

# EMHA Access to Care survey findings in Latvia



**Elena Ruiz de la Torre**

Executive Director European Migraine and Headache Alliance (EMHA)



“Access to Care III” survey consisted on 39 items distributed in 4 dimensions and reached 3,397 total answers (268 from Latvia)



### 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

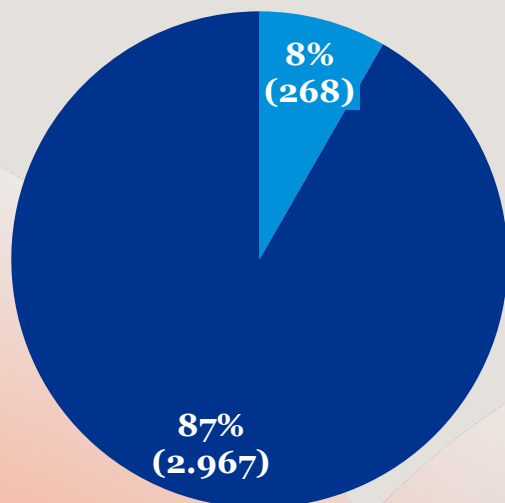
Since the launch of the survey in March, we have reached a total number of 3,397 answers (268 from Latvia).



Data used for the analysis in Latvia (8% of total responses) evidences that vast majority of respondents are women between 25 and 59 years old...

### Sociodemographic data

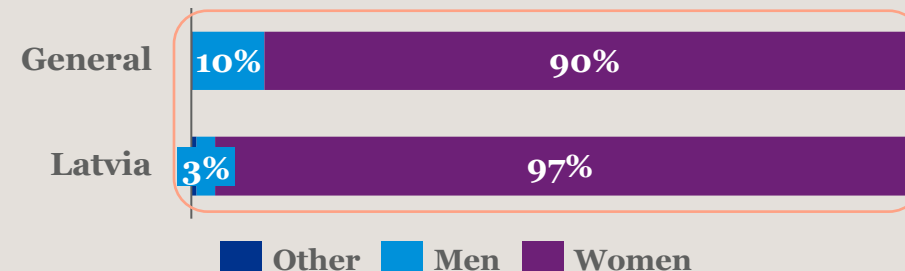
- At June 14<sup>th</sup> 2021, **3397 answered surveys** have been obtained by migraine patients from **41 different countries** (question 1.1).
- 8% of the responses** corresponded to **Latvian migraine patients**.



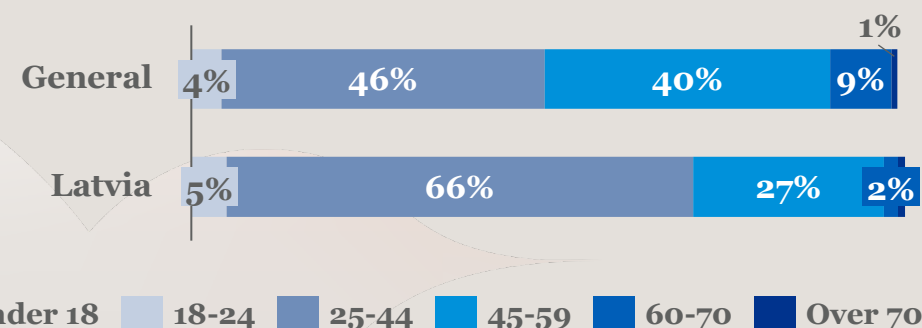
Latvia Other countries



#### 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 (268 in Latvia); sample size for question 1.3: 3354 respondents (266 in Latvia).

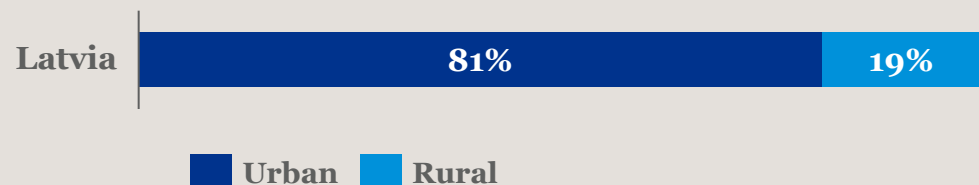


... from urban areas of residence, actively working and with much lower family annual income in comparison to the rest of EU countries

