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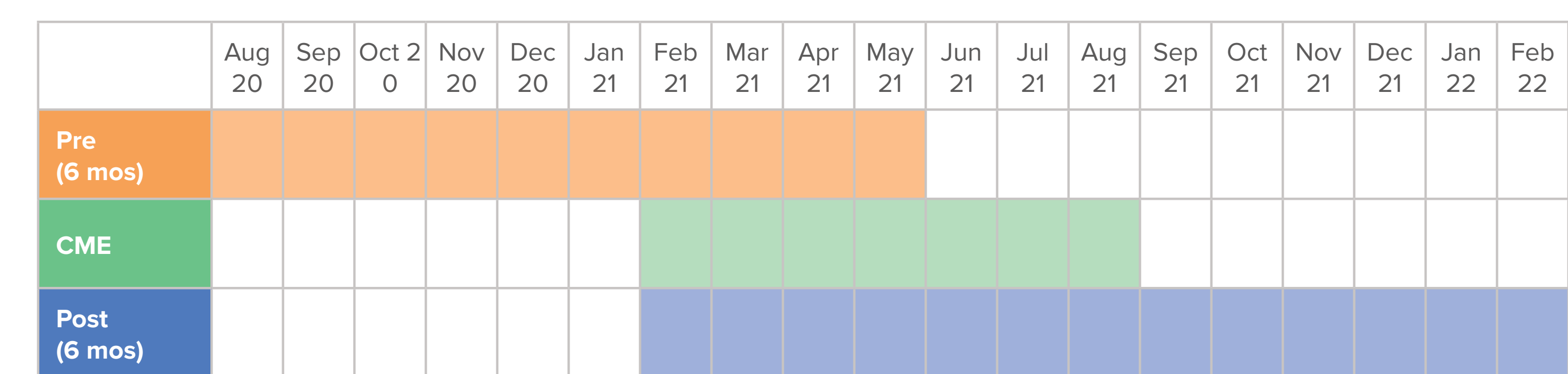
BACKGROUND

Migraine is a severe, disabling neurologic disorder that affects at least 14% of adults in the United States and significantly affects health-related quality of life (QoL).^{1,2} Over half of patients with migraine suffer from clinical manifestations of the condition for more than 5 years before they are diagnosed, with an additional 30% suffering for 1 to 5 years before they are diagnosed.^{3,4} Clinicians are unaware of the latest clinical data pertaining to anti-calcitonin gene-receptor peptide receptor (CGRP) monoclonal antibodies (mABs), which are being successfully used to prevent migraine with and without aura, which contributes to their ability to identify and personalize preventative migraine therapy.

