

Migraine Matters

Why we should care

What we can do

Dr Elizabeth Leroux, MD, FRCPC Brunswick Medical Center Benefits Canada Meeting, 2022

### Disclosures

- Allergan/Abbvie: advisory board, speaker
- Aralez/Tribute: advisory board, speaker
- Eli Lilly: advisory board, speaker
- Lundbeck: advisory board, speaker
- McKesson: consultant
- Medscape: speaker
- Novartis: advisory board, speaker
- Teva: steering committee, advisory board





### Melanie, 34

- Is struggling with migraine
- Coworkers know when she's in a migraine state
- Was missing 1-2 days per month or leaving early
- Recently went to the Emergency for a prolonged attack
- Now is wondering if she needs a medical leave
- Her mood is low
- Her physician does not seem very proactive

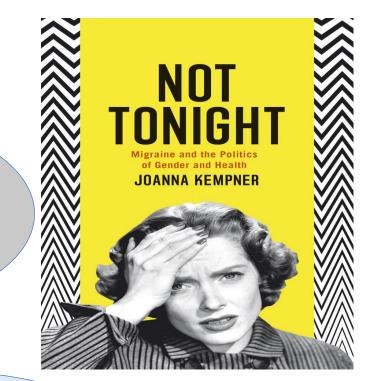
### Is it all in our heads?



Does Melanie have a **real** health issue?

### Stigma and Myths

Have you tried...
drinking water and salt?
Advil?





It must be the chocolate or the chinook





Manage your stress my dear

## Migraine attack: More than a Headache

Vomiting

Nausea

Photophobia

Osmophobia

Movement hypersensitivity



Headache

Neck stiffness

Vertigo

Cognitive difficulties

Aura (visual loss)



1st

The most prevalent neurological disorder

2nd

The leading cause of global disability

3rd

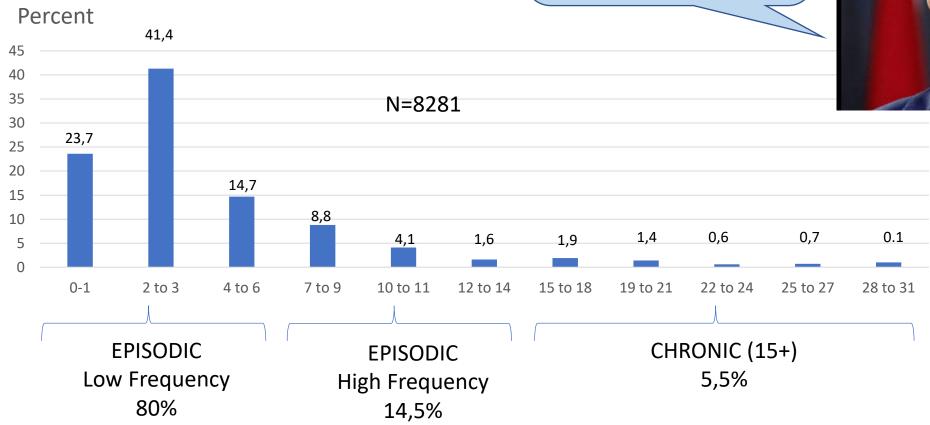
The most prevalent medical illness

Disability Class	Conditions W Organization		n
I	Burn scar	Parasitic ir	nfection
II	Asthma	Incontiner	nce
III	Angina arthritis	HIV Rh	eumatoid
IV	Heart failure	Parkir	ison
V	Bipolar disease Mild mental retardation		
VI	AIDS Alzhe	mer	
VII	Acute psycho Severe migrai		ıadriplegia

# Migraine is frequent, with a continuum of severity

Did you say 12-15% of the population?





Blumenfeld AM, et al. Disability, HRQoL and resource use among chronic and episodic migraineurs: results from the International Burden of Migraine Study (IBMS). Cephalalgia. 2011;31(3):301-15.

Serrano D, et al. Fluctuations in episodic and chronic migraine status over the course of 1 year: implications for diagnosis, treatment and clinical trial design. J Headache Pain. 2017;18(1):101.

