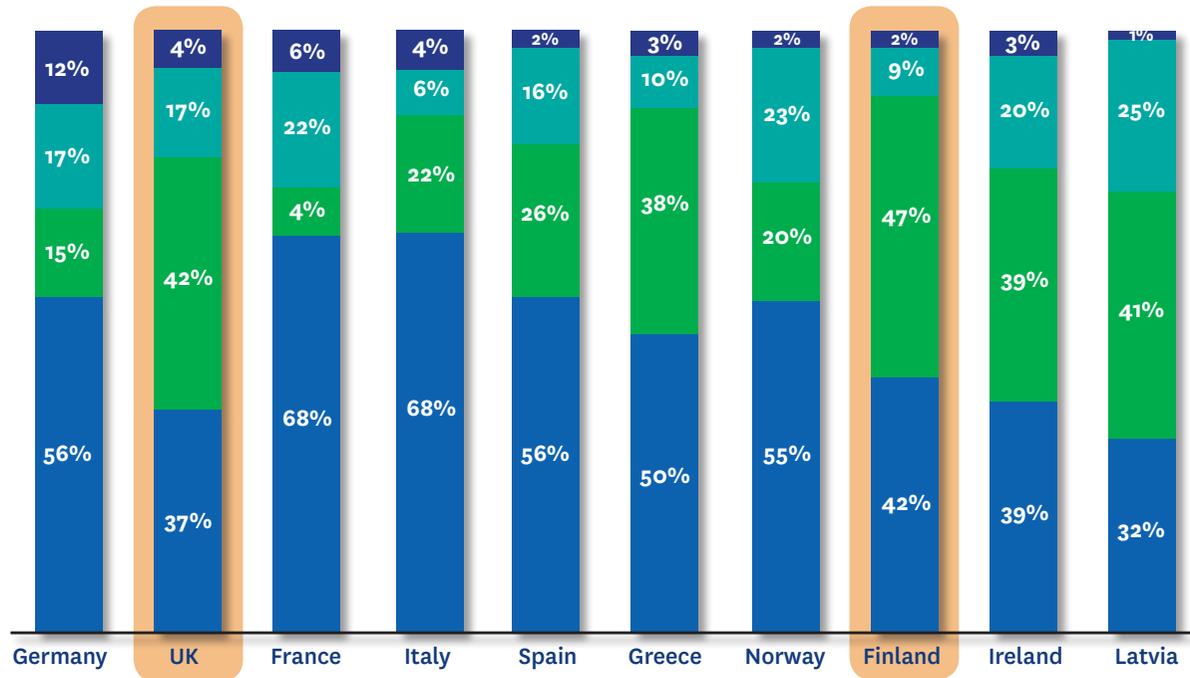
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

In terms of diagnosis, main differences are observed in the UK and Ireland, where relevance of the neurologist falls

Question 3.1.4 & Question 1.1

SPECIALISTS WHO FOLLOW-UP MIGRAINE PATIENTS PER COUNTRIES



- Neurologist
- General Practitioner
- Other
- No, I am not followed by any healthcare professional

*Sample size for question 3.1.4 & question 1.1: 2377 respondents.

EMHA

European
Migraine &
Headache
Alliance

4

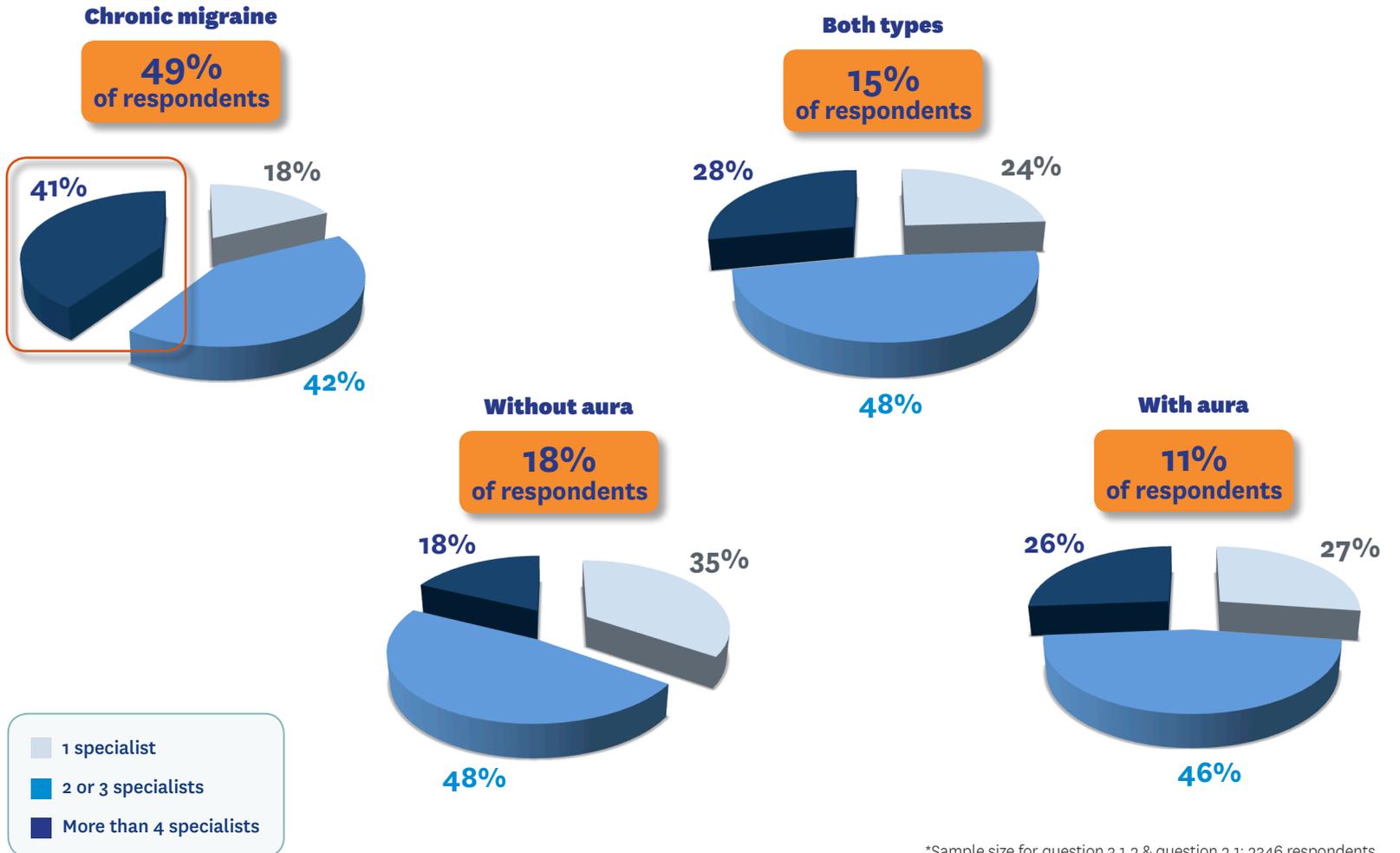
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

The analysis per type of migraine evidences that, chronic patients needed to be visited by more specialists than other types to get their final diagnosis

Question 3.1.2 & Question 2.1

NUMBER OF SPECIALISTS VISITED TO GET THE FINAL DIAGNOSIS PER TYPE OF MIGRAINE



*Sample size for question 3.1.2 & question 2.1: 2346 respondents.

EMHA

European
Migraine &
Headache
Alliance

4

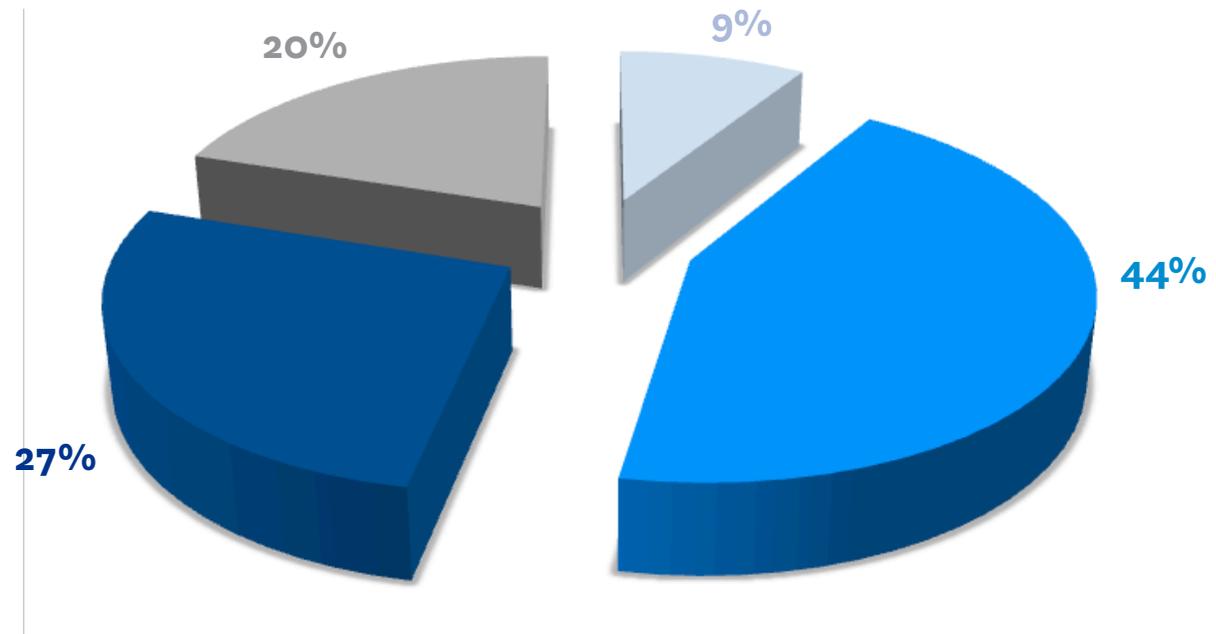
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