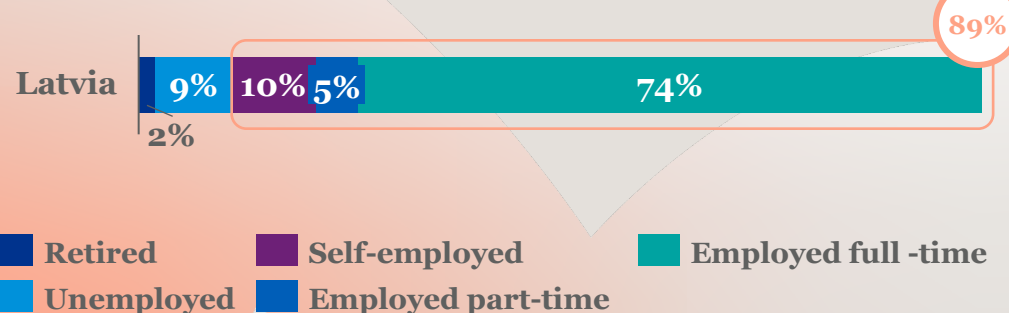
### Sociodemographic data



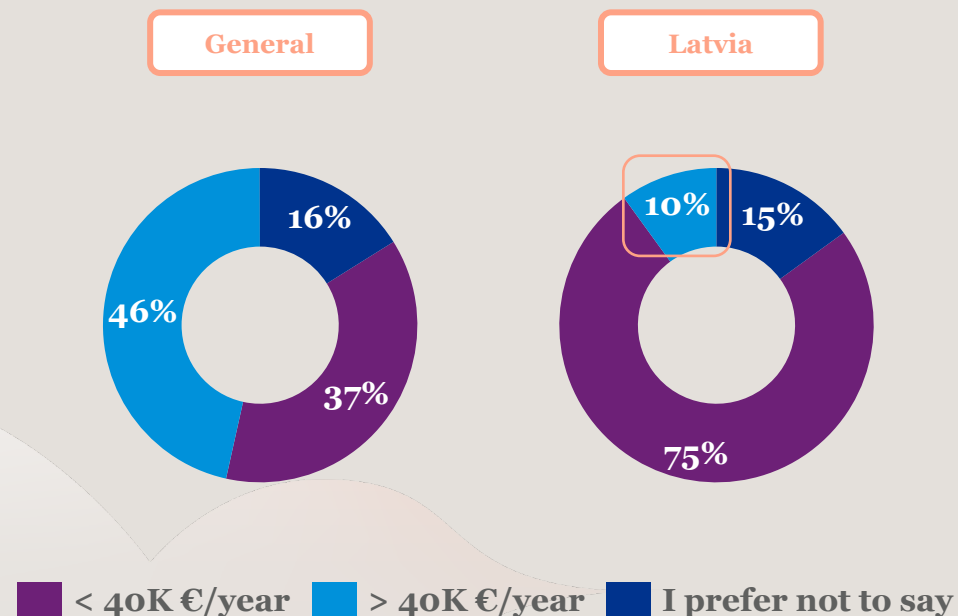
#### Area of residence (question 1.4).



