

EMHA Access to Care survey findings in France



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“Access to Care III” survey consisted on 39 items distributed in 4 dimensions and reached 3,397 total answers (296 from France)



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.



Launch

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



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)



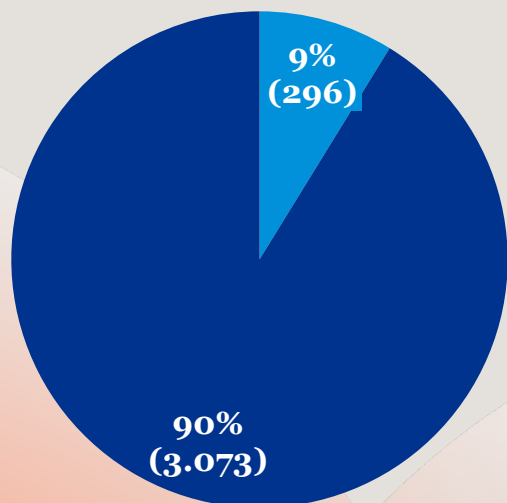
Total answers

Since the launch of the survey in March, we have reached a total number of 3,397 answers (296 from France).

Data used for the analysis in France (9% of total responses) evidences that vast majority of respondents are women between 25 and 59 years old..

Sociodemographic data

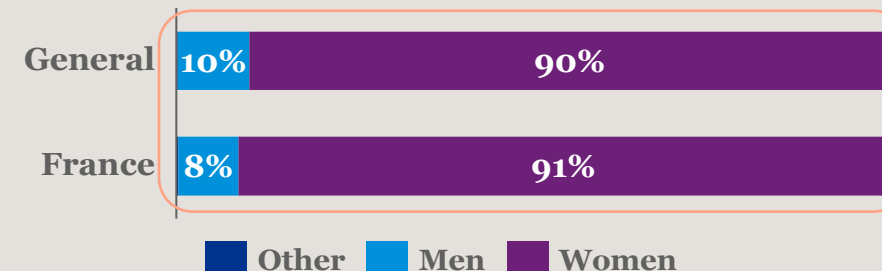
- At June 14th 2021, **3397 answered surveys** have been obtained by migraine patients from **41 different countries** (question 1.1).
- **9% of the responses corresponded to French migraine patients.**



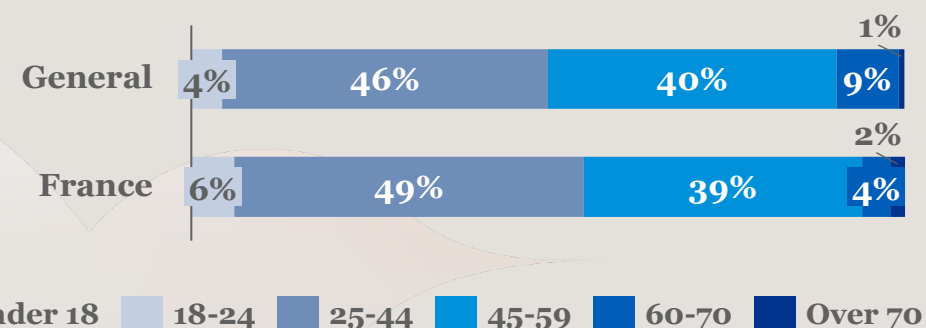
■ France ■ Other countries



Split by gender (question 1.2).



Range of ages (question 1.3).



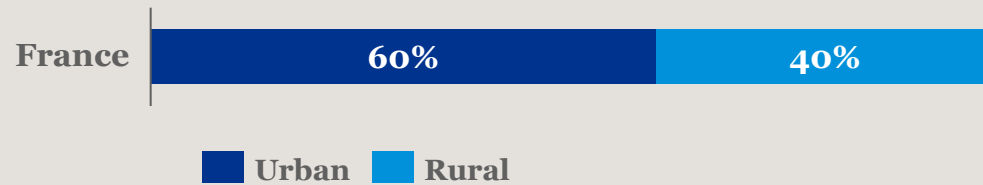
*Sample size for question 1.1: 3370 respondents; sample size for question 1.2: 3354 respondents (296 in France); sample size for question 1.3: 3354 respondents (296 in France).