Only 44% of respondents have their migraine physician visit paid by the public healthcare system

Question 3.1.6

WHO PAYS FOR YOUR PHYSICIAN VISIT IN RELATION WITH YOUR MIGRAINE



*Sample size for question 3.1.6: 2251 respondents.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

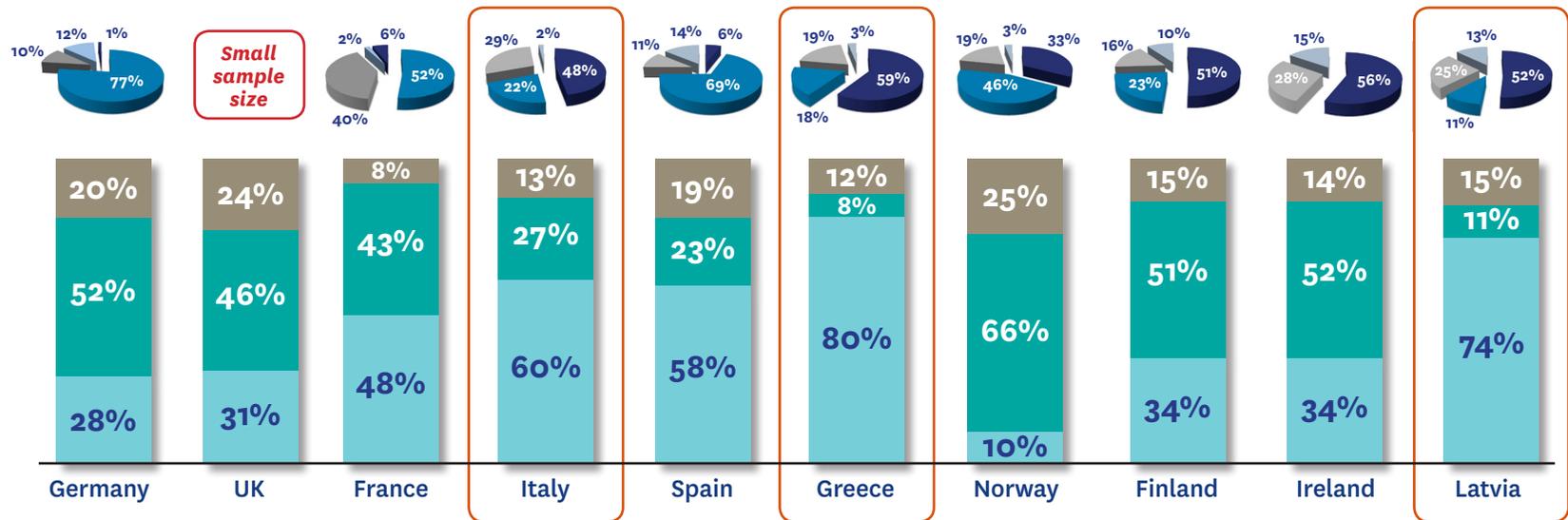
Patients in Italy, Greece and Latvia are more likely to be sensitive to pay for medical visits since they report paying for it despite having low income

Question 1.5

RANGE OF FAMILY ANNUAL INCOME PER COUNTRY

Question 3.1.6

& WHO PAYS FOR YOUR PHYSICIAN VISIT IN RELATION WITH MIGRAINE



*Sample size for question 1.5 & question 1.1: 3141 respondents; sample size for question 3.1.6 in Germany: 541 respondents; UK: 18 respondents; France: 226 respondents; Italy: 304 respondents; Spain: 308 respondents; Greece: 213 respondents; Norway: 151 respondents; Finland: 103 respondents; Ireland: 110 respondents; Latvia: 159 respondents.

4

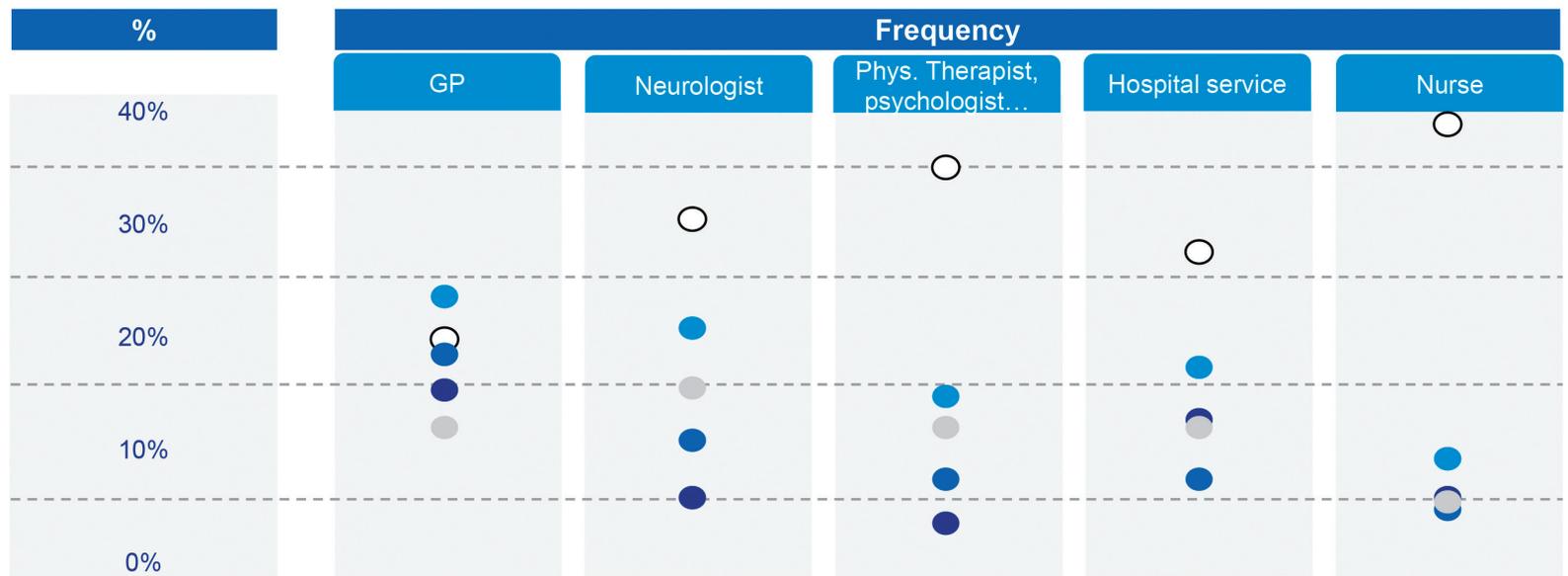
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

GPs and Hospital Services are in general the most common HCP contacted when suffering a migraine crisis, and nurses the less common

Question 3.1.10

HEALTH CARE PROVIDER (HCP) CONTACT WHEN SUFFERING AN ATTACK



*Sample size for question 3.1.10: 2394 respondents.

4

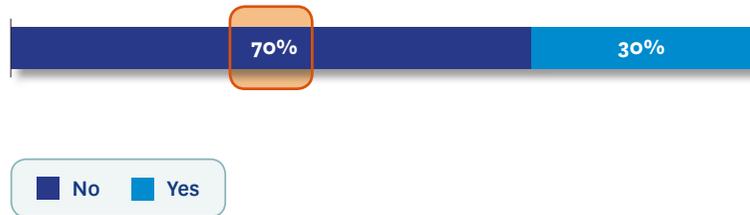
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

Access to specialized migraine centers is very limited except for Italy, country in which almost 70% of patients are treated there

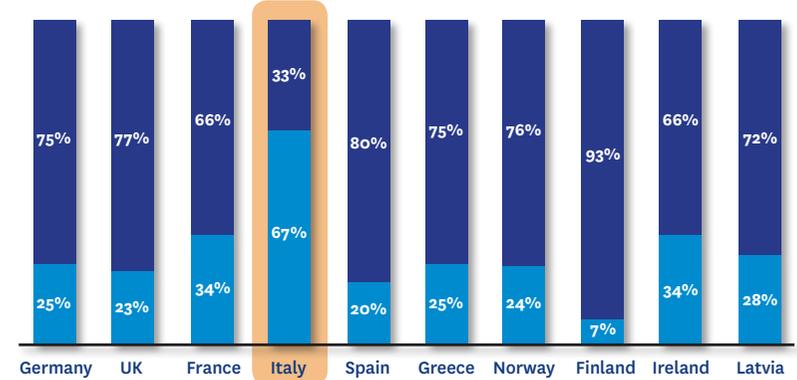
Question 3.1.7

PATIENTS TREATED IN A SPECIALIZED CENTER



Question 3.1.7

PATIENTS TREATED IN A SPECIALIZED CENTER PER COUNTRY



According to the Società Italiana per lo Studio delle Cefalee (SISC) in Italy there are 83 centers for the treatment and prevention of headaches and migraines¹.



