

EMHA Access to Care survey findings in Spain



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“Access to Care III” survey consisted on 39 items distributed in 4 dimensions and reached 3,397 total answers (439 from Spain)



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

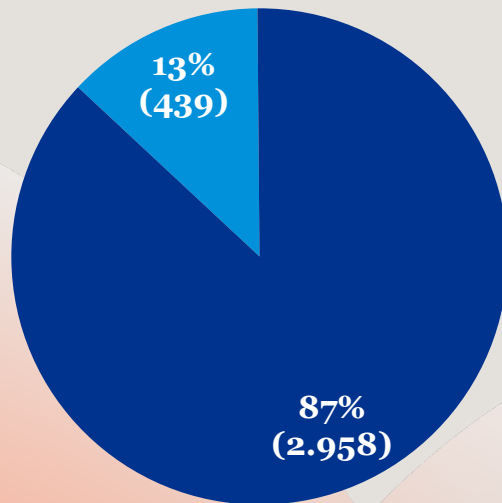
Since the launch of the survey in March, we have reached a total number of 3,397 answers (439 from Spain).



Data used for the analysis in Spain (13% of total responses) evidences that vast majority of respondents are women between 25 and 59 years old...

Sociodemographic data

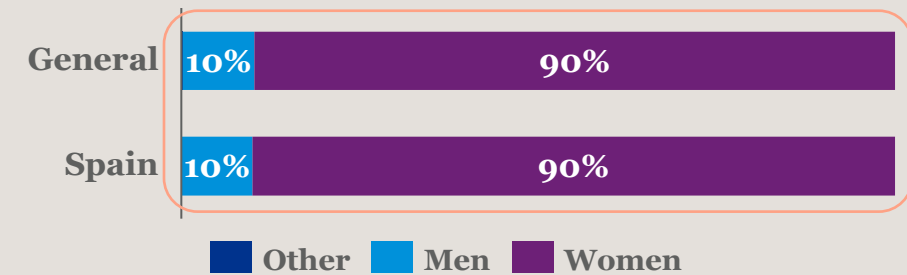
- At June 14th 2021, **3397 answered surveys** have been obtained by migraine patients from **41 different countries** (question 1.1).
- 13% of the responses** corresponded to **Spanish migraine patients**.



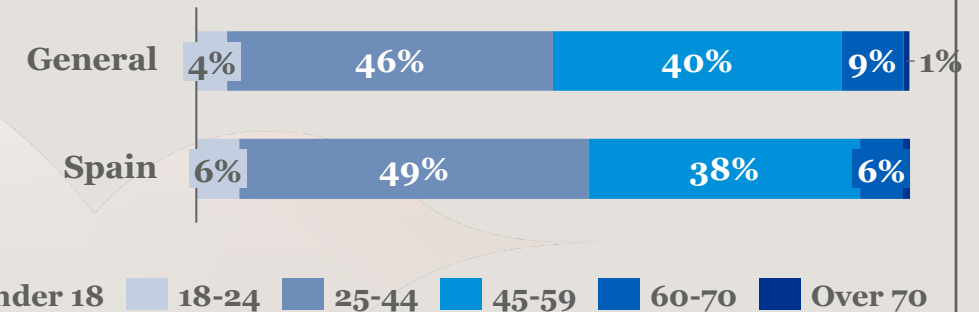
■ Spain ■ Other countries



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 (436 in Spain); sample size for question 1.3: 3354 respondents (435 in Spain).

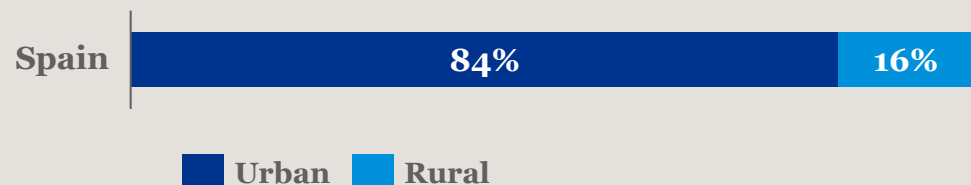


... from urban areas of residence, actively working and with lower family annual income than the rest of EU countries