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

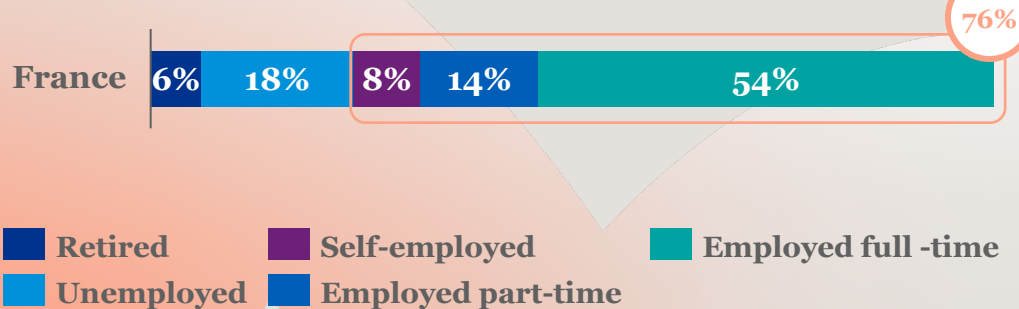
Sociodemographic data



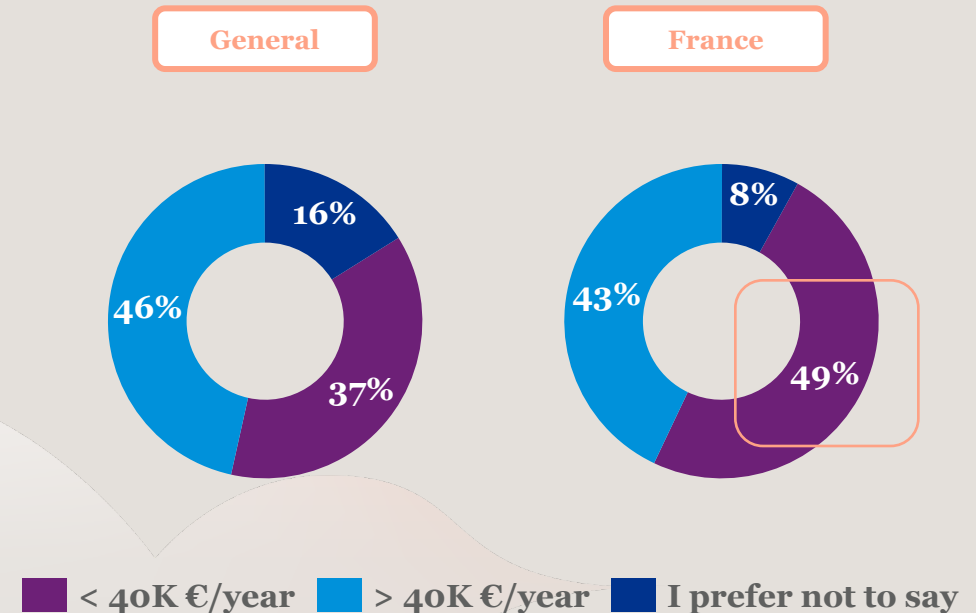
Area of residence (question 1.4).



Employment status (question 1.6).