*Sample size for question 3.1.7: 2514 respondents;
sample size for question 3.1.9: 925 respondents;
sample size for question 3.1.7 & question 1.1: 2457 respondents.

4

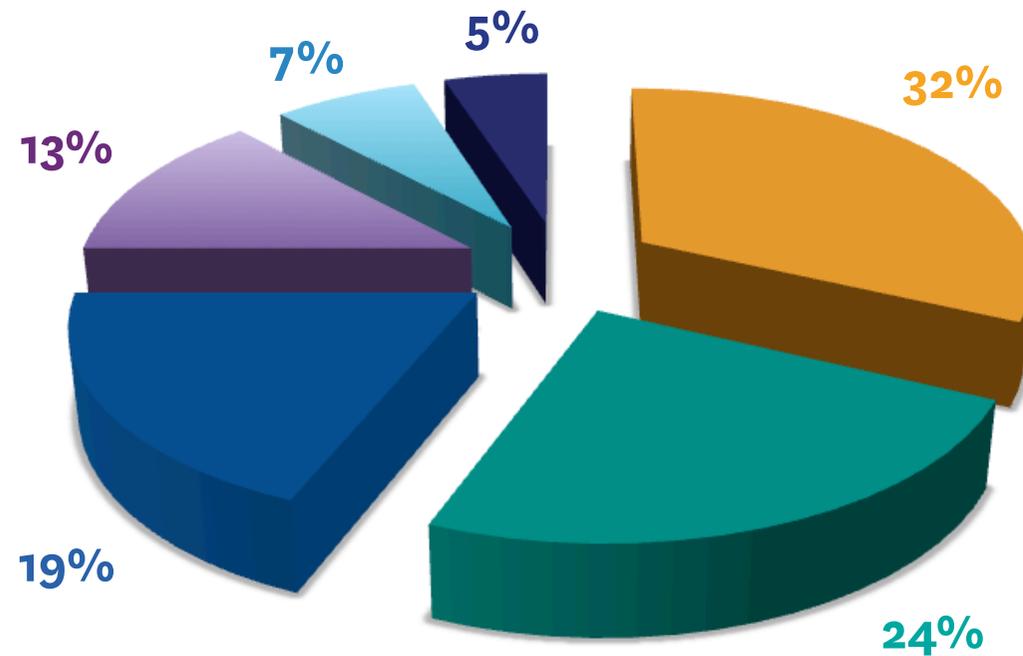
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

Access to specialized migraine centers is very limited except for Italy, country in which almost 70% of patients are treated there

Question 3.1.9

HOW PATIENTS FOUND MIGRAINE CENTERS



*Sample size for question 3.1.9: 925 respondents.

4

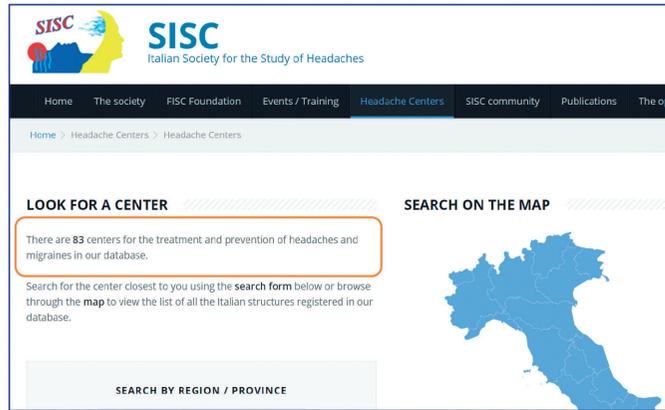
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

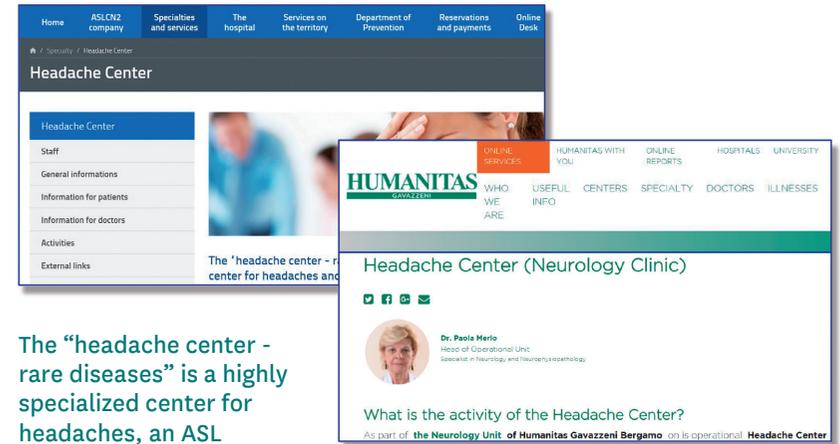
EMHA

European
Migraine &
Headache
Alliance

According to the SISC, in Italy there are 83 centers for the treatment and prevention of headaches and migraines



According to the SISC, in Italy there are 83 centers for the treatment and prevention of headaches and migraines.



The “headache center - rare diseases” is a highly specialized center for headaches, an ASL afferent structure in Piedmont. The visits are carried out at the hospital in Alba

Headache center with a “headache Woman” clinic as part of the Neurology Unit of the Hummanitas Gavazzeni Bergamo, a private multi-specialist hospital accredited with the NHS for outpatient and hospitalization activities..

*ASL: Azienda Sanitaria Locale – Local Health Unit;
NHS: National Health Service;
SISC: Società Italiana per lo Studio delle Cefalee.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

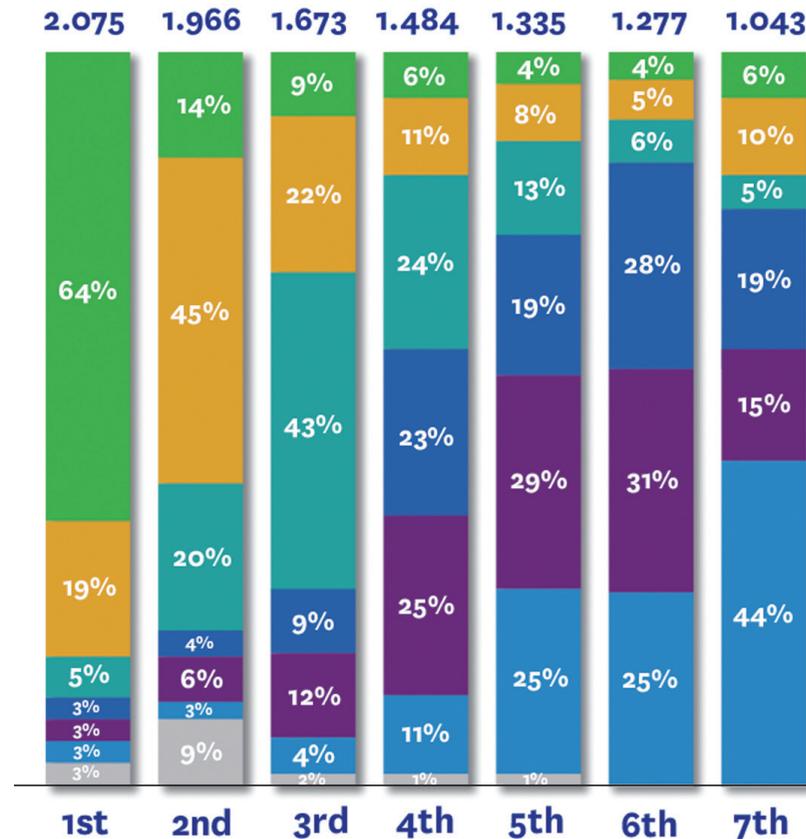
Based on interviewees input, general analgesics are the first treatment received since migraine diagnosis and new anti-CGRPs are the last ones

Question 3.2.2 b

TREATMENTS TAKEN SINCE DIAGNOSIS

No significant differences between type of migraine nor countries, regarding treatments received since diagnosis, have been observed.