# Migraine is invisible on CT scans and MRIs

Computer
Visibly broken
Hardware



Brain tumour Visible on imaging

Computer seems normal Software





Chronic migraine Normal CT

# The causes of migraine in 2022 It is a NEUROLOGICAL disease

#### **Chemistry**

### **GENES**

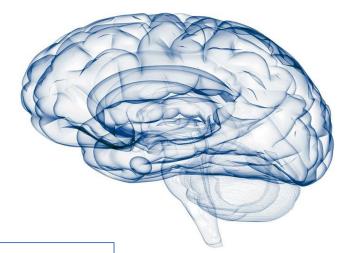
Blood vessels and neurons Neurotransmitters, ion channels

#### **PEPTIDES**

Neurogenic Inflammation CGRP, PACAP, VIP

#### SEROTONIN METABOLISM

Low between attacks



#### **Electricity**

#### **ELECTROPHYSIOLOGY**

Low habituation to stimuli (visual, auditive, sensory)

#### **ACTIVE BRAIN ZONES**

Hypothalamic / trigeminal Connection during attack

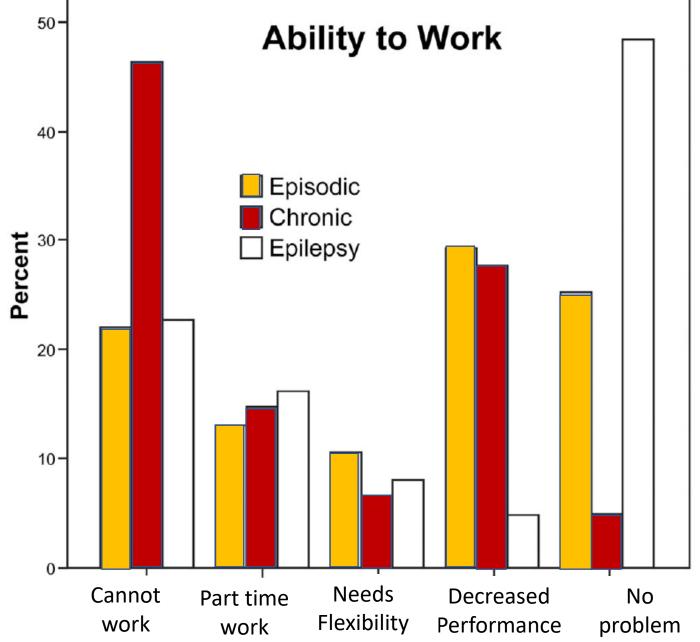
#### **OXYDATIVE STRESS**

Mitochondrial function Energy metabolism Pain modulation dysfunction
Sensitization (central /peripheral)