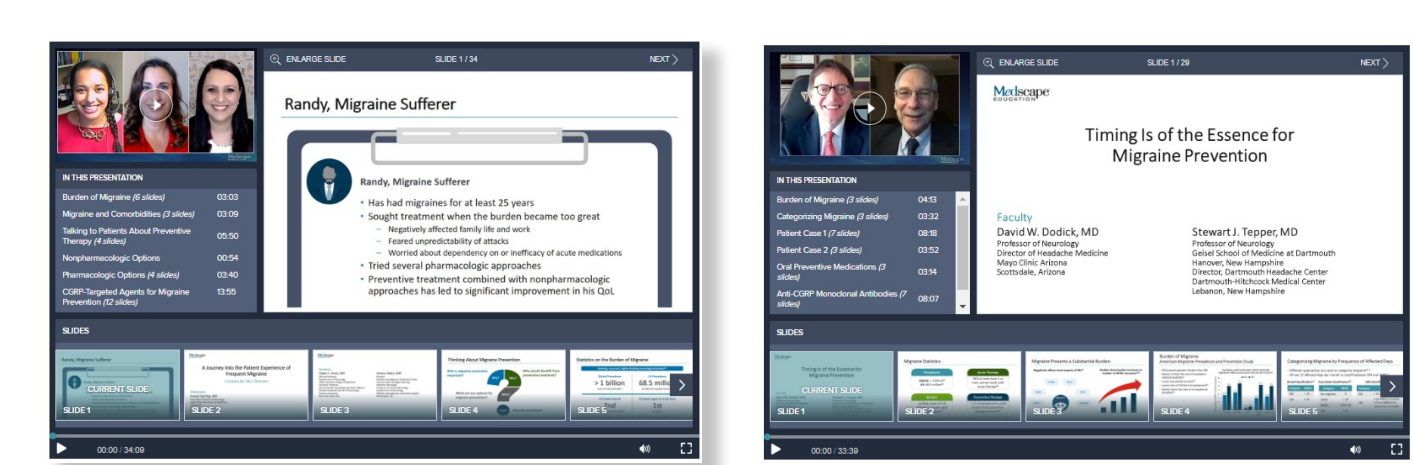


METHODS

STUDY DESIGN:

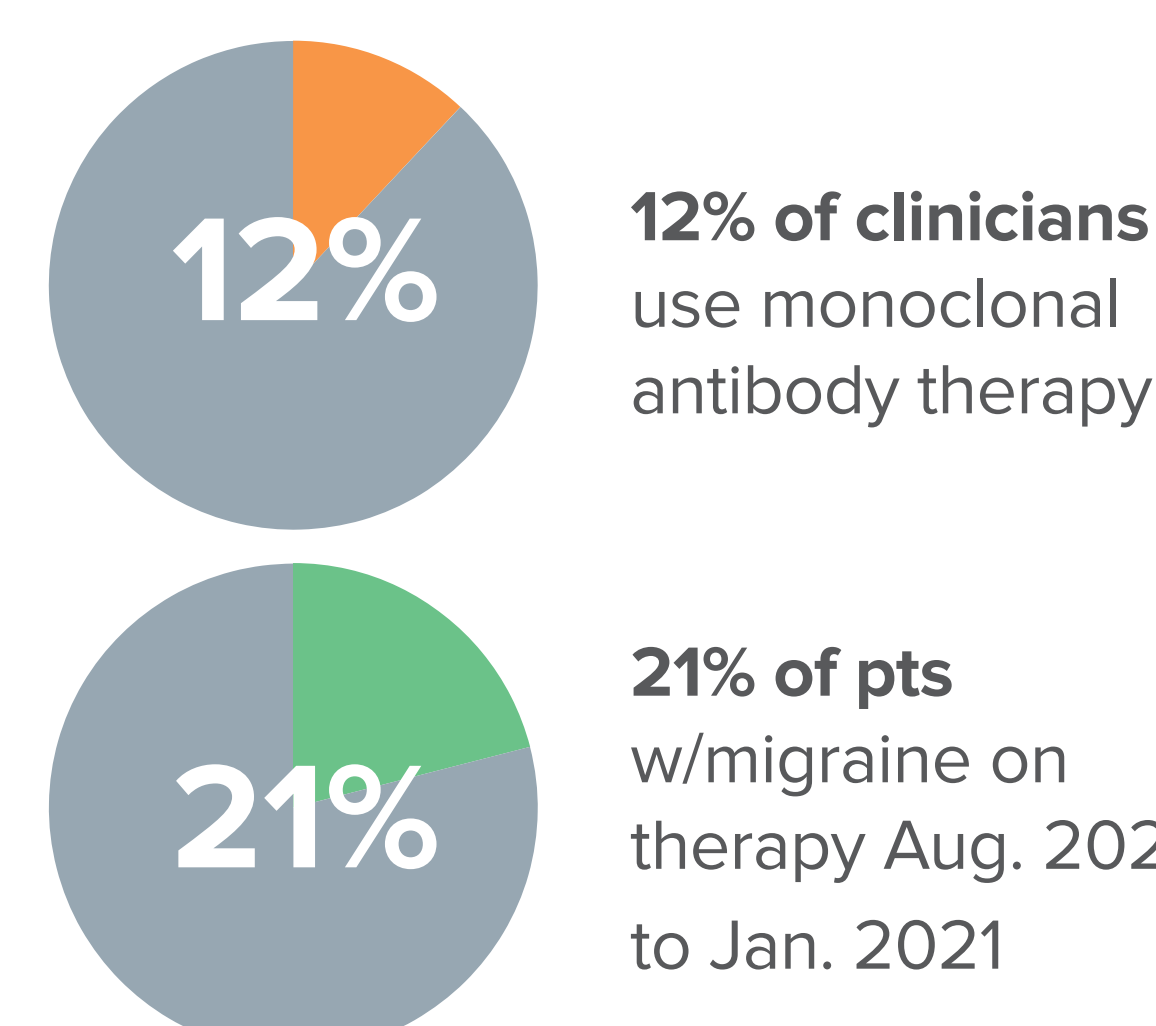


3,551 US Physician & NP Learners
Feb 2021 to Aug 2021



309 were in top 5 deciles of migraine treaters and had patients who met study inclusion
2 visits with migraine and on migraine treatment in the baseline period

POPULATION STATS:



222 Treaters in Control
Case Matched on patient load, use of oral preventive therapy, TRx, Prof, Spec, Zip2

- n = 4,299 patients w/migraine
- 17% neurology, 36% PCP, 47% other

222 Treaters in Intervention
Had complete 6mos data pre/post

- n = 5,572 patients w/migraine
- 17% neurology, 36% PCP, 47% other

RESULTS

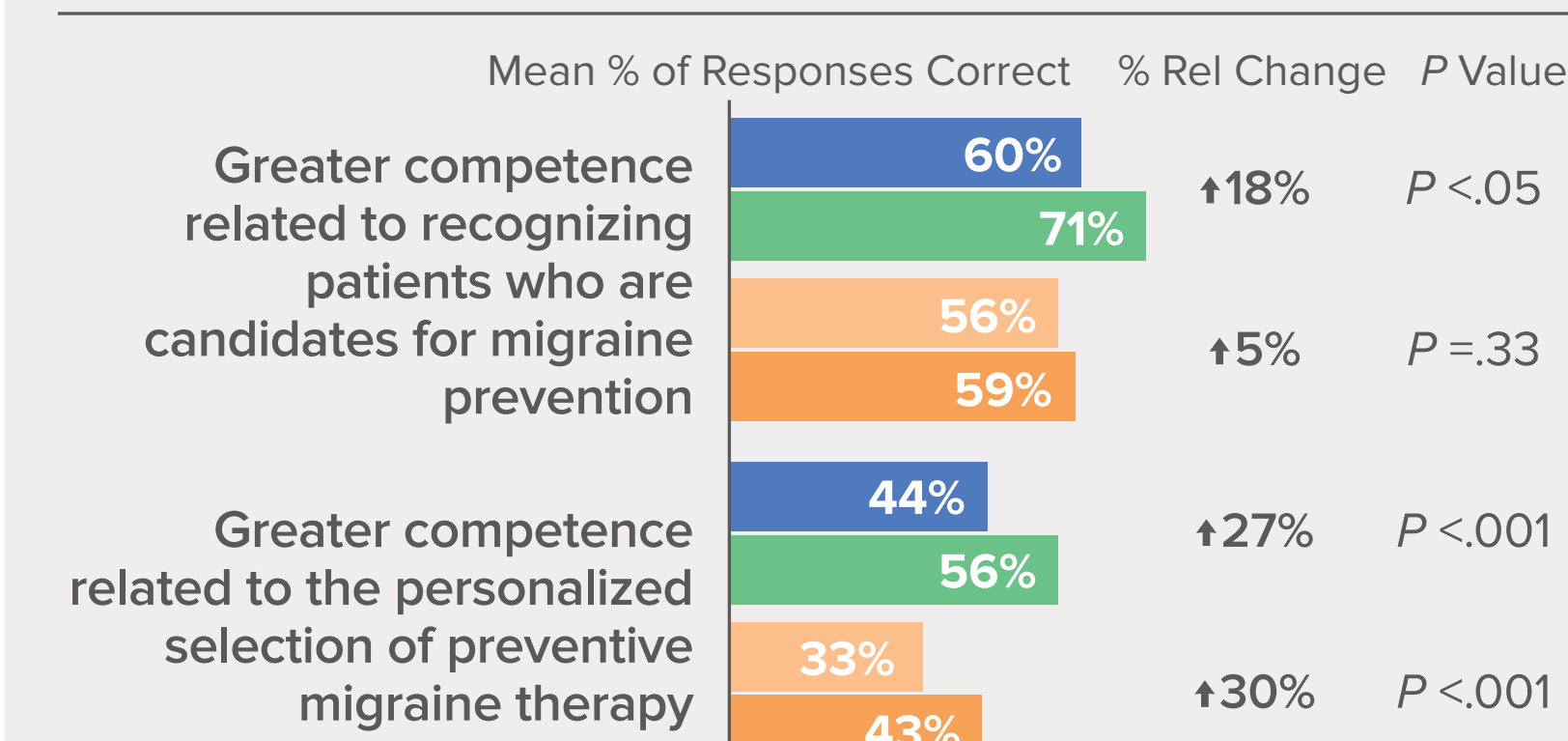
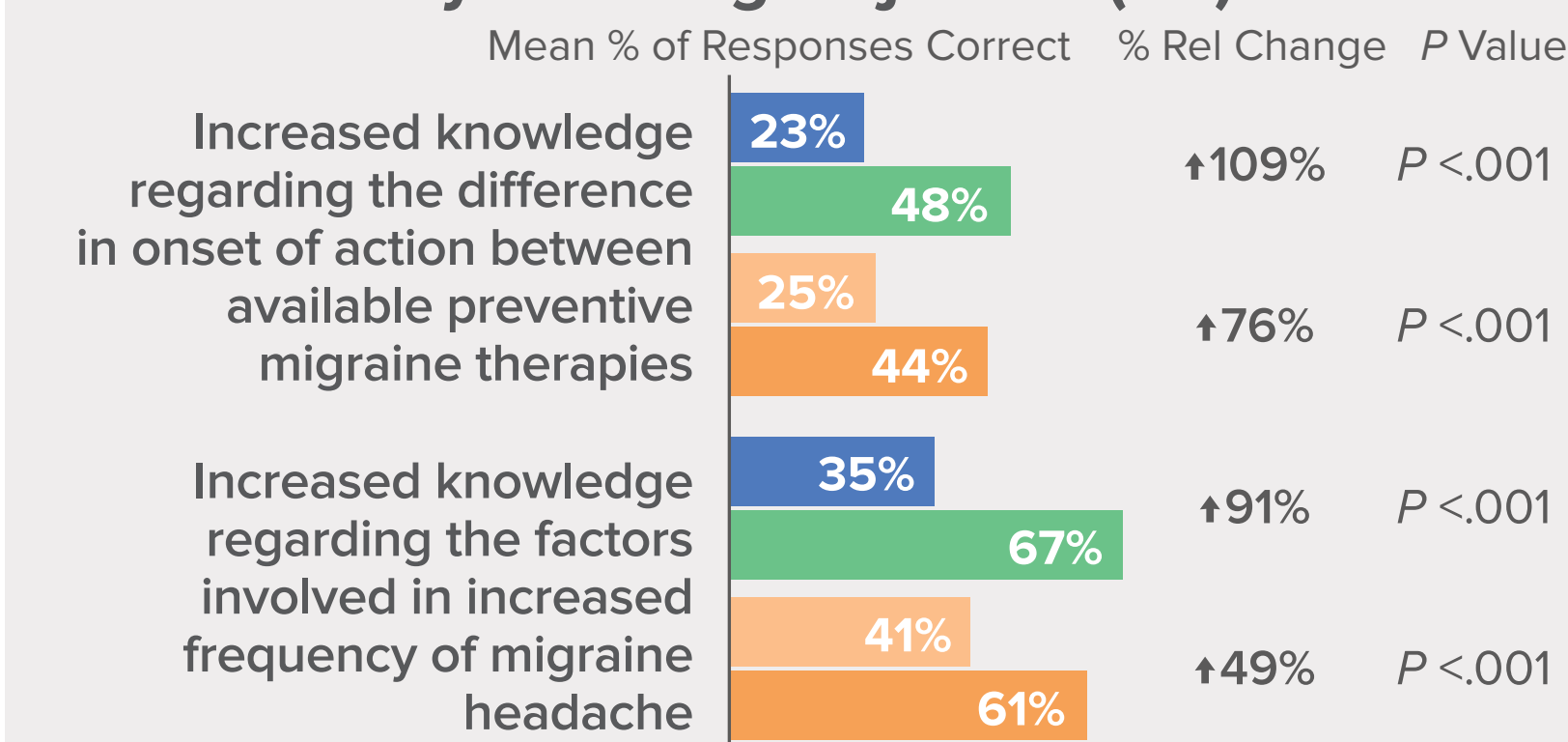
TOPIC: PREVENTIVE TREATMENTS FOR PATIENTS WITH MIGRAINE