#### Employment status (question 1.6).



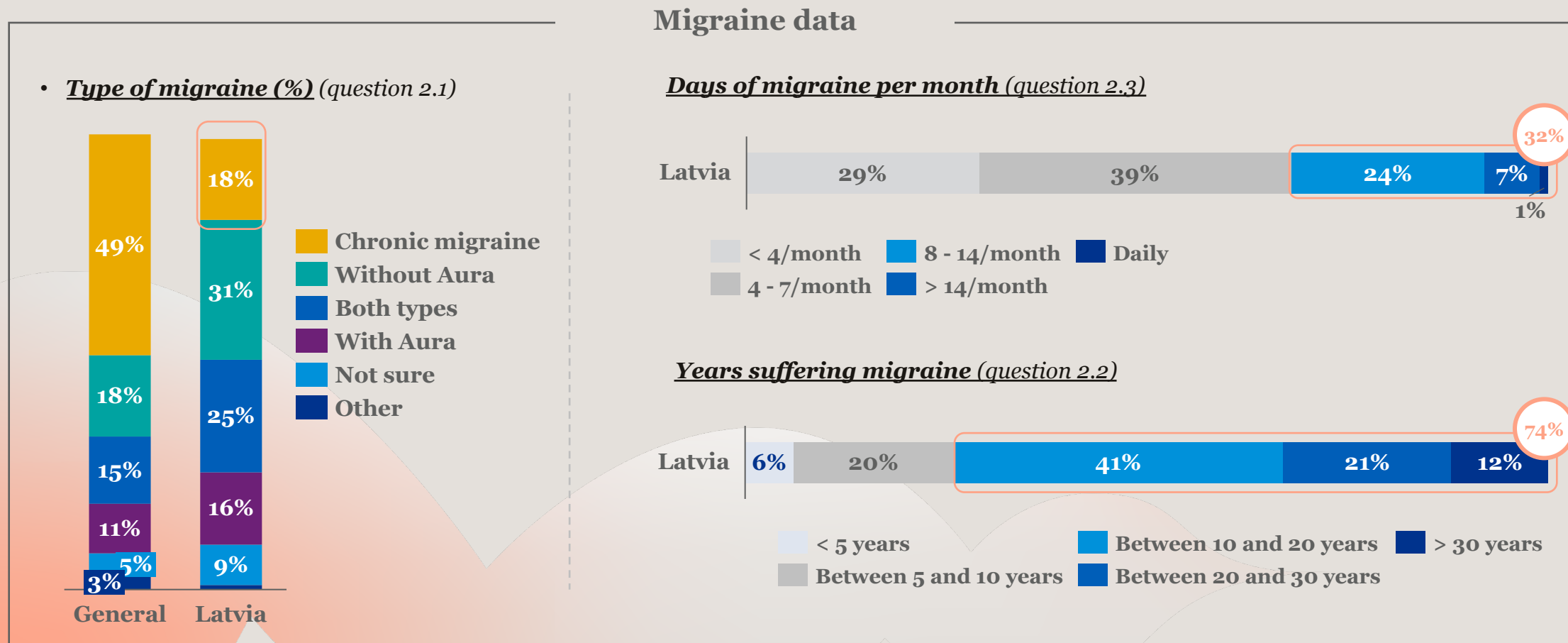
#### Range of family annual income per country (question 1.5 and 1.1.).



\*Sample size for question 1.4: 3363 respondents (265 in Latvia); sample size for question 1.6: 3266 respondents (266 in Latvia); sample size for question 1.5: 3338 respondents (266 in Latvia).



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



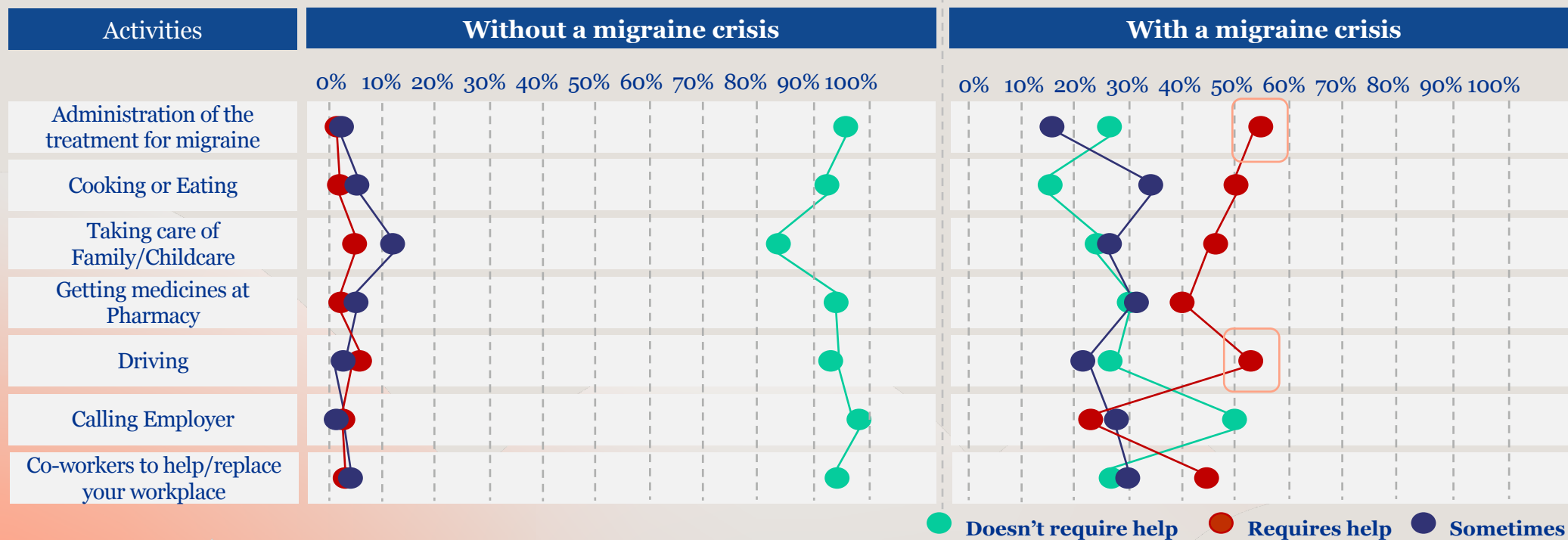
\*Sample size for question 2.1: 2831 respondents (246 in Latvia); sample size for question 2.3: 2831 respondents (246 in Latvia); sample size for question 2.2: 2832 respondents (246 in Latvia).