# Migraine is disabling in the workplace

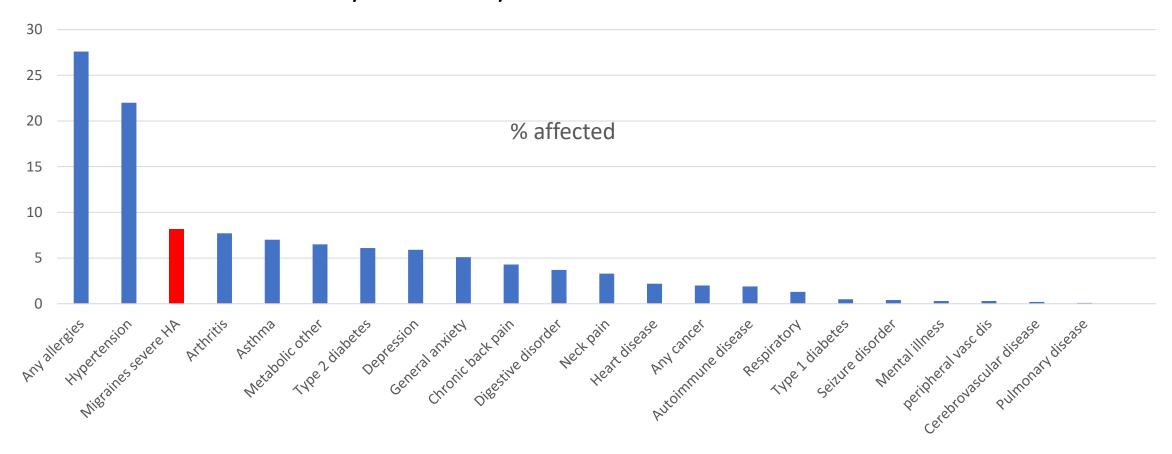
Episodic 1-14 days / month

Chronic 15-30 days per month



Young WB, Park JE, Tian IX, Kempner J. The stigma of migraine. PLoS One. 2013;8(1):e54074.

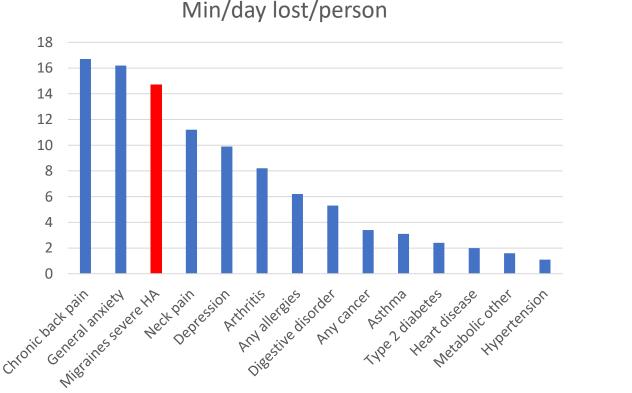
### Prevalence of diseases in the workplace (US) Presenteeism study over 4 years

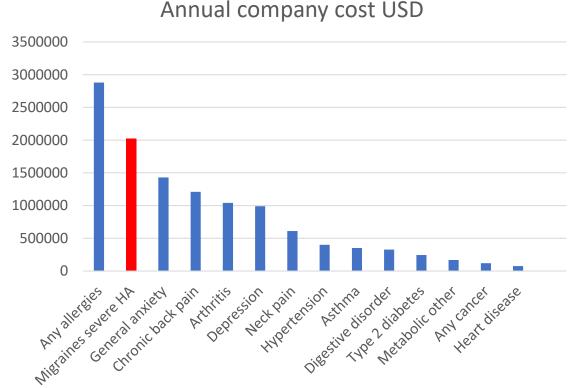


Use of The Health-Related Productivity Loss Instrument (HPLI)
A total of 58 299 HRAs from 22 893 employees were completed and analyzed
7959 employees from 6 locations completed the HRA each year for 4 years

### Presenteeism data in the US

- 25% of US workplace productivity lost to presenteeism
- 16% of presenteeism may be due to migraine





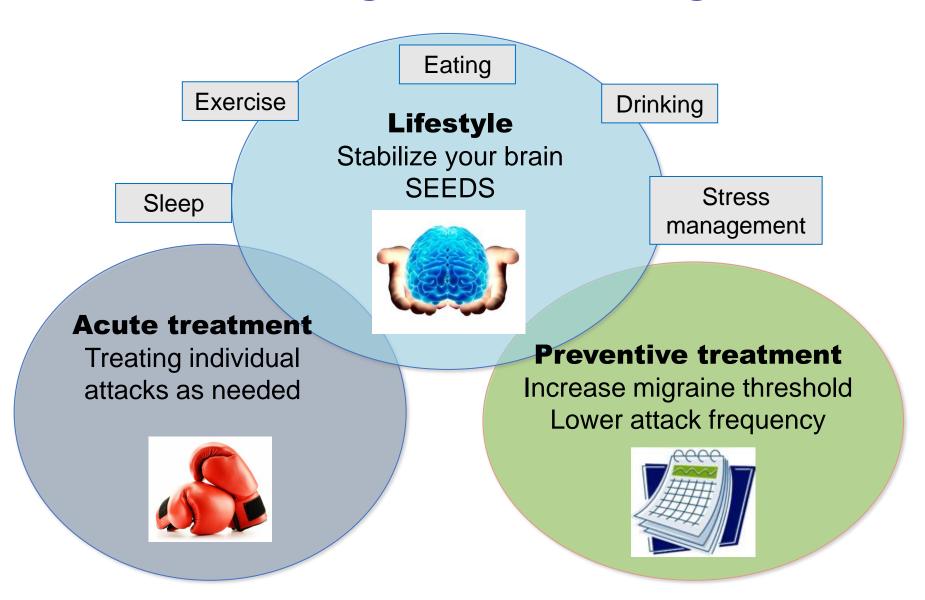
Allen D, et Al. Four-year review of presenteeism data among employees of a large United States health care system: a retrospective prevalence study. Hum Resour Health. 2018;16(1):59.