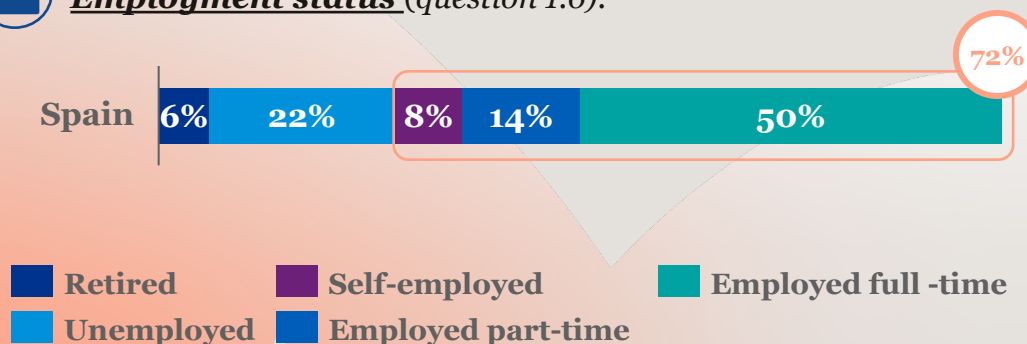
Sociodemographic data



Area of residence (question 1.4).



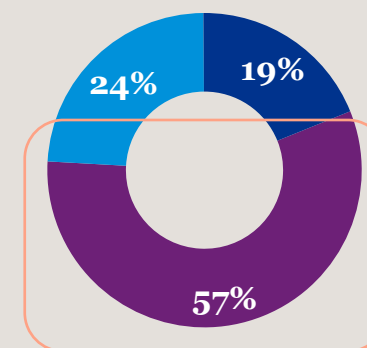
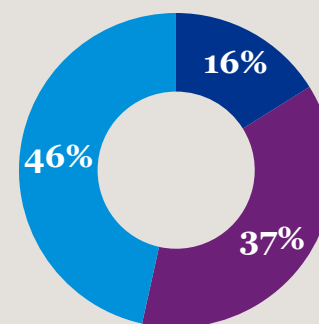
Employment status (question 1.6).