When patients suffer an attack, migraine is a disabling disease affecting daily activities such as driving or administering the treatment

### Migraine data

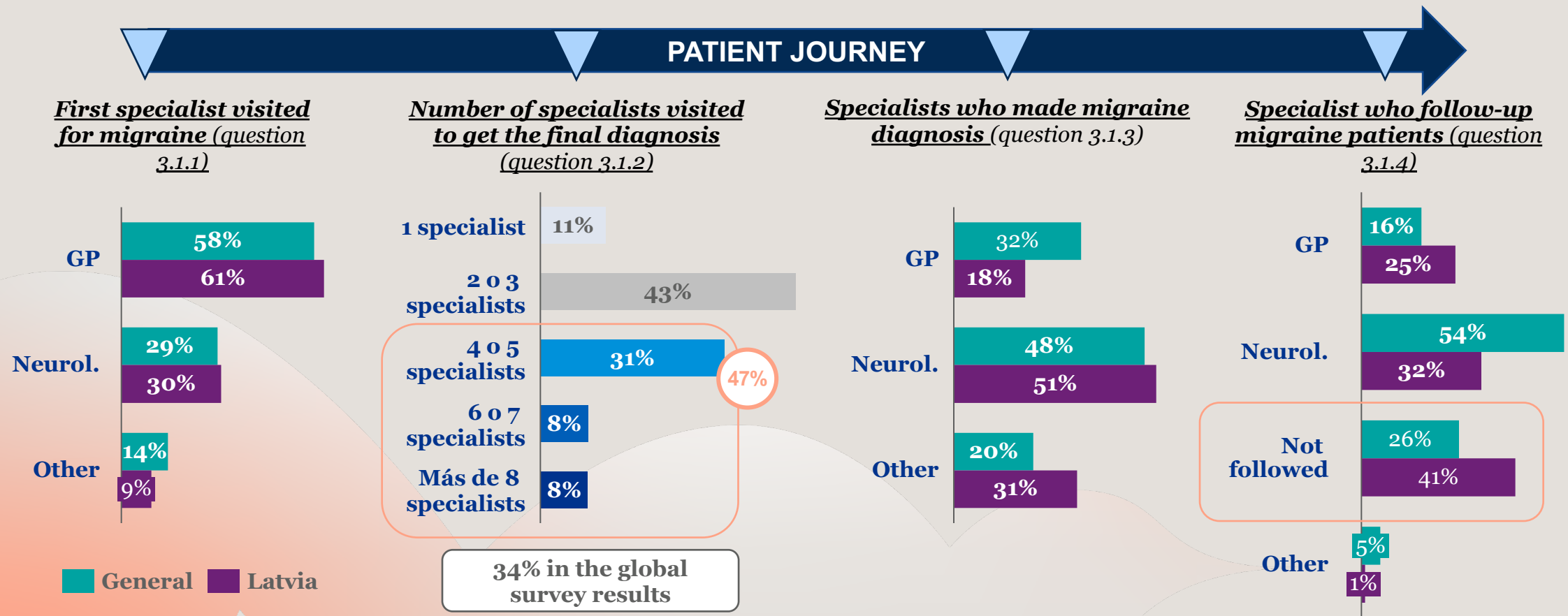
***Help needed with migraine attack and without migraine attack, Latvia results (question 2.4 and question 2.5)***



\*Sample size for question 2.4: 244 respondents in Latvia; sample size for question 2.5: 246 respondents in Latvia.