# Integrated Benefit Institute data Migraine is similar to other chronic diseases for STD and LTD

	Migraine	Depression	Diabetes	Back pain	Rheumatoid
Tx for condition	3%	8%	6.3%	11%	1.4%
Excess sick days Wages	2.2 600 USD	2.4 640 USD	1.5 400 USD	4.3 700 USD	2 500 USD
STD claims/ 10 000	2.4	2.2	2.4	4.3	1
STD work days	38	49	43	50	62
LTD claims/ 10 000	1	1.1	1.6	2.7	1.8
LTD work days	179	153	186	169	198
LTD remain open 2Y	37%	15%	45%	30%	55%
LTD cost	37 000	32 000	39 000	35 000	41 200

https://www.ibiweb.org/resource/

## **Global Management of Migraine**



# What can be done in the workplace

Educate	Educate Human Resources and workforce
Provide	Provide a program on migraine for employees at large
Identify	Identify people struggling with migraine and suggest resources
Encourage	Encourage medical management and interdisciplinary programs
Support	Support employees, fight stigmas
Design	Design a migraine friendly workplace with reasonable accommodations

Dodick DW, Ashina M, Sakai F, Grisold W, Miyake H, Henscheid-Lorenz D, et al. Vancouver Declaration II on Global Headache Patient Advocacy 2019. Cephalalgia. 2020;40(10):1017-25.

### Reasonable accommodations

No scents policy

Lighting adaptation

Screen adaptation

Noise protection

Workstation adaptation

Variation of tasks

Mini-breaks

Access to a room for rest

Adequate access to water

No irregular shifts

Flexible schedules

Tele-work





January 2021: Nikkei, the largest Business Newspaper in Japan, wrote on the **Fujitsu Headache Project**.



- A survey was made in 2018 with the Japanese Headache Society.
- Migraine affected 17% of the employees.
- Yet, only 16% of people with migraine consulted physicians.
- Migraine reduced the productivity from 100% to 53%.
- Fujitsu calculated the annual economic loss to be 27 million US\$

- The Fujitsu Headache Project was launched in October 2020
- E-learning for Headache + video seminars to **34,000 employees**
- 90% finished the course.
- Fujitsu is starting on-line Headache
   Consultations by headache specialists.

# Migraine Fitness at Work GOALS OF THE PROGRAM

email if interested: leroux.neuro@gmail.com





Collaborate with employers.

- **Educate the workforce.**
- Reduce stigma and provide resources that will help empower self-efficacy, reduce burden of illness and improve quality of life and productivity.

# Migraine preventives: oral medications Options before Botox and CGRP antibodies

Class	Medications
Anti-depressants	Amitriptyline Nortriptyline Venlafaxine
Anti-convulsants	Topiramate Gabapentin Valproic acid
Anti-hypertensives	Propranolol Nadolol Candesartan