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

General

Spain

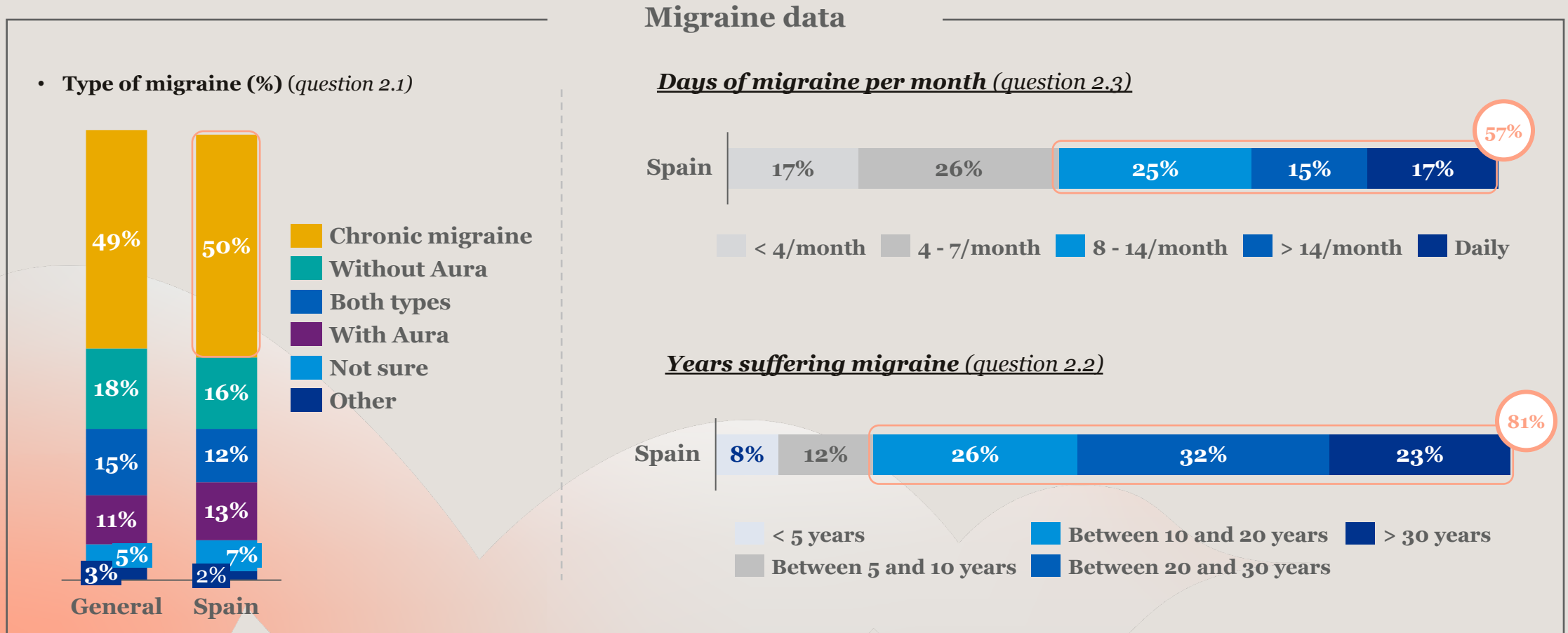


■ < 40K €/year ■ I prefer not to say
■ > 40K €/year

*Sample size for question 1.4: 3363 respondents (438 in Spain); sample size for question 1.6: 3266 respondents (436 in Spain); sample size for question 1.5: 3338 respondents (435 in Spain).



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



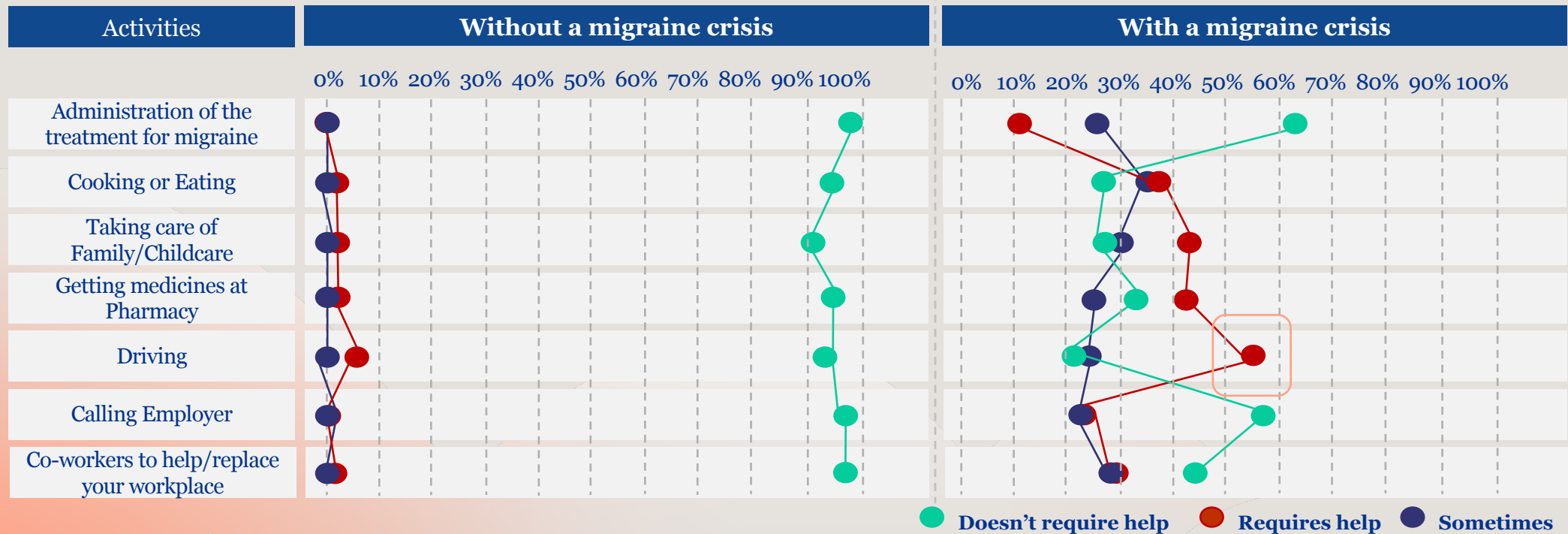
*Sample size for question 2.1: 2831 respondents (351 in Spain); sample size for question 2.3: 2831 respondents (351 in Spain); sample size for question 2.2: 2832 respondents (351 in Spain).