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



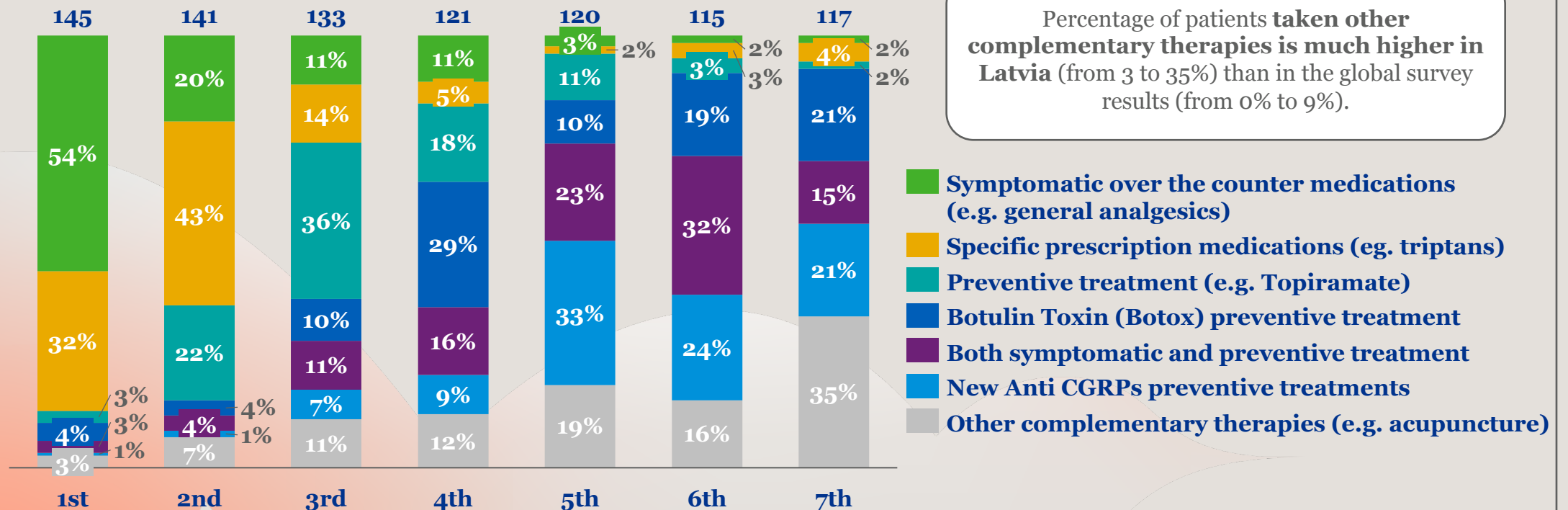
\*Sample size for question 3.1.1: 168 respondents; sample size for question 3.1.2: 169 respondents; sample size for question 3.1.3: 198 respondents; sample size for question 3.1.4: 167 respondents.



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 Latvia*** (question 3.2.2 b).