Not designed for migraine

Benefit is partial

Trial and error approach

May wear off over time

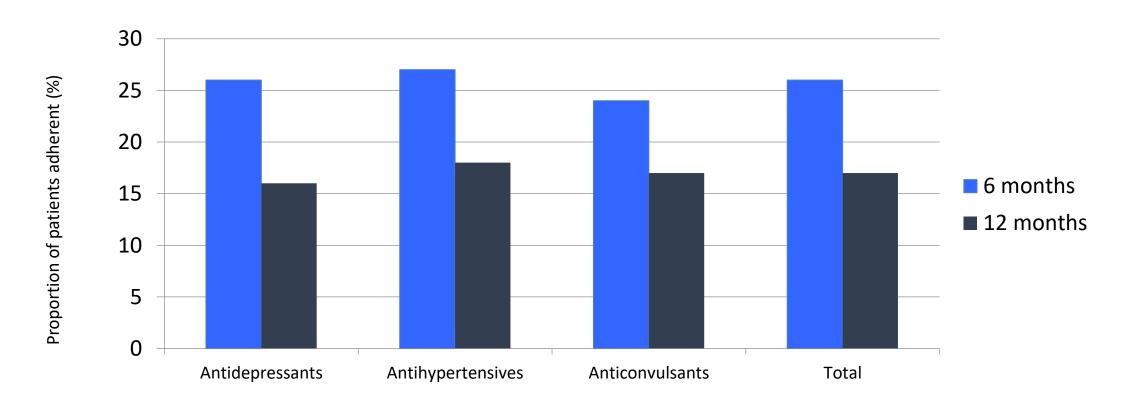
# Side effects of oral preventives are common **«Fat and drowsy or thin and stupid?»**



Side effects are common and disabling

- Weight gain
- Drowsiness
- Hypotension, fatigue
- Fainting
- Cognitive difficulties
- Nightmares
- Tremor
- Sexual difficulties
- Dizziness
- Nausea and stomach pains

# After 1 year....meds are stopped by 8/10 people with chronic migraine. NOT great.



N= 8688 chronic migraine patients surveyed Proportion of days covered, adherence defined as >80% of days of intake

1. Hepp Z, et al.. Adherence to oral migraine-preventive medications among patients with chronic migraine. Cephalalgia. 2015;35(6):478-88.

# **CGRP** and migraine A major scientific discovery







#### The science of migraine «It's all in your brain»

Dr Elizabeth Leroux, MD, FRCPC Neurologist, Montreal Migraine Canada Webinar Iune 14 2020

#### Scientists who discovered migraine mechanism win £1.1m Brain prize

World's largest neuroscience prize goes to researchers whose work has paved way for preventive treatments



Prof Peter Goadsby of King's College London, one of four scientists who received the prize for their work unpicking the neural basis of migraine attacks. Photograph: Ken McKay/ITV/Rex/Shutterstock

#### Scientists win prize for migraine research that offers 'light at the end of the tunnel'













Peter Goadsby and colleagues awarded the Brain Prize, world's largest neuroscience award

CBC Radio · Posted: Mar 11, 2021 5:52 PM ET | Last Updated: March 11

## 35 years of research

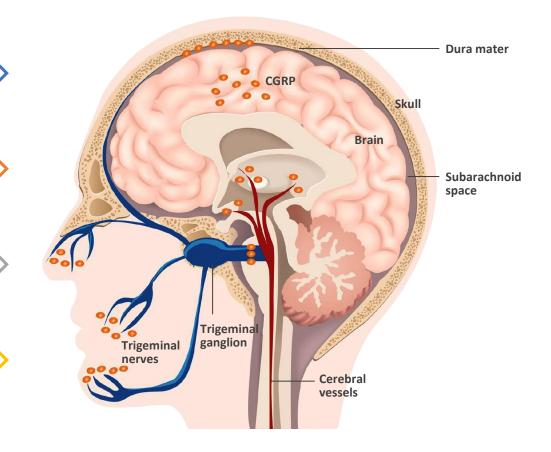
## CGRP Plays a Role in Migraine

During migraine attacks, CGRP serum levels are **elevated**<sup>1-3</sup>

CGRP infusion triggers migraine-like headache<sup>4</sup>

**Triptans reduce CGRP levels**, concurrent with pain relief<sup>5</sup>

**Selective antagonists to CGRP and its receptor** effectively treat migraine<sup>5,6</sup>



<sup>1.</sup> Goadsby PJ et al. Ann Neurol 1990;28:183-7; 2. Edvinsson L, Goadsby PJ. Eur J Neurol. 1998;5:329-41;

<sup>3.</sup> Cernuda-Morollón E et al. Neurology. 2013;81:1191-6; 4. Hansen JM et al. Cephalalgia. 2010;30:1179-86;

<sup>5.</sup> Durham PL. Headache. 2006;46(Suppl. 1):S3-8; 6. Giamberardino MA, Martelletti P. Expert Opin Emerg Drugs. 2015;20:137-47.