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

Migraine data

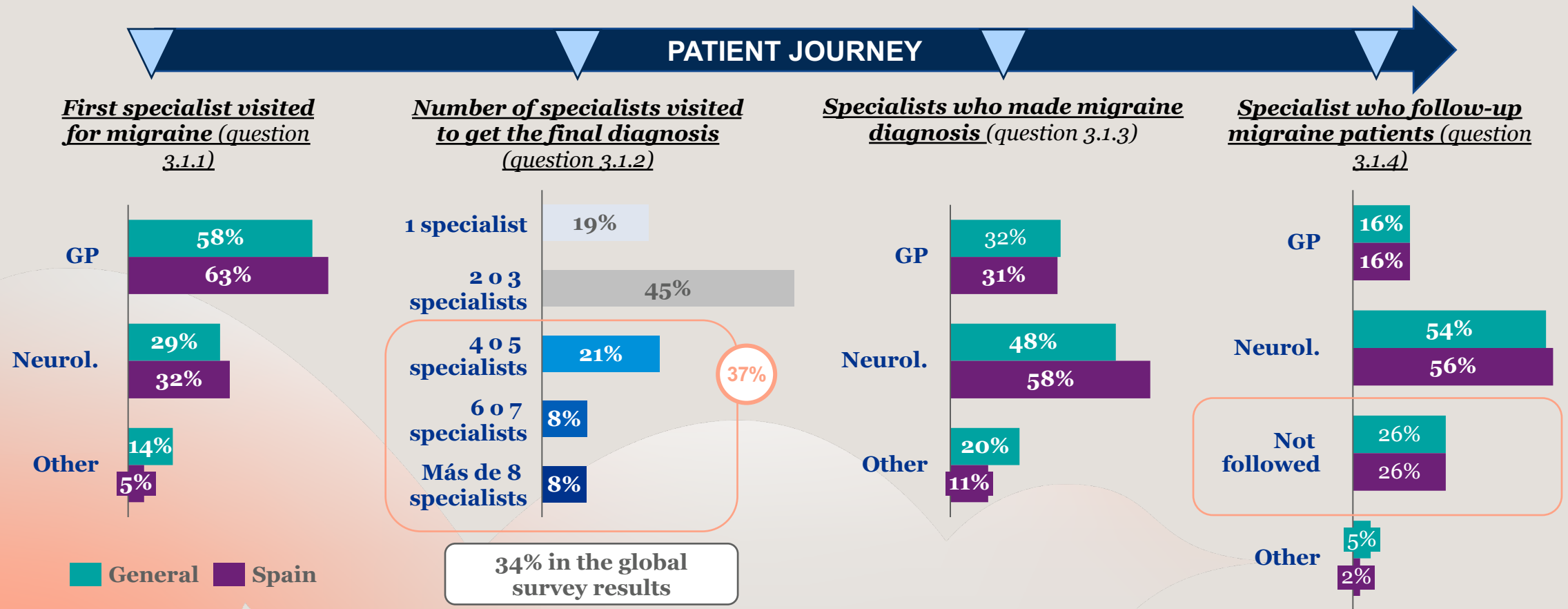
Help needed with migraine attack and without migraine attack, Spain results (question 2.4 and question 2.5)



*Sample size for question 2.4: 348 respondents in Spain; sample size for question 2.5: 339 respondents in Spain.