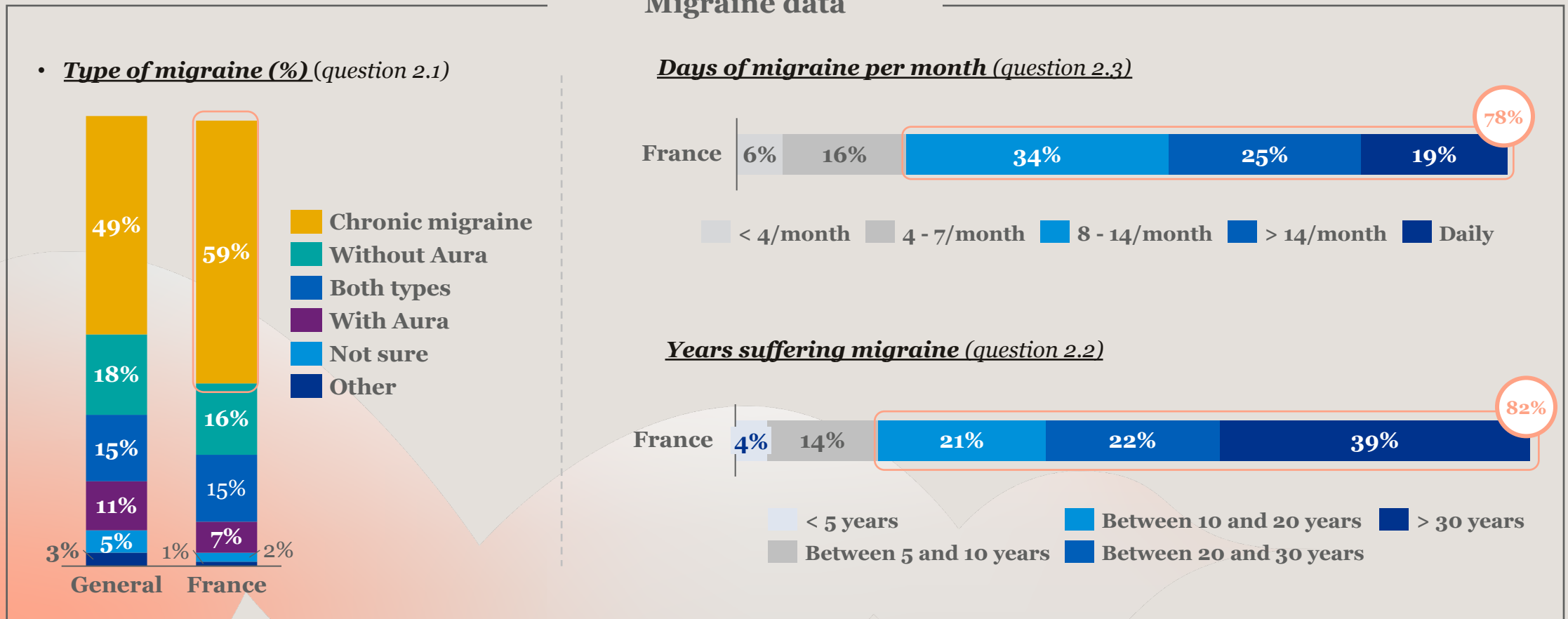


Range of family annual income per country (question 1.5 and 1.1.).



*Sample size for question 1.4: 3363 respondents (295 in France); sample size for question 1.6: 3266 respondents (292 in France); sample size for question 1.5: 3338 respondents (293 in France).

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

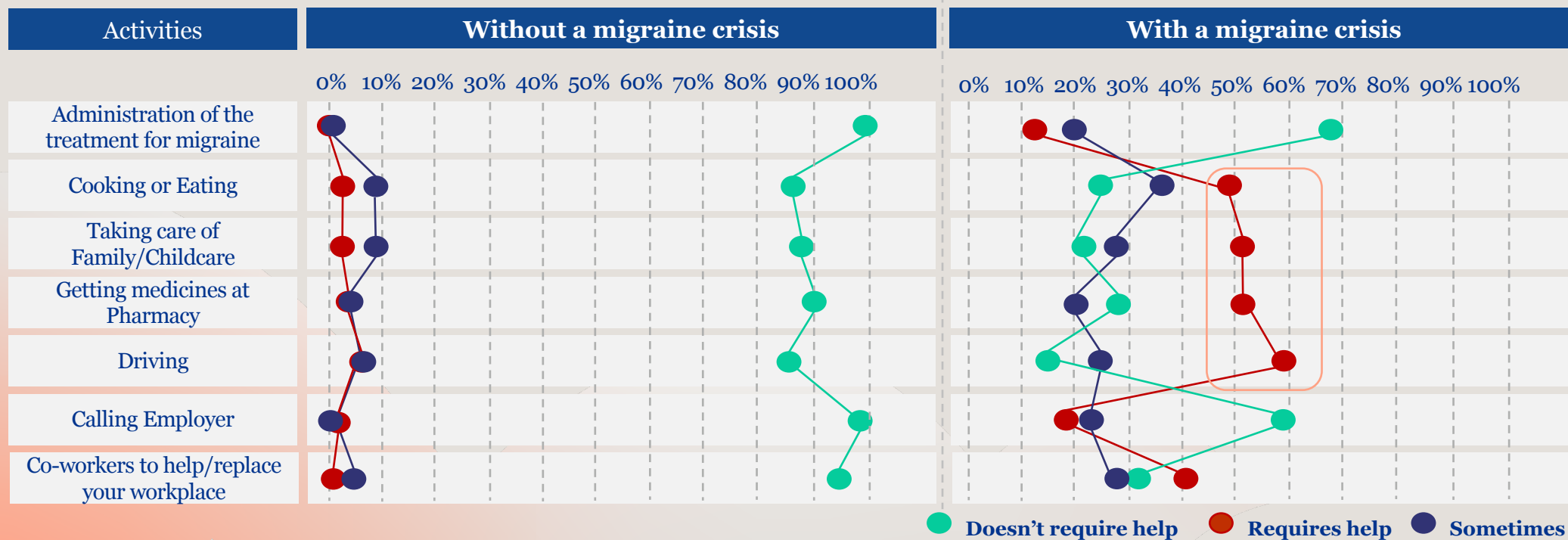


*Sample size for question 2.1: 2831 respondents (232 in France); sample size for question 2.3: 2831 respondents (232 in France); sample size for question 2.2: 2832 respondents (232 in France).