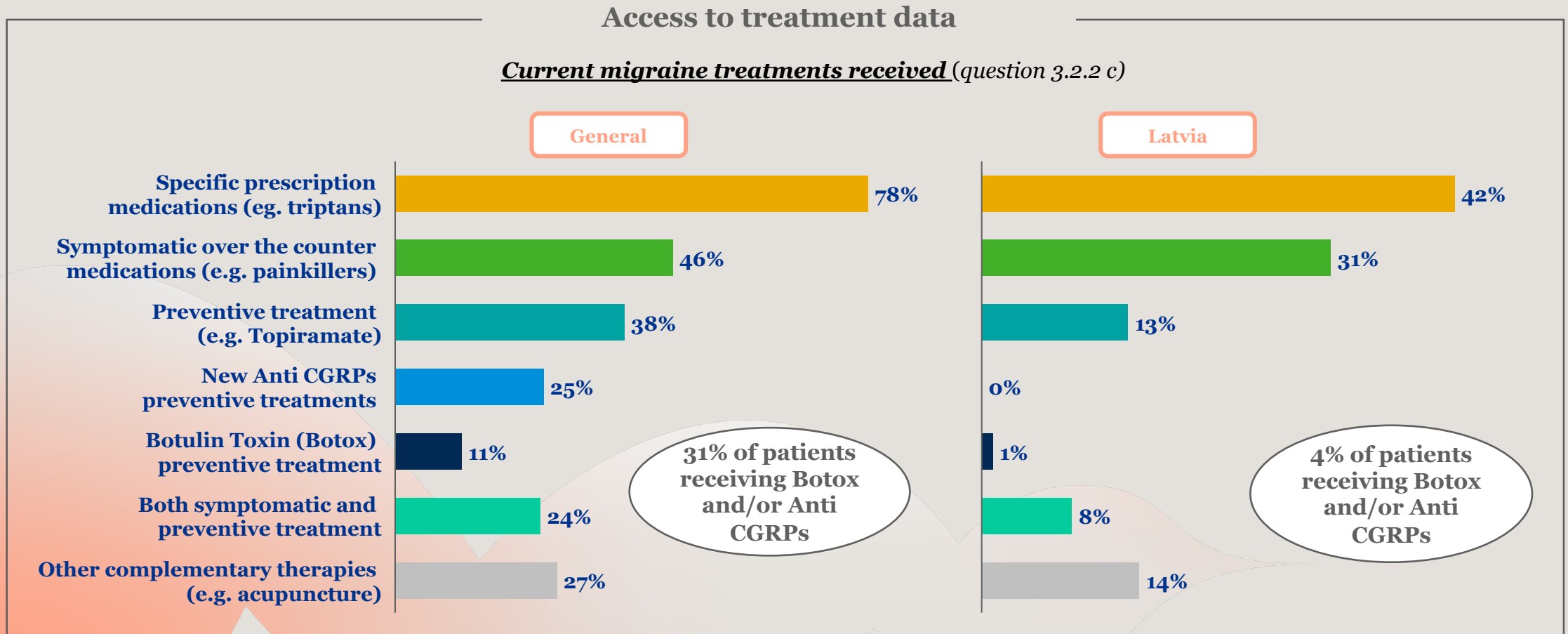


\*Sample size for question 3.2.2 b: 142 respondents in Latvia.





When assessing current treatment, we observe that triptans are widely used, and innovation (Botox and /or Anti-CGRPs) are only used by 4% of patients in Latvia



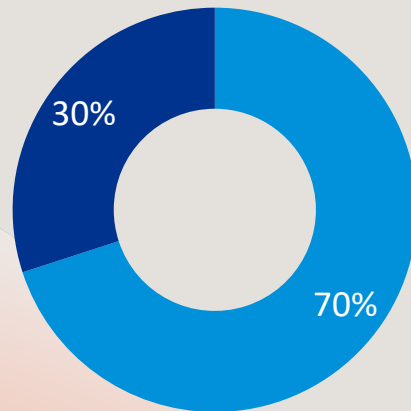
\*Sample size for question 3.2.2 c: 2228 respondents in the global survey and 130 respondents in Latvia.



Although 71% patients reported to have impact on their finances due to migraine treatment costs, just 30% asked for a treatment change

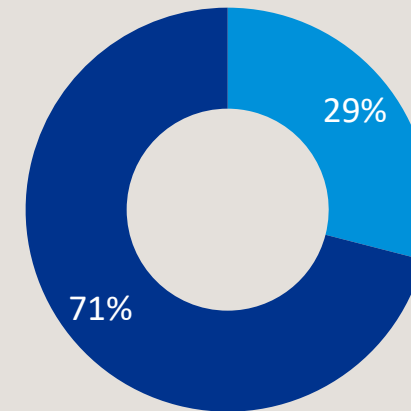
### Access to treatment data

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



■ No ■ Yes

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



■ No ■ Yes

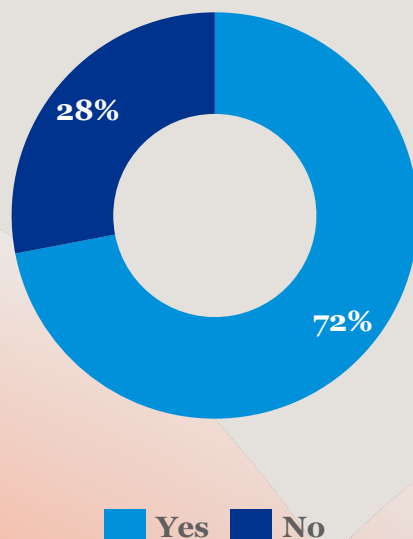
\*Sample size for question 3.2.2 a in Latvia: 157 respondents; Sample size for question 3.3.3 in Latvia: 157.