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



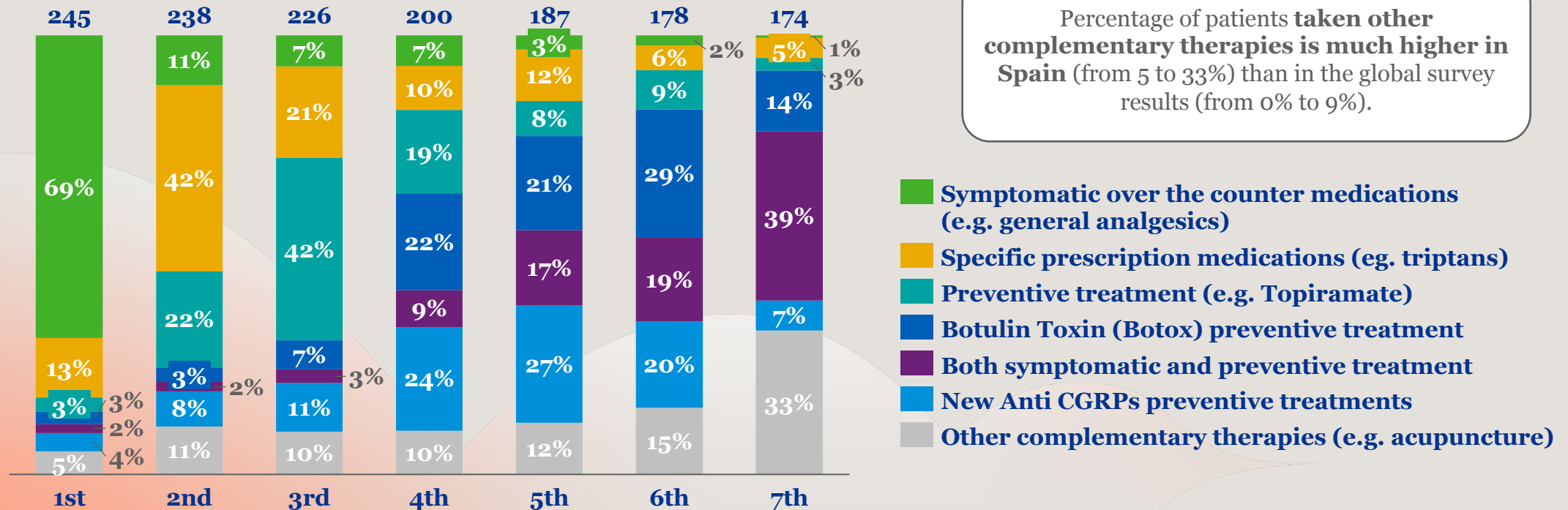
*Sample size for question 3.1.1: 336 respondents; sample size for question 3.1.2: 336 respondents; sample size for question 3.1.3: 335 respondents; sample size for question 3.1.4: 331 respondents.



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

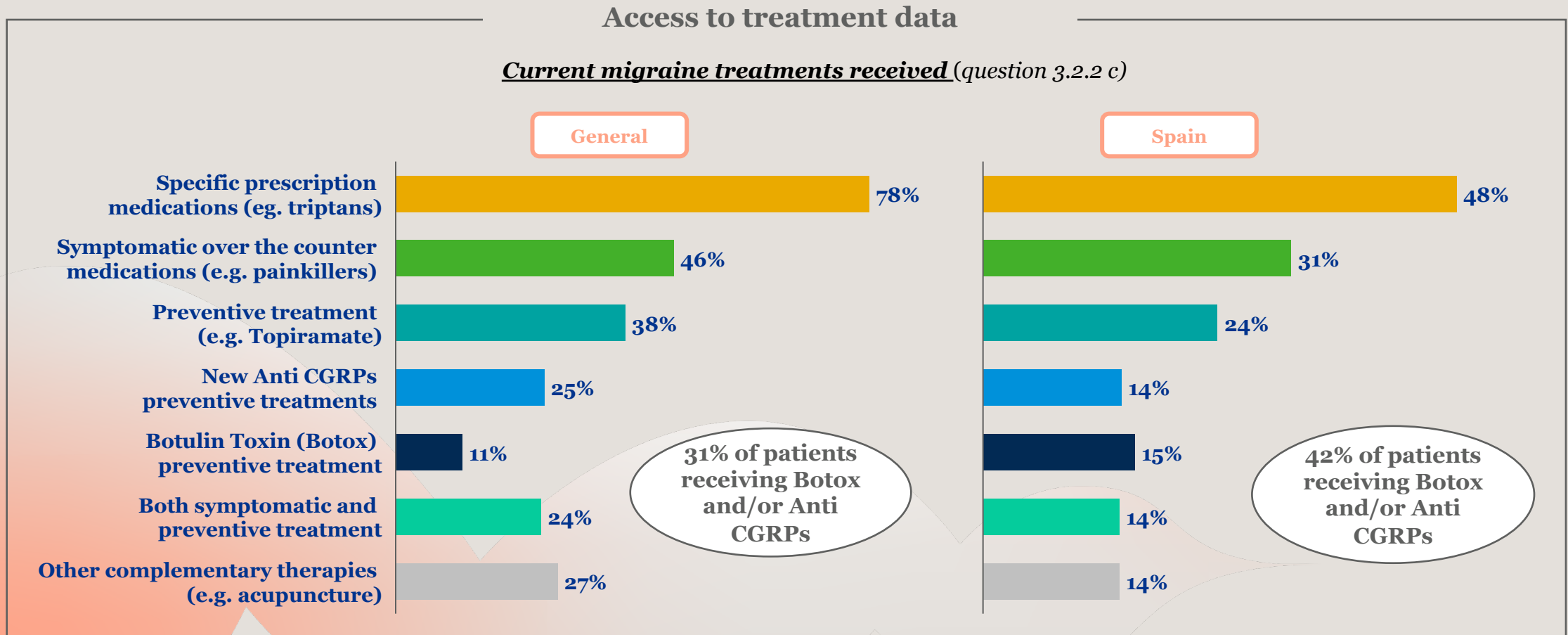
Treatments taken since diagnosis in Spain (question 3.2.2 b).