When patients suffer an attack, migraine is a disabling disease affecting daily activities such as driving, getting medicines or taking care of relatives

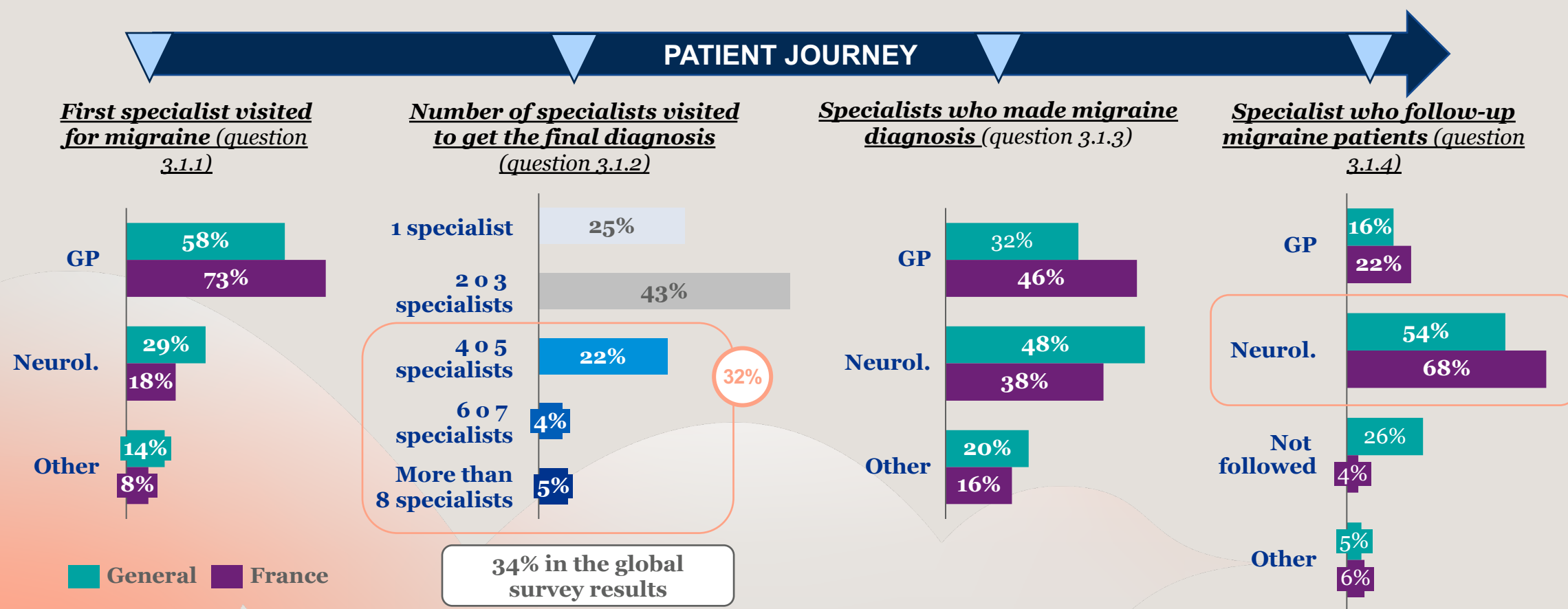
Migraine data

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



*Sample size for question 2.4: 230 respondents in France; sample size for question 2.5: 231 respondents in France.

GP's weight is important mainly in the 1st visit as well as the most common specialist diagnosing migraine patients after 1 to 3 more specialist visits