- 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 3.3.2 b: 2190 respondents.

4

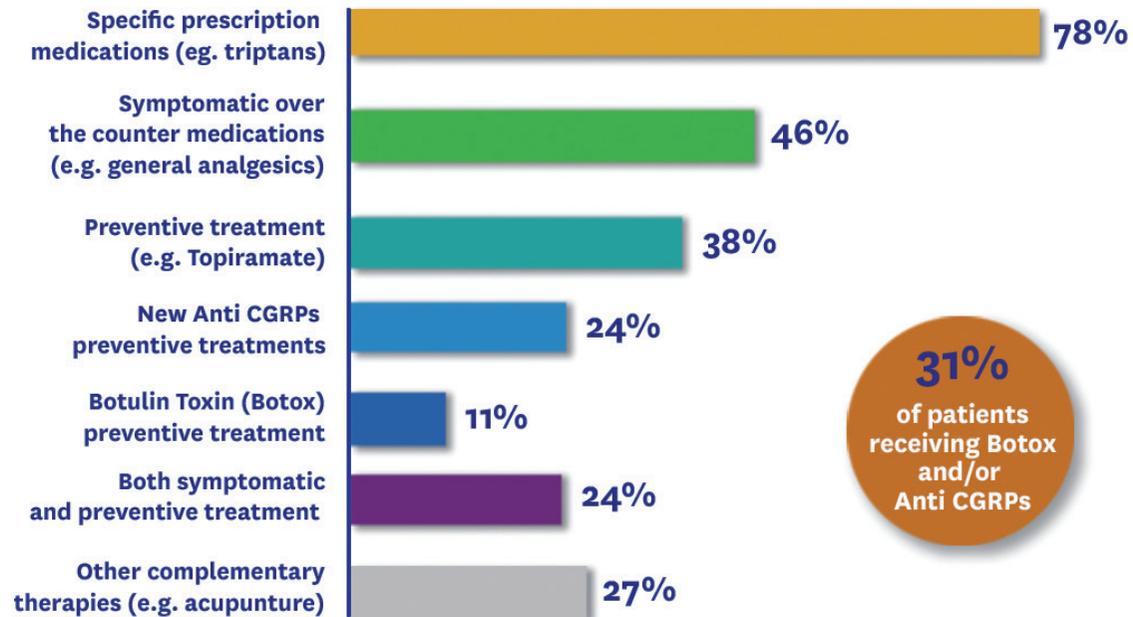
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

When assessing current treatment, we observe that triptans are widely used, and innovation (Botox and /or Anti-CGRPs) reaches 31% of patients

Question 3.2.2 c

CURRENT MIGRAINE TREATMENTS RECEIVED



EMHA

European
Migraine &
Headache
Alliance

*Sample size for question 3.2.2 c: 2229 respondents.

4

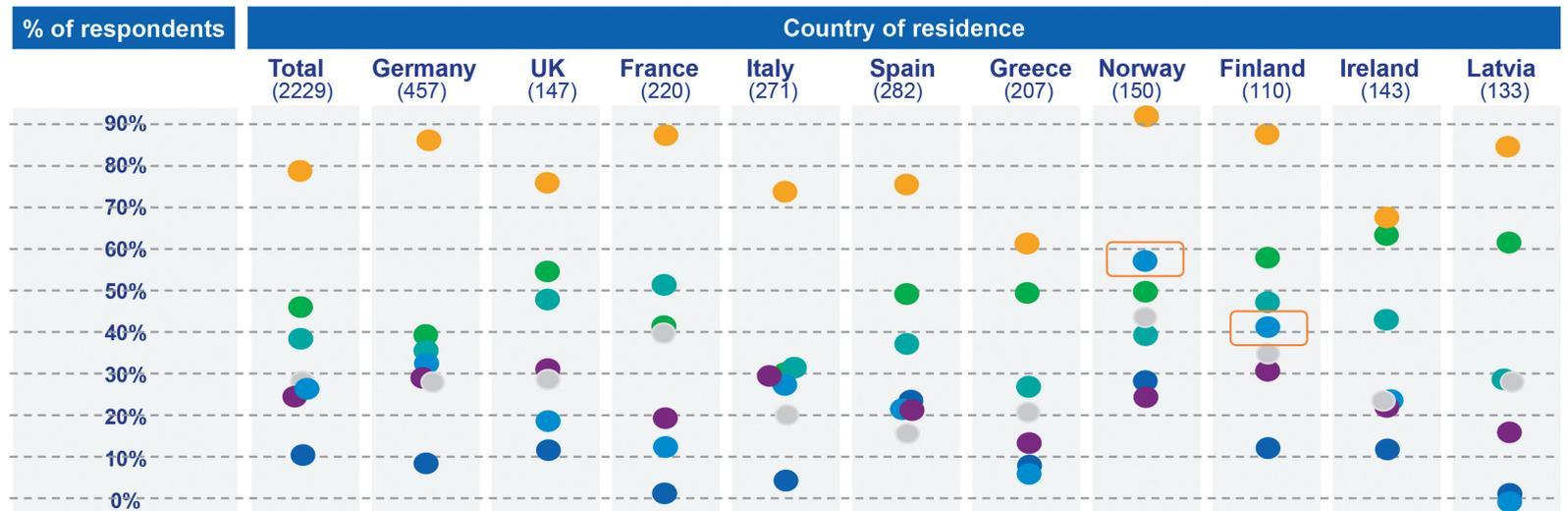
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

No noticeable differences are observed per country, except Norway and Finland where percentage of usage of Anti CGRPs is higher

Question 3.2.2 c

CURRENT MIGRAINE TREATMENTS RECEIVED PER COUNTRY



*Sample size for question 3.2.2 c & question 1.1 for top 10 respondents countries: 2120; sample size for question 3.2.2 c : 2229 respondents.

4

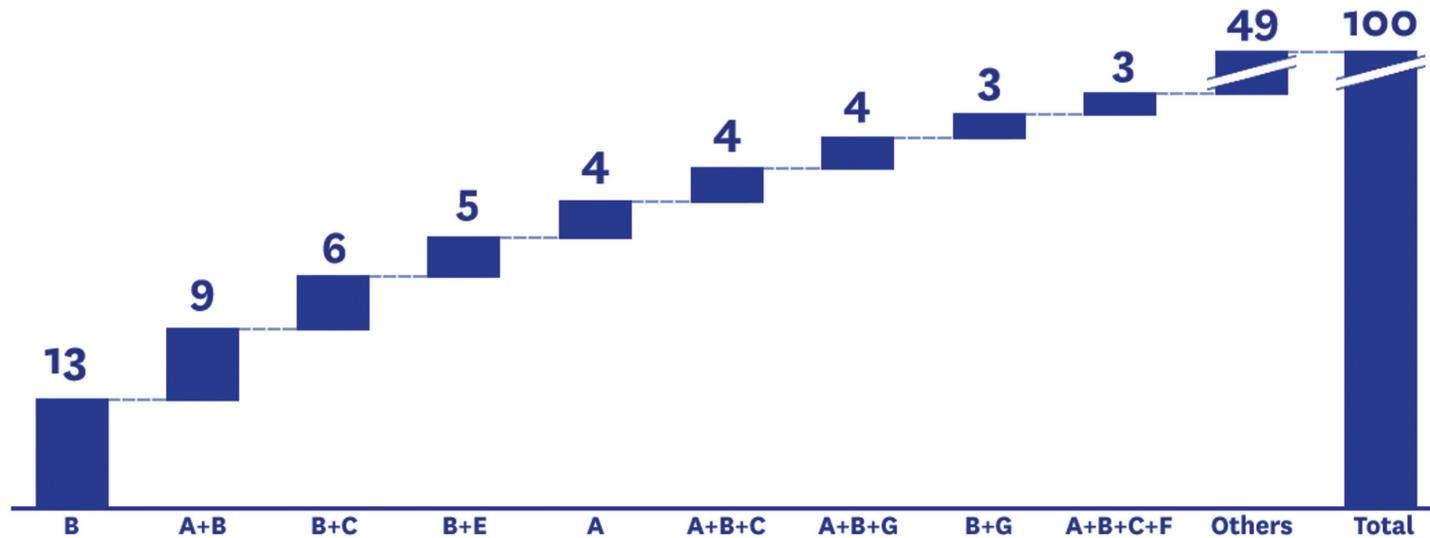
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

The most common combinations include specific prescription medication (e.g. triptans) together with painkillers, topiramate and/or Anti CGRPs

Question 3.2.2 c

CURRENT MIGRAINE TREATMENTS RECEIVED IN COMBINATION



- A: Symptomatic over the counter medications (e.g. painkillers)
- B: Specific prescription medications (e.g. triptans)
- C: Preventive treatments (e.g. topiramate)
- D: Botox preventive treatment
- E: New Anti CGRPs preventive treatment
- F: Both symptomatic and preventive treatment
- G: Other complementary therapies