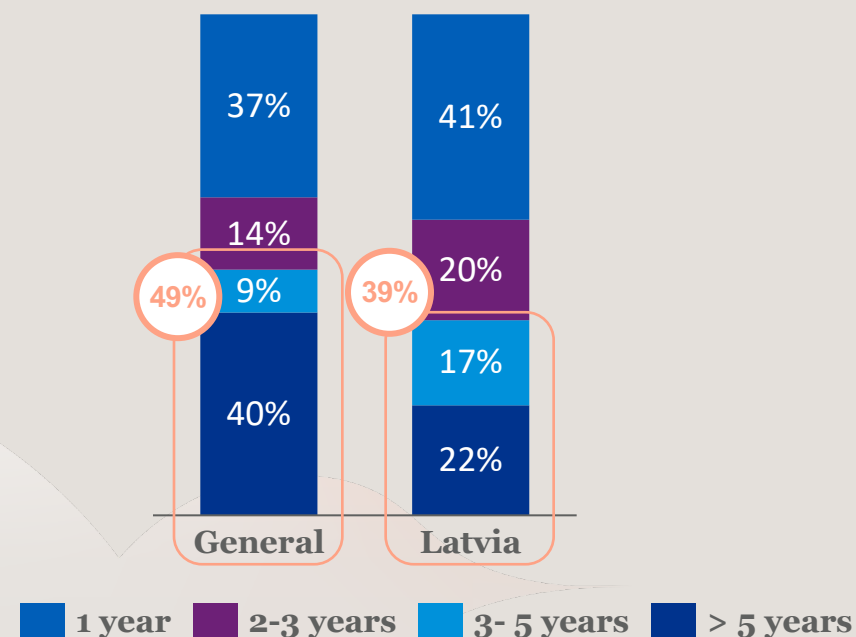
## Only around 72% of patients are treated, and the time needed to obtain treatments shows clear difficulties

### Access to treatment data

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



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



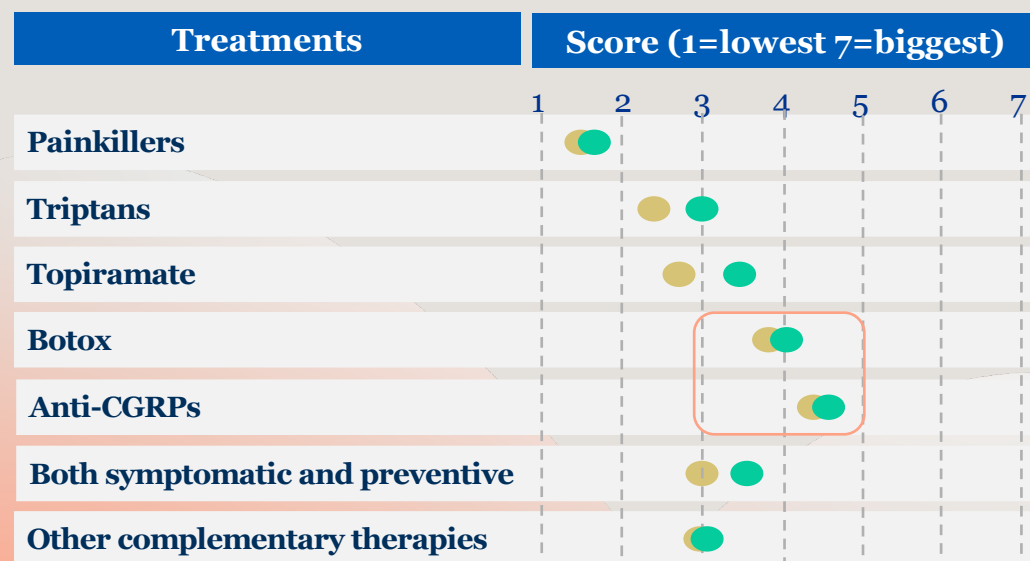
\*Sample size for question 3.2.1 in Latvia: 168 respondents; sample size for question 3.2.2 a: 1,951 patients (124 in Latvia).