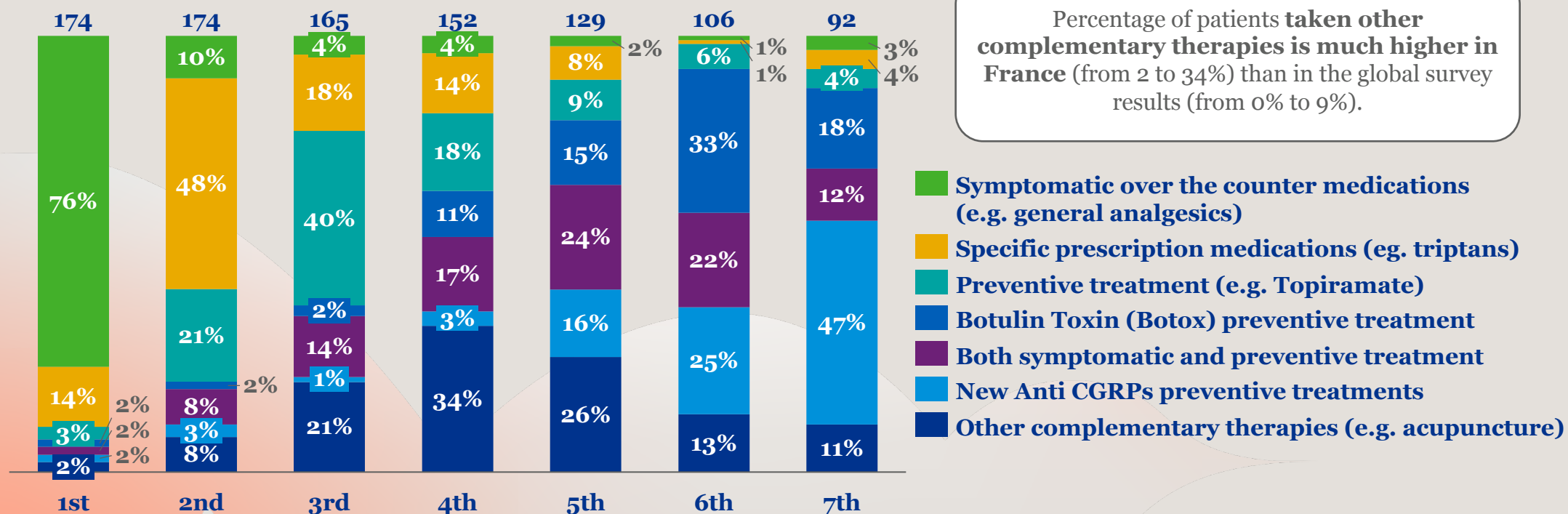


*Sample size for question 3.1.1: 230 respondents in France; sample size for question 3.1.2: 228 respondents in France; sample size for question 3.1.3: 230 respondents in France; sample size for question 3.1.4: 227 respondents in France.

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

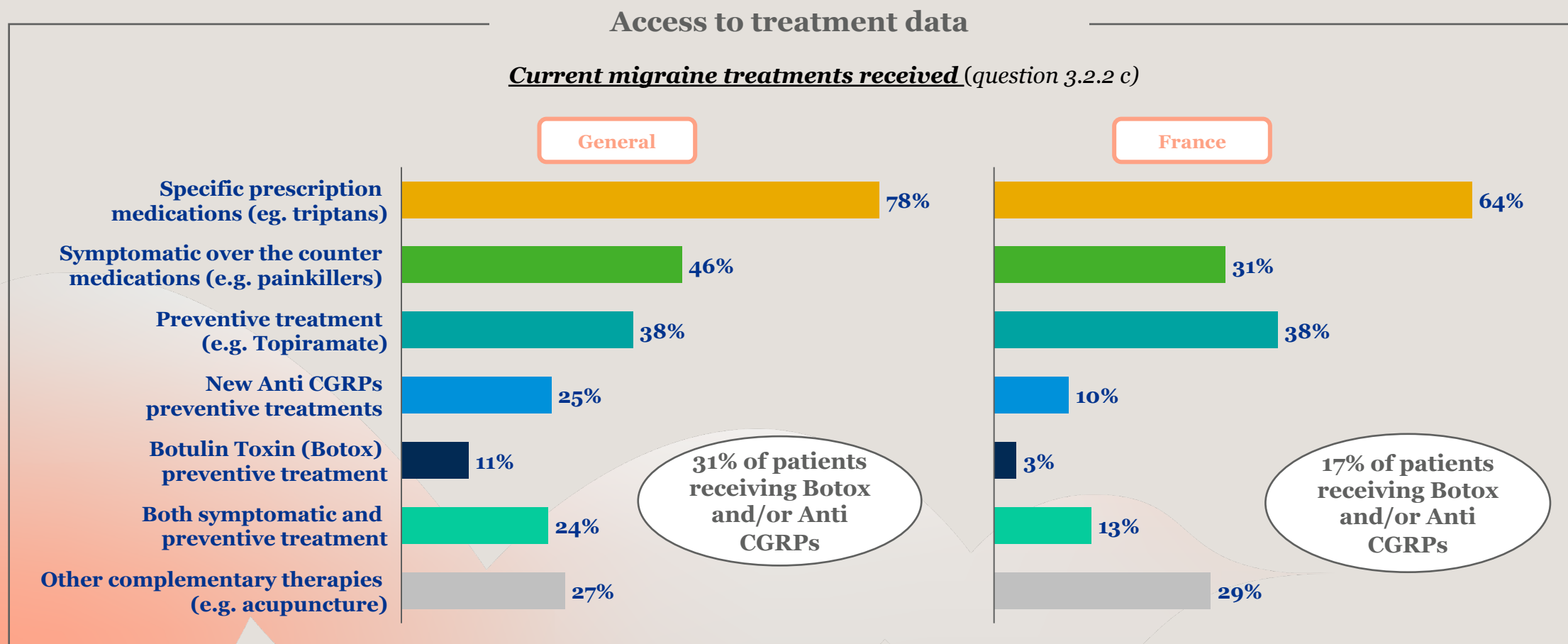
Treatments taken since diagnosis in France (question 3.2.2 b).