EMHA

European
Migraine &
Headache
Alliance

*Sample size for question 3.2.2 c: 2229 respondents.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

EMHA

European
Migraine &
Headache
Alliance

Botox and new Anti CGRPs are combined in several different ways, but mainly with triptanes

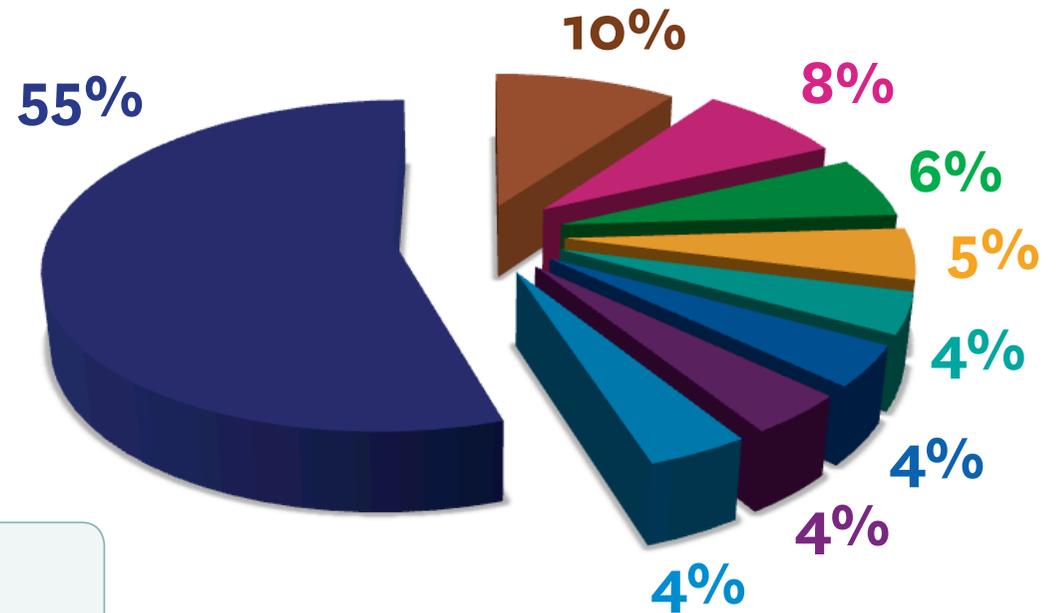
Question 3.2.2 c

TOTAL AMOUNT OF PATIENTS RECEIVING BOTOX AND MAJOR COMBINATIONS

11% of patients are receiving Botox

From 108 total combinations,
45% include Botox.

Main combinations with botox are:



- Painkiller + Triptane + Botox
- Triptane + Botox
- Triptane + Topiramate + Botox
- Triptane + Botox + CGRPs
- PainKiller + Triptane + Topiramate 5% + Botox
- Botox
- Painkiller + Triptane + Topiramate + Botox + Symp.&Prev.
- Painkiller + Triptane + Botox + Other treatments
- Other

*Sample size for question 3.2.2 c patients with botox: 246 respondents.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

EMHA

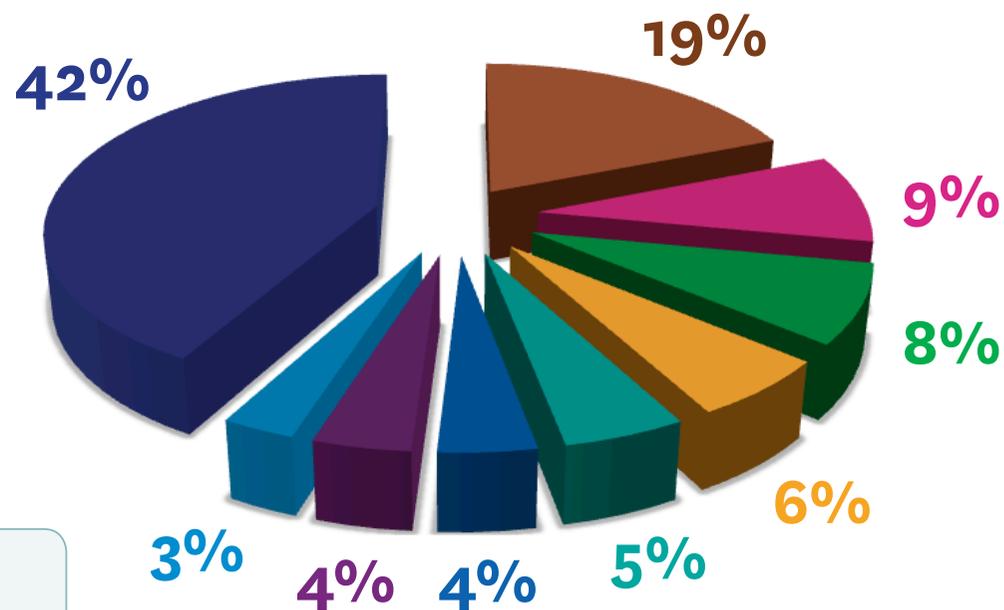
European
Migraine &
Headache
Alliance

Botox and new Anti CGRPs are combined in several different ways, but mainly with triptanes

Question 3.2.2 c

TOTAL AMOUNT OF PATIENTS RECEIVING ANTI CGRPs AND MAJOR COMBINATIONS

24% of patients are receiving Anti CGRPs
From 108 total combinations, 47% include Anti CGRPs.
Main combinations with Anti CGRPs are:



- Painkiller + Triptane + Botox
- Triptane + Botox
- Triptane + Topiramate + Botox
- Triptane + Botox + CGRPs
- PainKiller + Triptane + Topiramate 5% + Botox
- Botox
- Painkiller + Triptane + Topiramate + Botox + Symp.&Prev.
- Painkiller + Triptane + Botox + Other treatments
- Other

*Sample size for question 3.2.2 c patients with Anti CGRP: 546 respondents.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

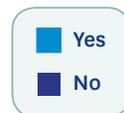
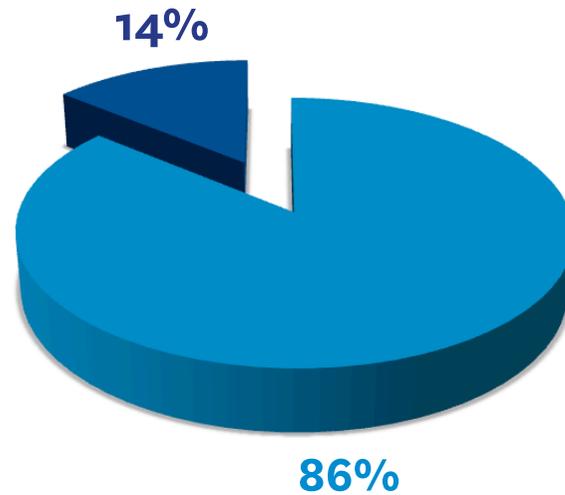
EMHA

European
Migraine &
Headache
Alliance

Although almost 90% of patients are treated, time since diagnosis to treatment evidence difficulties to access to migraine treatments

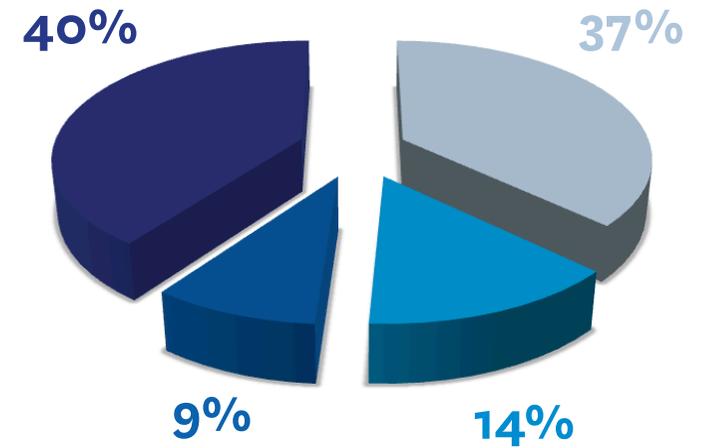
Question 3.2.1

MIGRAINE PATIENTS TREATED



Question 3.2.2 a

YEARS SINCE DIAGNOSIS TO RECEIVE MIGRAINE TREATMENT



*Sample size for question 3.2.1: 2510 respondents;
sample size for question 3.2.2 a: 1951 respondents.