*Sample size for question 3.2.2 b: 241 respondents in Spain.



When assessing current treatment, we observe that triptans are widely used, and innovation (Botox and /or Anti-CGRPs) reaches 42% of patients in Spain

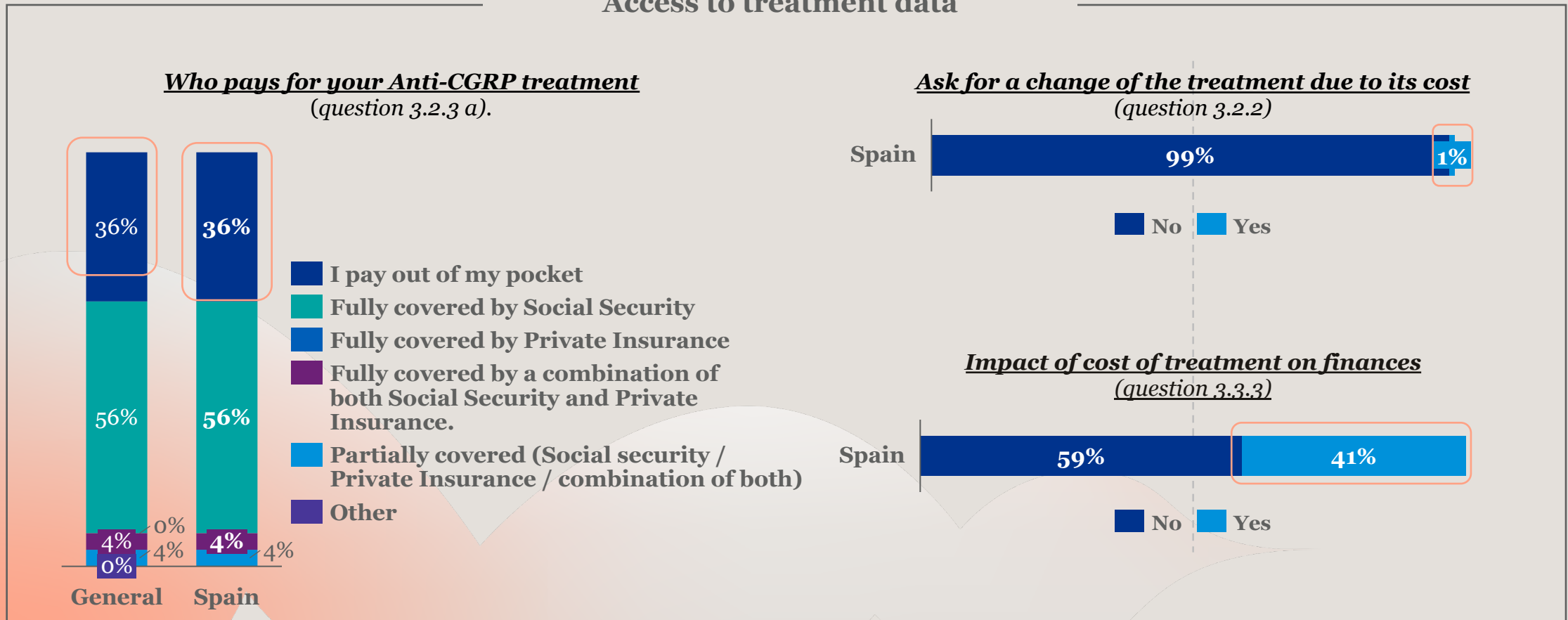


*Sample size for question 3.2.2 c: 2228 respondents in the global survey and 212 respondents in Spain.