*Sample size for question 3.2.2 b: 177 respondents in France.



When assessing current treatment, we observe that triptans are widely used, and innovation (Botox and/or Anti-CGRPs) reaches only 17% of patients in France

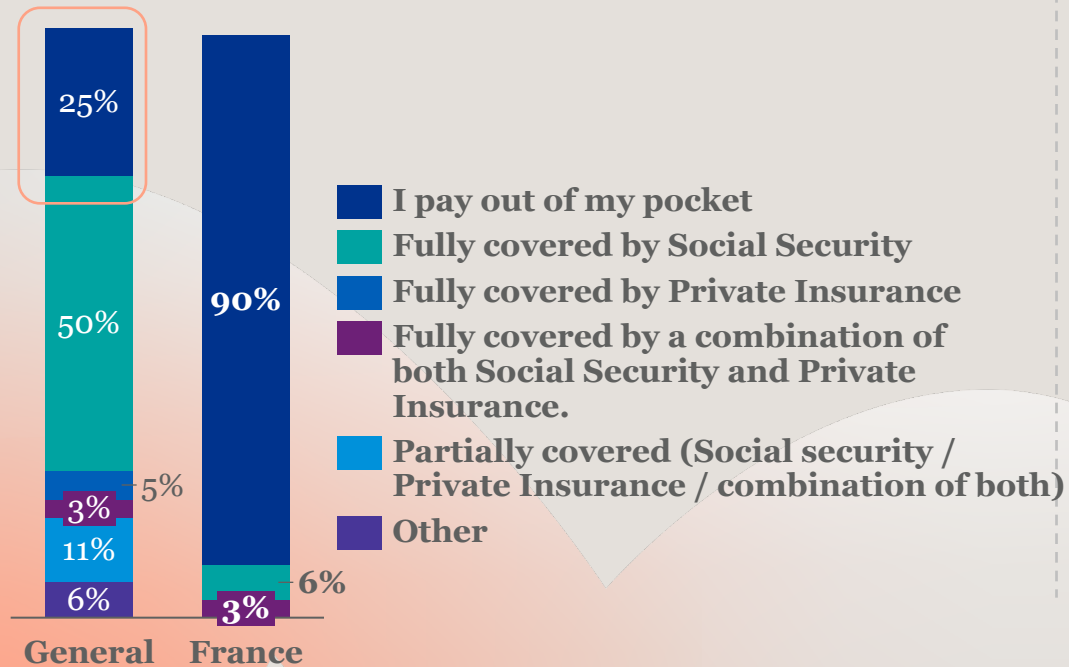


*Sample size for question 3.2.2 c: 2228 respondents in the global survey and 220 respondents in France.

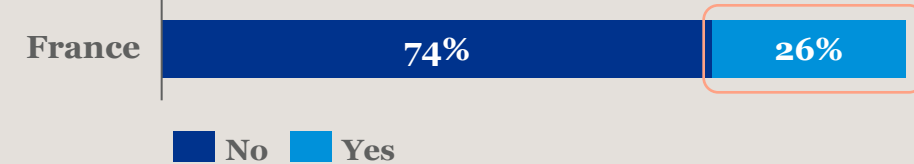
Although 58% patients reported to have impact on their finances due to migraine treatment costs, just 26% asked for a treatment change

Access to treatment data

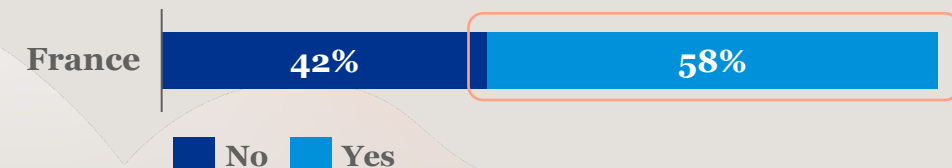
Who pays for your Anti-CGRP treatment (question 3.2.3 a).