4

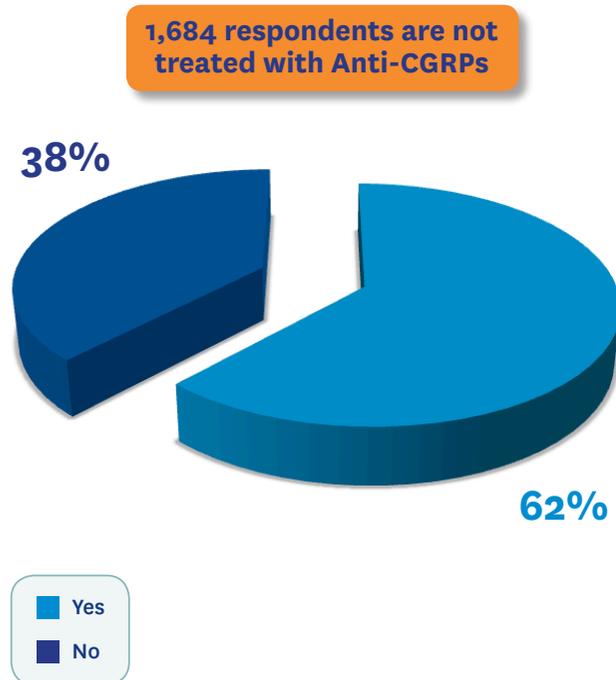
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

Most patients not treated with new Anti CGRPs know their existence, especially those patients suffering chronic migraine

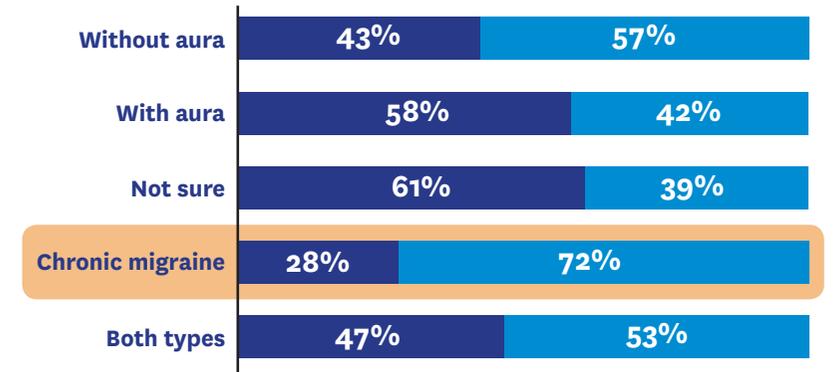
Question 3.2.3 a

AWARENESS OF ANTI-CGRPs TREATMENT FROM THOSE PATIENS NOT USING ANTI-CGRPs



Question 2.1 and 3.2.3 a

AWARENESS OF ANTI-CGRPs TREATMENT FROM THOSE PATIENS NOT USING ANTI-CGRPs PER MIGRAINE TYPE



EMHA

European
Migraine &
Headache
Alliance

*Sample size for question 3.2.3 a: 1672 respondents;
sample size for question 3.2.3 a & question 2.1: 1611 respondents.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

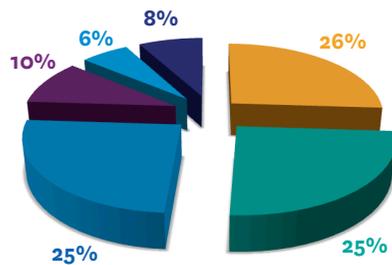
ACCESS TO HEALTHCARE PROFESSIONALS

Most patients not treated with Anti CGRPs who know their existence reported that the main barrier to its access is not being covered or Dr. didn't mention it

Question 3.2.3 b

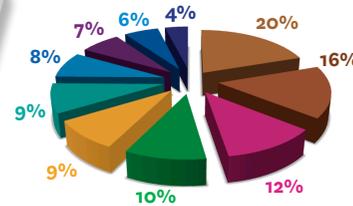
MAIN BARRIERS TO ANTI-CGRP ACCESS

1,684 respondents are not treated with Anti-CGRPs

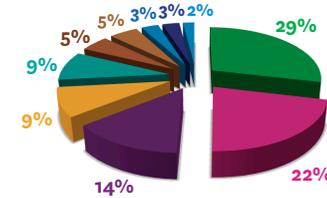


- My doctor didn't mention it
- Not covered by my health system
- I am not eligible for this treatment yet
- They are not available in my country
- My doctor doesn't know about it
- According to my doctor I don't need it

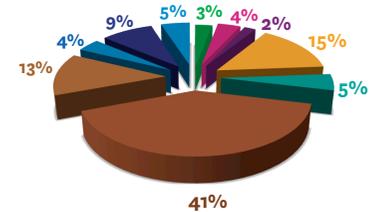
Question 3.2.3 b
& Question 1.1
**SPLIT PER COUNTRIES
FOR "MY DOCTOR
DIDN'T MENTION IT"
RESPONDENTS**



Question 3.2.3 b
& Question 1.1
**SPLIT PER COUNTRIES
FOR "NOT COVERED
BY MY HEALTH SYSTEM"
RESPONDENTS**



Question 3.2.3 b
& Question 1.1
**SPLIT PER COUNTRIES
FOR "I AM NOT ELIGIBLE
FOR THIS TREATMENT
YET" RESPONDENTS**



- France
- Latvia
- UK
- Spain
- Norway
- Greece
- Italy
- Germany
- Ireland
- Finland

EMHA

European
Migraine &
Headache
Alliance

*Sample size for question 3.2.3 b: 1119 respondents;
sample size for question 3.2.3 b & question 1.1 & answer "Not covered by my health system": 258 respondents;
sample size for question 3.2.3 b & question 1.1 & answer "My doctor didn't mention it": 276 respondents;
sample size for question 3.2.3 b & question 3.2.2 c & option "I am not eligible for this treatment yet": 275 respondents.

4

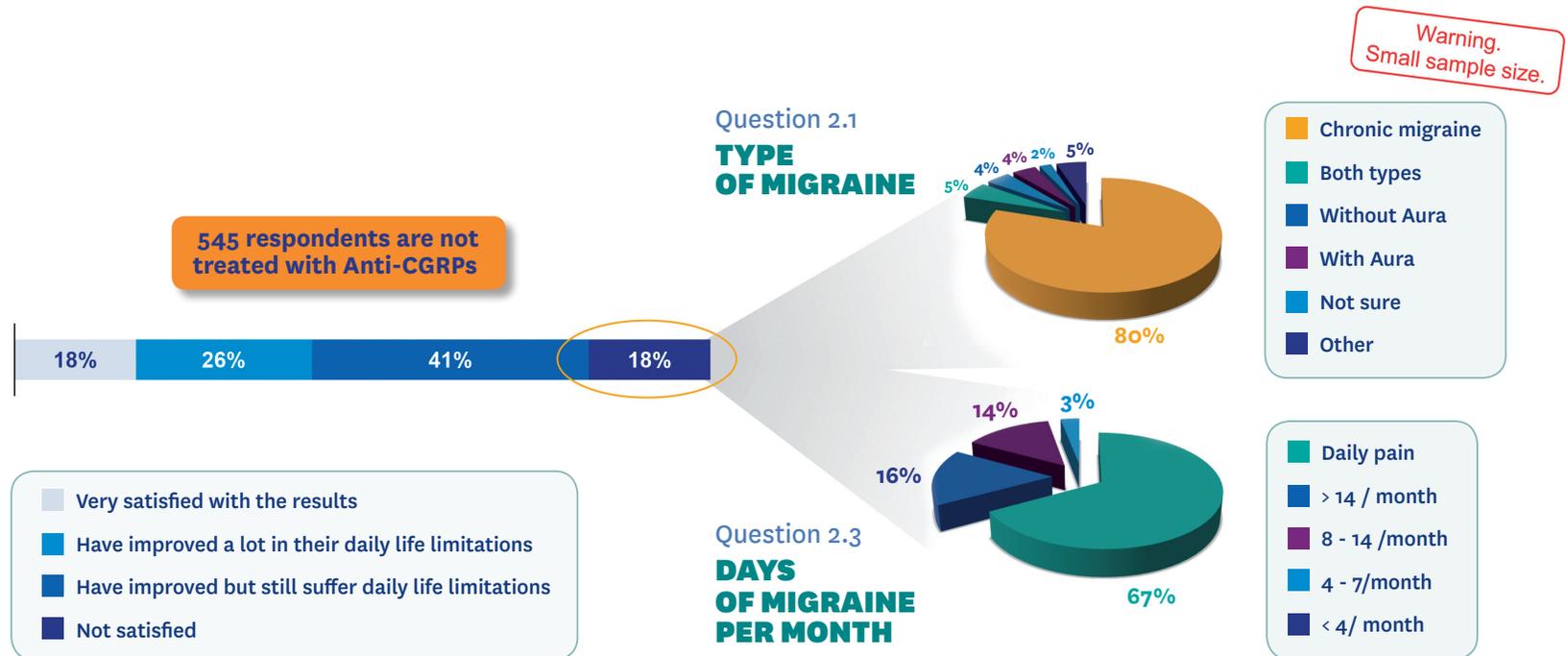
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

Most of respondents who reported dissatisfaction with new Anti CGRP, suffer from severe migraine, mainly chronic and with more than 14 crisis/month

Question 3.2.3 d

ANTI-CGRP TREATMENT SATISFACTION



*Sample size for question 3.2.3 d: 517 respondents;
sample size for question 3.2.3 d & question 2.1: 76 respondents;
sample size for question 3.2.3 d & 2.3: 76 respondents.