Although 41% patients reported to have impact on their finances due to migraine treatment costs, just 1% asked for a treatment change

Access to treatment data



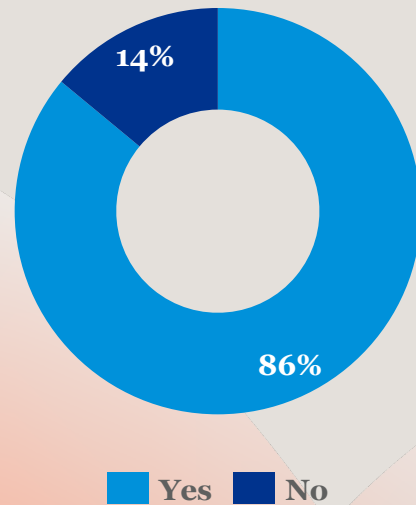
*Sample size for question 3.2.3 a: 430 respondents in general and 25 respondents in Spain; Sample size for question 3.2.2 a in Spain: 247 respondents; Sample size for question 3.3.3 in Spain: 300.



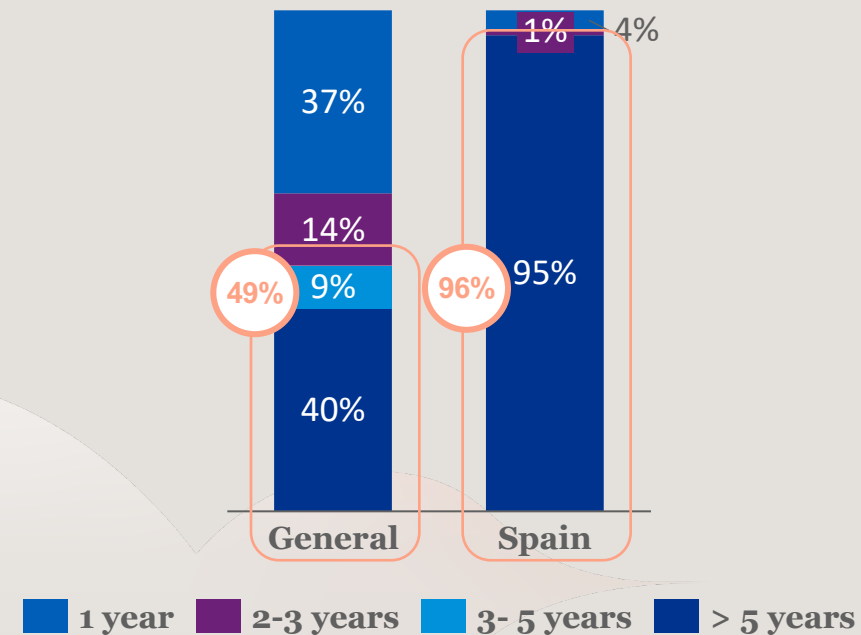
Almost 90% of patients are treated but time since diagnosis to treatment evidence remarkable difficulties to access to migraine treatments

Access to treatment data

Migraine patients treated in Spain (question 3.2.1).