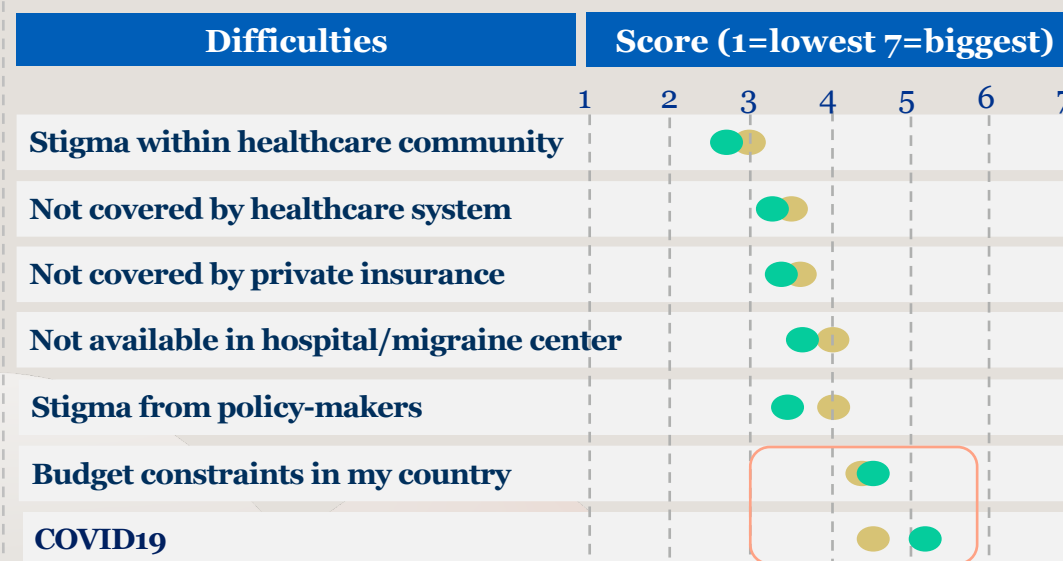
## Anti-CGRPs & Botox are reported as the most difficult treatment to obtain, and main difficulties are COVID-19 and budget constraints

### 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)



● Global survey results ● Latvia

\*Sample size for question 3.2.5: 138 respondents in Latvia; sample size for question 3.2.4: 171 respondents in Latvia.



## Summary of the “Access to Care III” survey results for Latvia (I)

### Main conclusions

- 1** Majority of respondents are **women between 25 and 59 years** old, actively working and with **way low family incomes** in comparison to the total survey results (75% reported family annual incomes below 40K€ vs. 37% in the general analysis).
- 2** 18% of respondents reported suffer **chronic migraine in Latvia**. Main indicators related to the type of migraine evidence that respondents are, in average, **patients suffering from severe migraine** (32% with more than 8 days of migraine/month) **for many years** (74% respondents suffer migraine for more than 10 years).
- 3** Patients reported that migraine affects their daily activities when suffering attacks, being **driving and the administration of the treatment the more critical**.
- 4** **First visited specialist is the G.P in Latvia** (61%). The main specialist who made **the diagnosis and the current follow up** is the **Neurologist** (51% and 32% respectively). It is worth noting that **almost 41% of respondents are not being followed by any HCP in Latvia**.
- 5** Only **72%** of patients are being **treated**, and the **time required to access migraine treatments** evidences **difficulties**, although it is less than the obtained in the global survey (**39% needed more than 3 years since diagnosis** in Latvia and 49% in global results).
- 6** Since diagnosis, the **first treatments received are generally analgesics followed by triptans**. The **last prescribed are Anti CGRPs**. Currently, the main treatments used are triptans (42% in Latvia), and the least used Anti CGRPs (0% in Latvia).
- 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 had been identified as the most difficult treatments to get access** in Latvia and the main reasons for these difficulties reported have been COVID-19 and budget constraints in their country.

Thank you