4

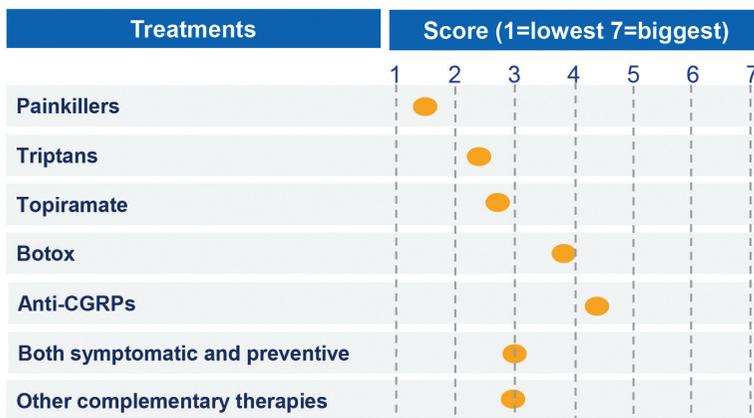
SECTION III: ABOUT YOUR ACCESS TO CARE

ACCESS TO HEALTHCARE PROFESSIONALS

Anti-CGRPs are reported as the most difficult treatment to obtain followed by botox, and main difficulties are COVID, budget constrains & policy-makers' stigma

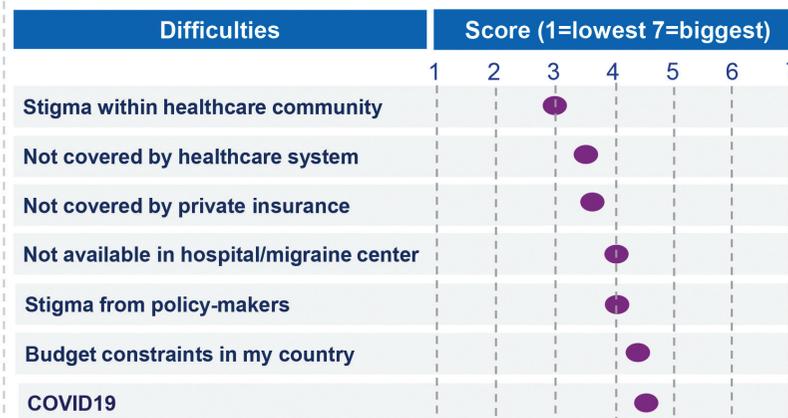
Question 3.2.5

DIFFICULTIES TO GET ACCESS TO EACH MIGRAINE TREATMENT



Question 3.2.4

DIFFICULTIES TO GET ACCESS TO SPECIFIC MIGRAINE TREATMENTS



EMHA

European
Migraine &
Headache
Alliance

*Sample size for question 3.2.4: 2107 respondents;
sample size for question 3.2.5: 2224 respondents.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

IMPACT OF PATIENT'S LIFE

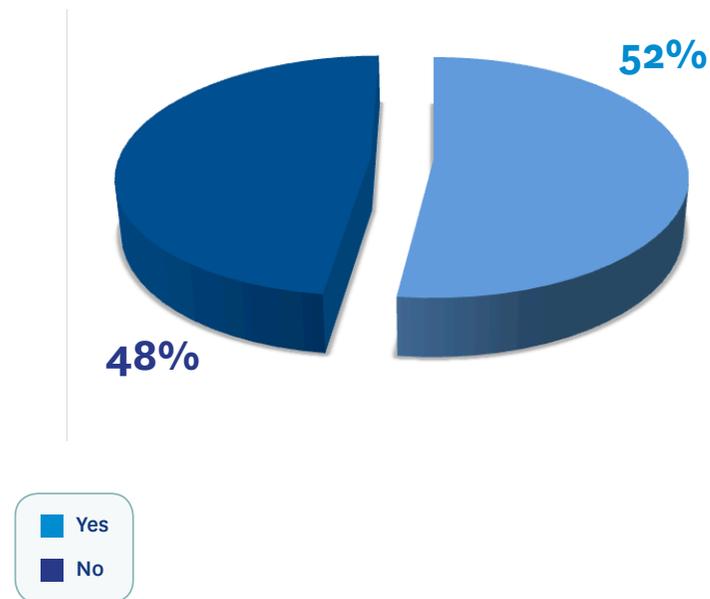
EMHA

European
Migraine &
Headache
Alliance

Although 52% respondents reported that the cost of the treatment affects their finances, most of them did not request a change for this reason

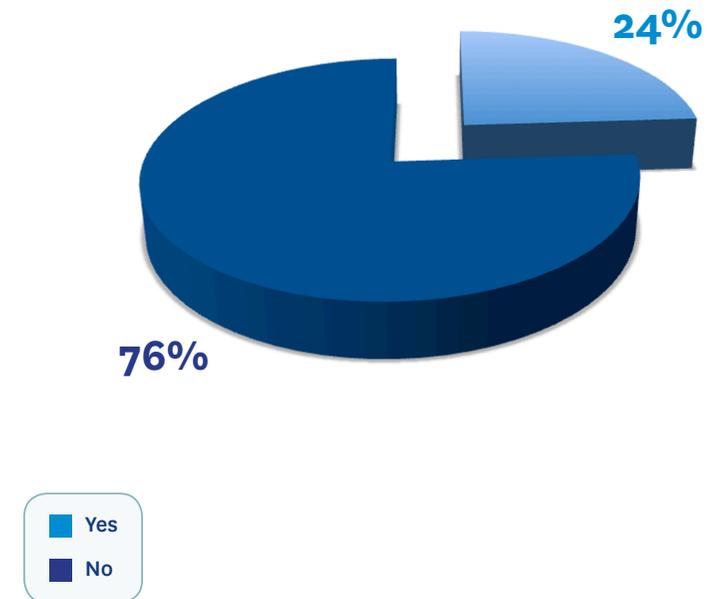
Question 3.3.3

IMPACT OF COST OF TREATMENT ON FINANCES



Question 3.3.2

ASK FOR A CHANGE OF THE TREATMENT DUE TO COST



*Sample size for question 3.3.3: 2326 respondents;
sample size for question 3.3.2: 2254 respondents.

4

SECTION III: ABOUT YOUR ACCESS TO CARE

IMPACT OF PATIENT'S LIFE

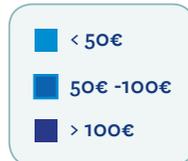
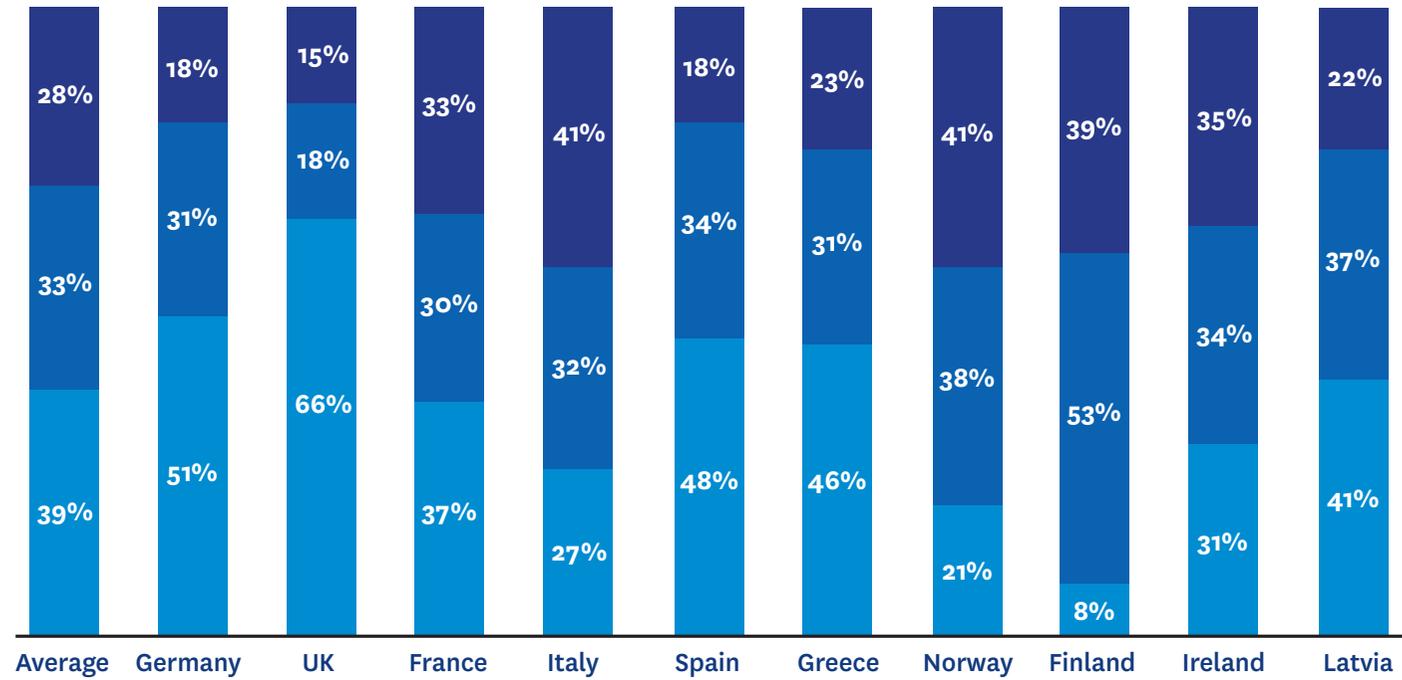
EMHA

European
Migraine &
Headache
Alliance

Regardless of their income, respondents have similar monthly expenses for their migraine

Question 3.3.1 & Question 1.1

MONTHLY EXPENSES IN MIGRAINE (TREATMENT, PHYSICIANS, ETC...)