EDU INTERVENTION

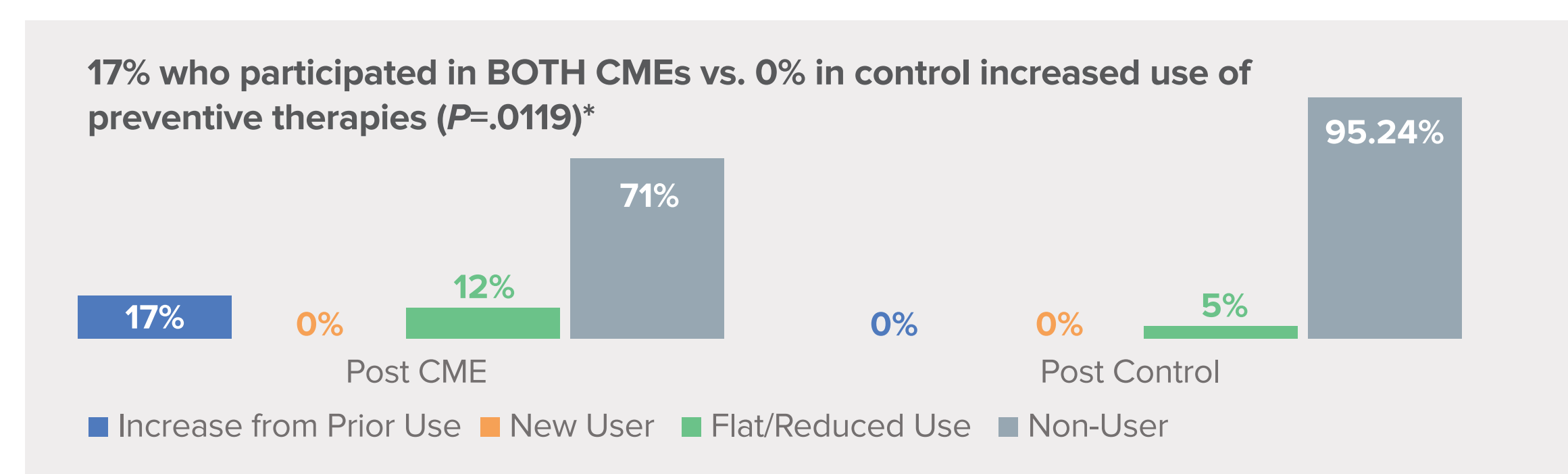
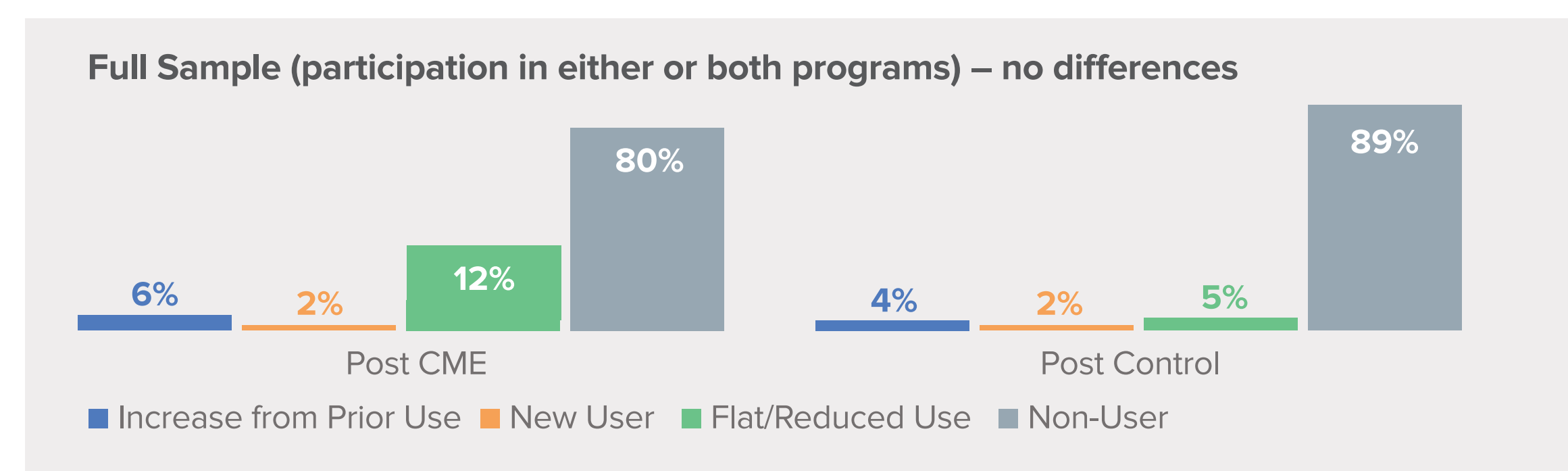
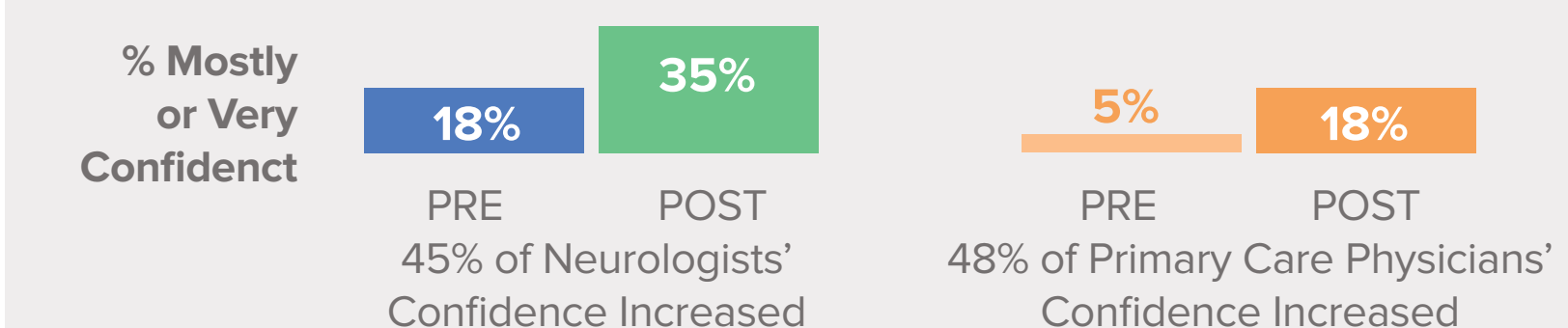
2 Video Faculty Case-Based Discussions launched Feb and March 2021:

- Differentiate in onset of action between available preventive migraine therapies
- Recognize patients who are candidates for migraine prevention
- Personalize selection of preventive migraine therapy

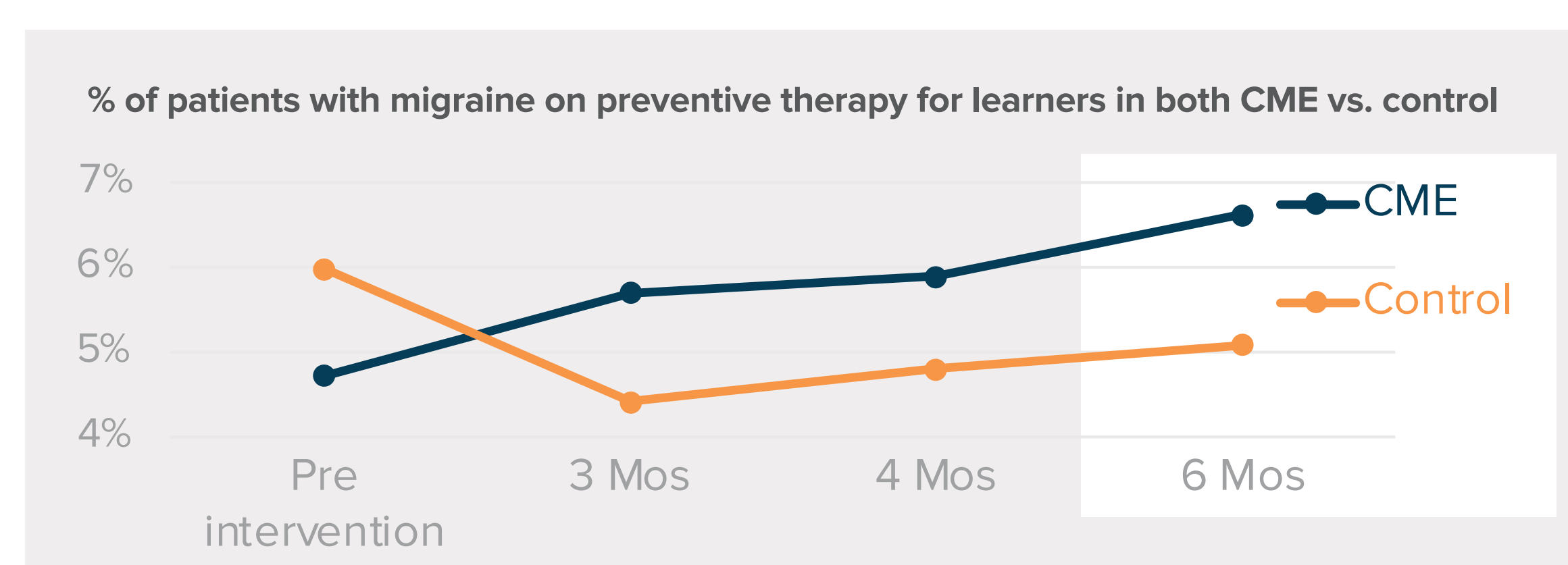
Outcomes by Learning Objective (LO)



Confidence personalizing preventative therapy selection for patients with migraine



40% more patients with migraine received preventive therapy after clinician participated in BOTH program at 6 mos** (P = 0.0374 in test vs. control)



Data collected Aug 2020-Jan 2022; 222 intervention (top 5 deciles in migraine claims) and 222 control clinicians who treat patients for migraines; 84 in both program sample

*Fisher's exact test, **General linear modeling at 6 mos post

REAL WORLD RESULTS IN MIGRAINE: CME PARTICIPANTS VS. NON-PARTICIPANT MATCHED COMPARISON

Link with Confidence
1.86x more patients with migraine who receive preventive migraine therapy when physicians are confident post CME (P < .05)*

4.71 patients on preventive therapy (confident) vs. **1.65 patients** (not confident)

Increased Selection for Those Participating in Both Programs

17x more MDs had more patients with migraine who received preventive therapy (P < .05)**

17% (CME) vs. 0% (Control)

More Patients Receiving Treatment

30% more patients received preventive therapy at 6mos post-CME; Δ significantly greater in CME group (P = .0374)***

4.71% to 6.62% (post CME) vs. **5.98% to 5.08%** (post Control)

*Linear regression; confident is value of 4 or 5 at post-CME on scale of 1 to 5; n=140, **Fisher's exact test, ***General linear modeling; n=42 control; n=42 CME, controlling for patient volume and prior use of CGRP

NOTE: in the 6 mos following education (n=222 test/222 control); Data from Aug 2020 – Jan 2022

NOTE: preventive migraine therapies include: Erenumab (Aimovig), Galcanezumab (Emgality), Eptinezumab (Vyepti), Fremanezumab (Ajovy)

CONCLUSIONS

1. Self-efficacy, or confidence, is associated with real world practice that is claims-based (objective, not self-reported) in a population of learners who treat migraine. This is meaningful because it establishes that this construct that we regularly measure in our activities is associated with practice in the real world.

2. Participation in one 30-minute video-based discussion about migraine treatment was not associated with a meaningful change in clinical practice. Not all activities result in statistically meaningful practice changes.

3. But, participation in both 30-minute video-based discussions which covered both knowledge- and competency-based learning objectives was associated with meaningful change in clinical practice

ACKNOWLEDGEMENTS

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