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)

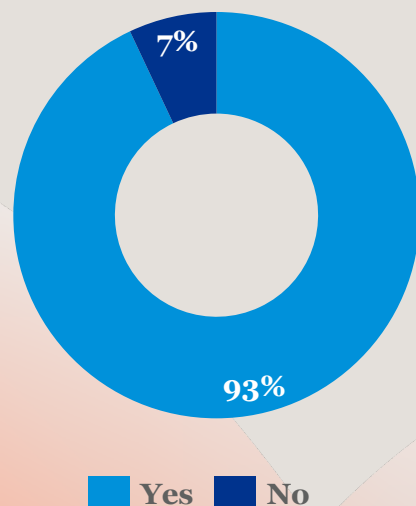


*Sample size for question 3.2.3 a: 430 respondents in general and 31 respondents in France; Sample size for question 3.2.2 a in France: 225 respondents; Sample size for question 3.3.3 in France: 227 respondents.

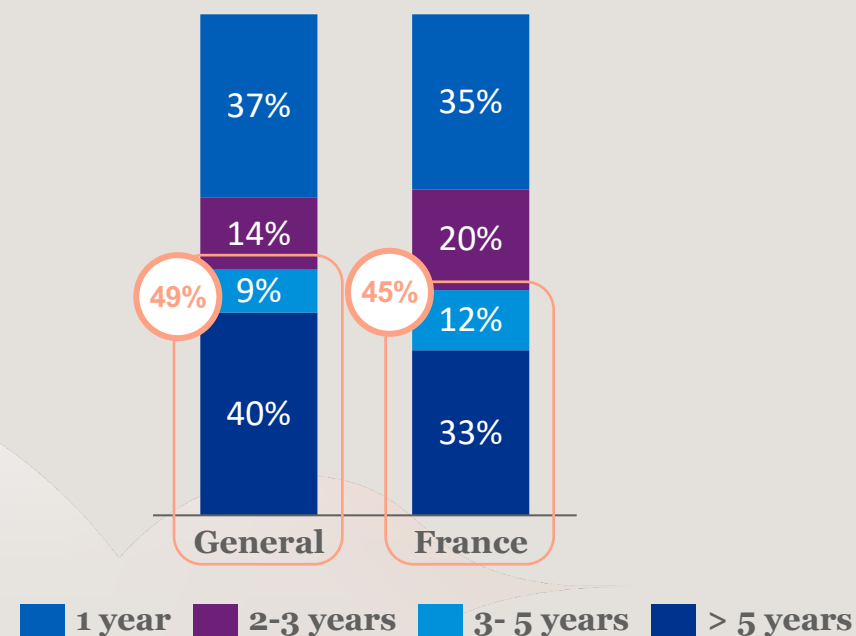
93% of patients are treated but time since diagnosis to treatment evidence difficulties to access to migraine treatments

Access to treatment data

Migraine patients treated in France (question 3.2.1).