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

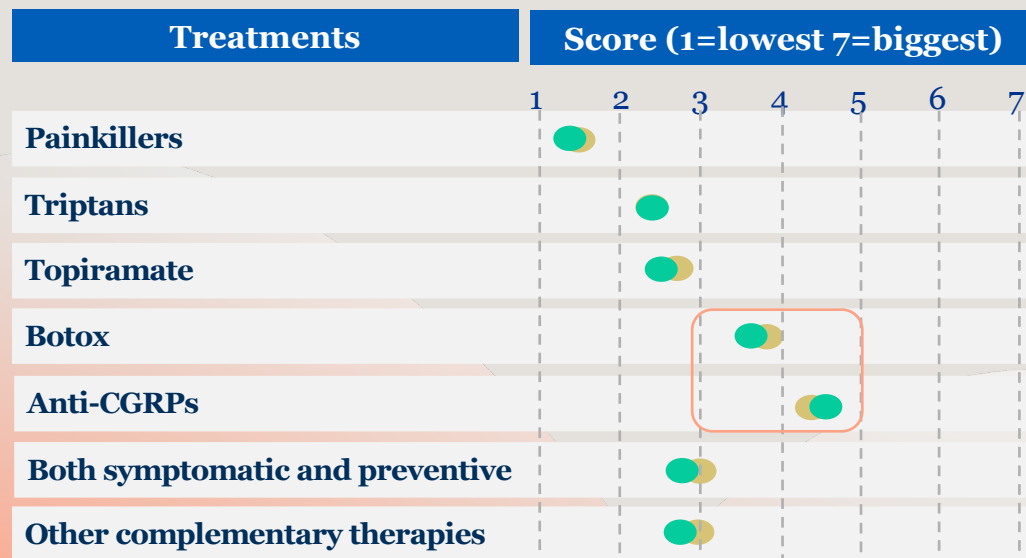


*Sample size for question 3.2.1 in Spain: 332 respondents; sample size for question 3.2.2 a: 1,951 patients (99 in Spain).

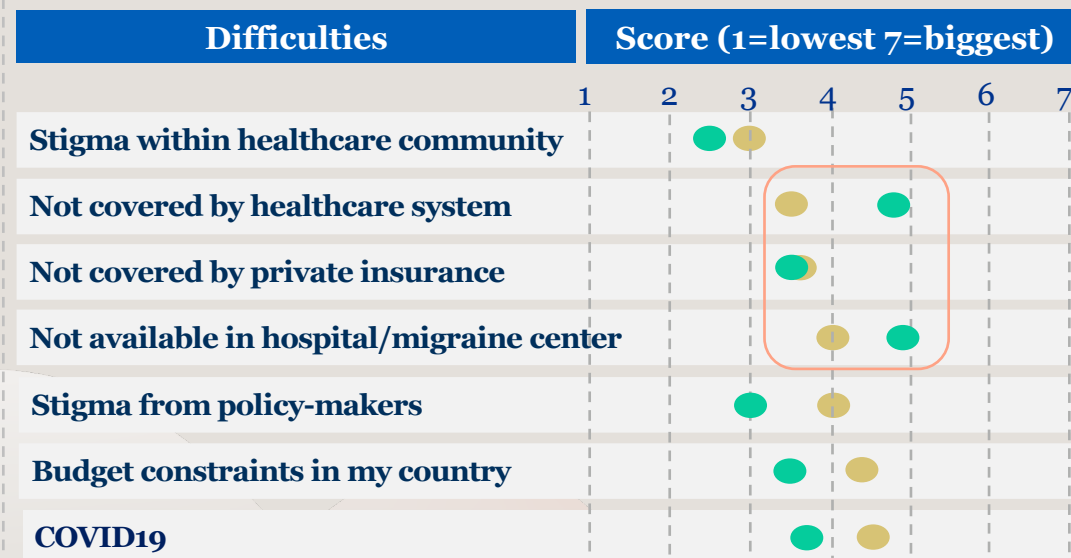
Anti-CGRPs & Botox are reported as the most difficult treatment to obtain, and main difficulties are that are not covered and the product is not available

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 ● Spain

*Sample size for question 3.2.5: 277 respondents in Spain; sample size for question 3.2.4: 262 respondents in Spain.

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

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 (**57%** reported family annual incomes **below 40K€** vs. 37% in the general analysis).
- 2 50% of respondents reported suffer **chronic migraine in Spain**. 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** (81% 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 General Practitioner in Spain** (63%). The main specialist who made **the diagnosis and the current follow up is also the Neurologist** (58% and 56% respectively). It is worth noting that **almost 27% of respondents are not being followed by any HCP in Spain**.
- 5 Although almost 87% of patients are treated, **time since diagnosis to treatment evidences difficulties to access to migraine treatments** (95% needed more than 5 years since diagnosis in Spain and 40% 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 (48% in Spain) followed by painkillers (31% in Spain), and the least used anti CGRPs (14% in Spain).
- 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.
- 8 Finally, **Botox and Anti-CGRPs have been identified as the most difficulties treatments to get access** in Spain and the main reasons for this difficulties reported have been: not covered by healthcare system and not available in hospital or migraine center.

Thank you