*Sample size for question 3.3.1 & question 1.1: 2225 respondents.

4

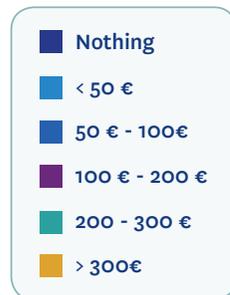
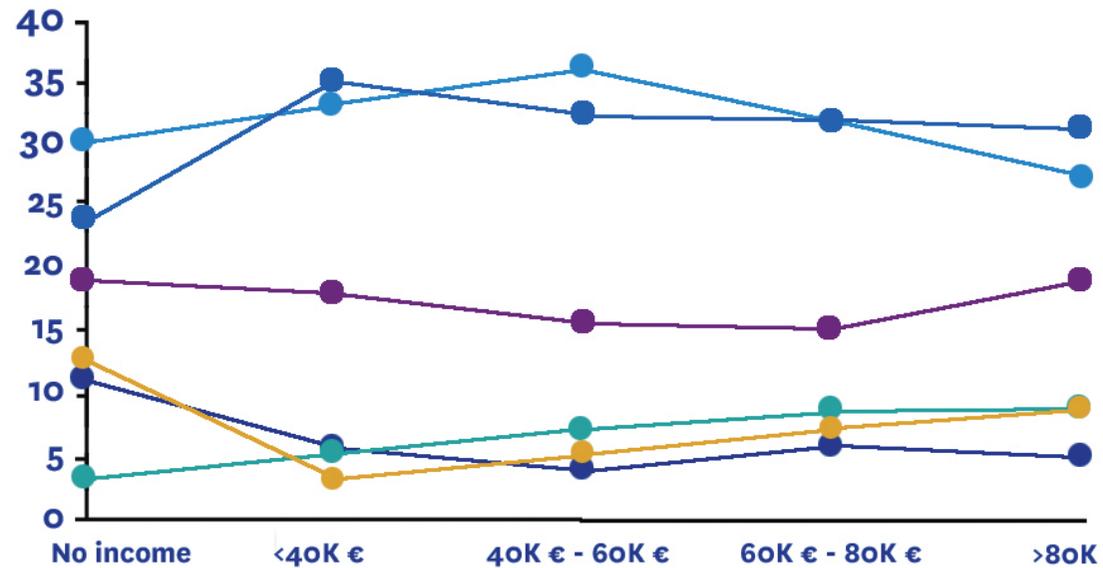
SECTION III: ABOUT YOUR ACCESS TO CARE

IMPACT OF PATIENT'S LIFE

Regardless of their income, respondents have similar monthly expenses for their migraine

Question 3.3.1 & Question 1.5

MONTHLY EXPENSES IN MIGRAINE REGARDING FAMILY INCOMES



*Sample size for question 3.3.1 & question 1.5: 2330 respondents.

5

SURVEY SECTION IV “SOURCES OF INFORMATION”

RESULTS

EMHA

European
Migraine &
Headache
Alliance

5

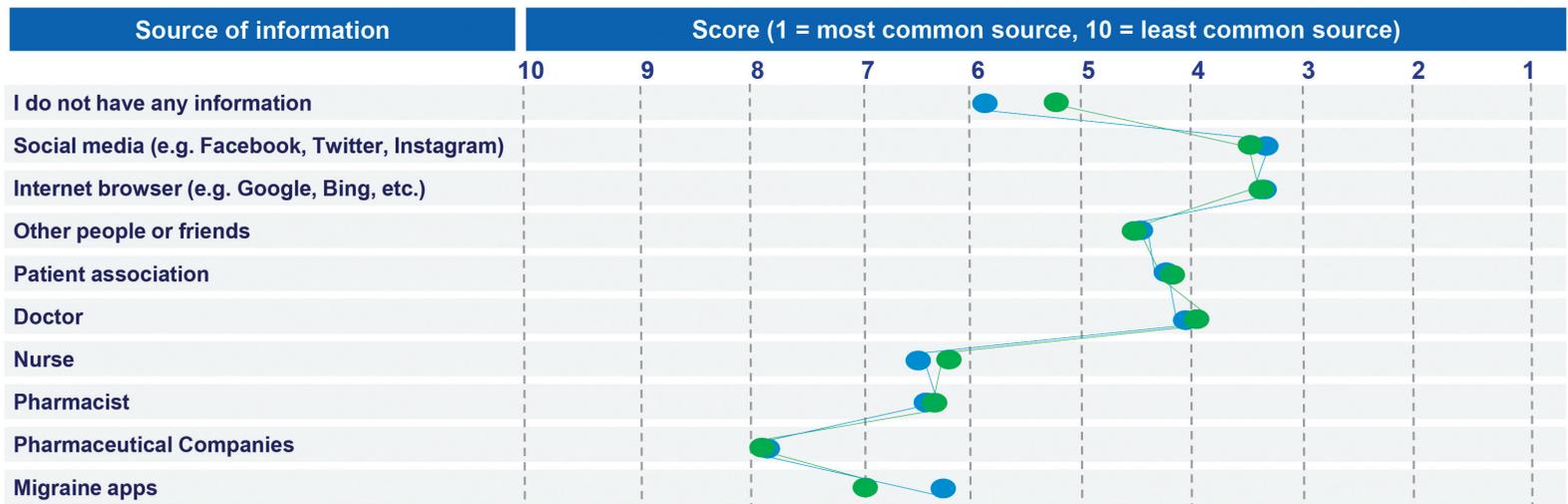
SECTION IV: SOURCES OF INFORMATION

DATA

The main information sources are those related to internet and social media together with information directly gathered from patient assoc. & physicians

Question 4.1 & Question 4.2

SOURCES OF INFORMATION FOR MIGRAINE DISEASE ANT TREATMENT



- About migraine disease
- About migraine treatment

*Sample size for question 4.1: 2216 respondents; sample size for question 4.2: 2138 respondents.

6

MAIN CONCLUSIONS

EMHA

European
Migraine &
Headache
Alliance

6

MAIN CONCLUSIONS

1. Majority of respondents are **women between 25 and 59 years** old, actively working and with low family incomes (44% reported family annual incomes below 40K€).
2. Almost 50% of respondents reported suffer **chronic migraine**. Main indicators related to the type of migraine evidence that respondents are, in average, **patients suffering from severe migraine** (57% with more than 8 days of migraine/month) **for many years** (83% 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 is the G.P** (58%). Nevertheless, the main specialist who made **the diagnosis and the current follow up is the Neurologist** (48% and 54% respectively). It is worth noting that **a third of respondents visited more than 4 specialist until being diagnosed, and a quarter reported not being followed by any HCP.**
5. Although almost 90% of patients are treated, **time since diagnosis to treatment evidences difficulties to access to migraine treatments** (49% needed more than 3 years since diagnosis).
6. Since diagnosis, the **first treatments received are general analgesics followed by triptans**. The **last prescribed are Anti CGRPs**. Currently, the main treatments used are triptans (78%), and the least used Botox (11%). Nonetheless, polymedication is highly frequent and multiple drug combinations have been reported, being specific prescription mediations (e.g. triptans) alone or together with pain-killers and/or topiramate the main received.
7. The majority of those who do not take **New Anti CGRPs** treatment knows its existence (62%) and reported that the **main barriers** to its access is that their **doctor didn't mention it** (26%), it is **not covered by their health system** (25%) or they are **not eligible for the treatment yet** (25%).
8. For those patients treated with New Anti CGRPs, 25% reported to pay for the treatment out of their pocket. **Almost a quarter of patients treated with New Anti CGRPs reported dissatisfaction with the treatment**, being most of those respondents suffering from severe migraine, mainly chronic, with more than 14 crisis/month.

EMHA

European
Migraine &
Headache
Alliance

Summary of the “Access To Care III” survey results