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

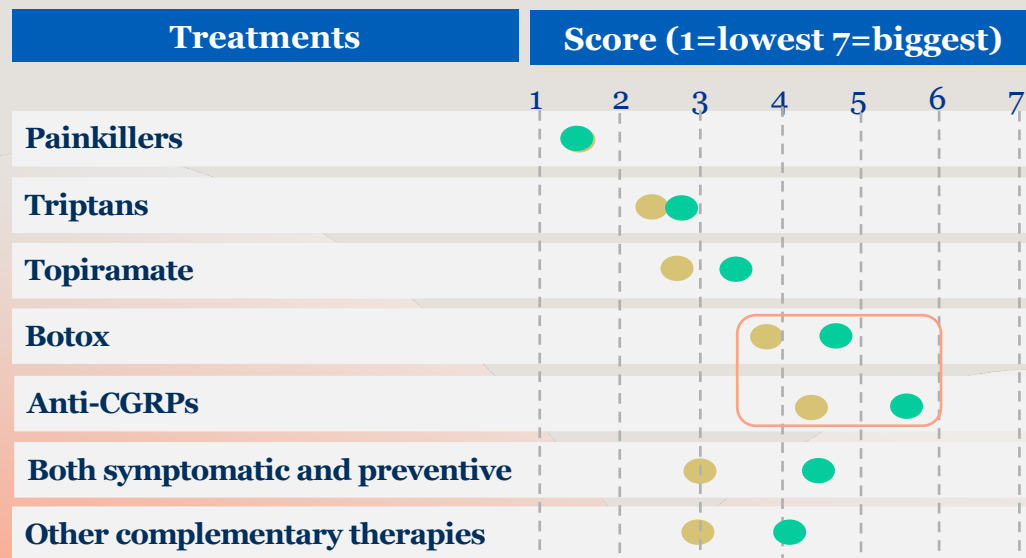


*Sample size for question 3.2.1 in France: 229 respondents; sample size for question 3.2.2 a: 1,951 patients (213 in France).

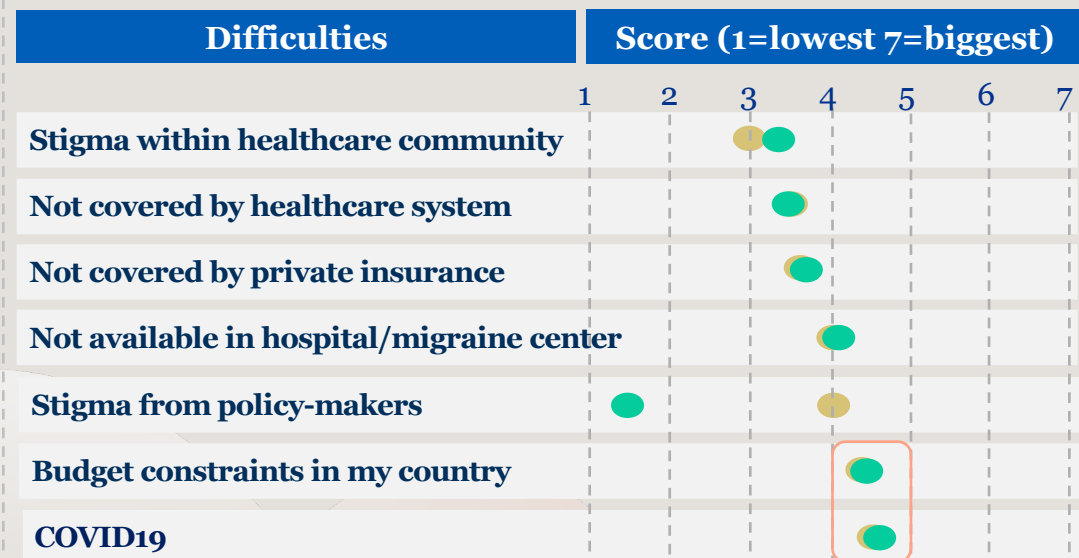
Anti-CGRPs & Botox are reported as the most difficult treatment to obtain, and main difficulties are that are due to covid19 and country budget constraints

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)



*Sample size for question 3.2.5: 200 respondents in France; sample size for question 3.2.4: 221 respondents in France.

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

Main conclusions

- 1 Majority of respondents are **women between 25 and 59 years** old, actively working and with **low family incomes** in comparison to the total survey results (48% reported family annual incomes below 40K€ vs. 37% in the general analysis).
- 2 59% of respondents reported to suffer **chronic migraine in France**. Main indicators related to the type of migraine evidence that respondents are, in average, **patients suffering from severe migraine** (78% with more than 8 days of migraine/month) **for many years** (82% 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**, together with getting medicines from the Pharmacy, taking care of relatives and cooking or eating.
- 4 **First visited specialist is the G.P in France** (73%). The main specialist who made **the diagnosis is also de GP** (46%), while **the current follow up is done by the Neurologist** (68%). It is worth noting that 32% of patients still have to visit more than 4 specialists **to get the final diagnosis** (vs. 34% in the global analysis).
- 5 Although almost 100% of patients are treated, **time since diagnosis to treatment still evidences difficulties to access to migraine treatments** (45% needed more than 3 years since diagnosis in France and 49% in global results).
- 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 (64% in France), and the least used Botox (3% in France).
- 7 Moreover, **polymedication is highly frequent** and multiple drug combinations have been reported, being specific prescription mediations (e.g. triptans) together with painkillers and/or topiramate the main received. Also, innovative treatments such as **Botox and anti-CGRPs reach only 17% of patients in France** (vs. 31% in the global analysis).
- 8 As said, **Botox and Anti-CGRPs had been identified as the most difficulties treatments to get access** in France and the main reasons for this difficulties reported had been: budget constraints in the country, the COVID19 situation and availability in the hospital.

Thank you