## Blocking CGRP to treat migraine can be done with antibodies or gepants.

Antibody	Gepant
Aimovig, Ajovy, Emgality, Viyupti	Ubrogepant (acute) Atogepant (preventive) ** Not yet approved in Canada
Injectable	Pill
Every month or every 3 months	Daily or as needed
Preventive	Acute and preventive

**►** YouTube

#### **CGRP** antibodies for migraine prevention

Webinar Host: Dr Elizabeth Leroux, neurologist **Chair of Migraine Canada** October 4th, 2020





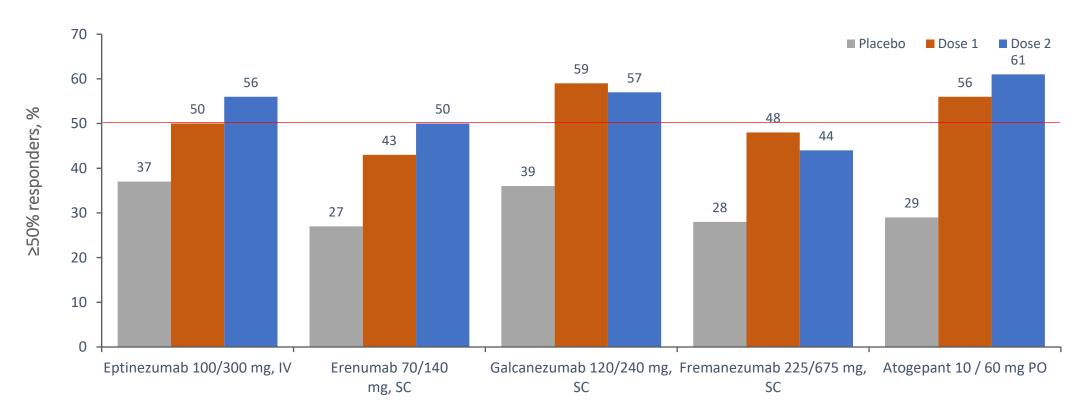
#### **Gepants** A new option, lots of questions

Dr Elizabeth Leroux, MD, FRCPC



Migraine Canada webinar November 17th 2021

# Episodic Migraine: 50% Responder Rates of CGRP MABs and atogepant



EPTI: Ashina M, et al. Cephalalgia. 2020;40(3):241-54;

ERE: Goadsby PJ, et al. Headache. 2017;57(Suppl 3):128-129;

GAL: Stauffer VL, et al. JAMA Neurol. 2018;75(9):1080-8; Skljarevski V, et al. Cephalagia. 2018;38(8):1442-54;

FREM: Dodick DW. JAMA. 2018;319(19):1999-2008.

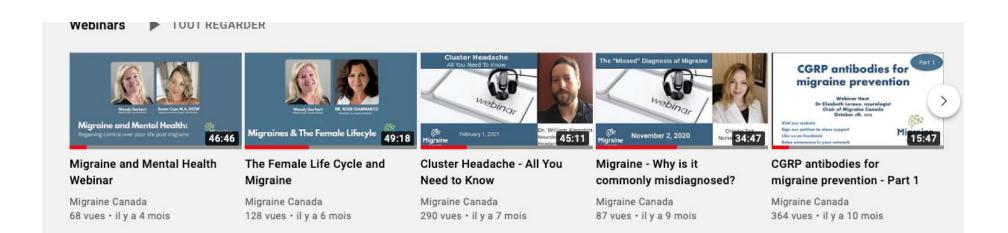
ATO: Ailani J et al. NEJM. 2021;385:695-706.

## Migraine Canada

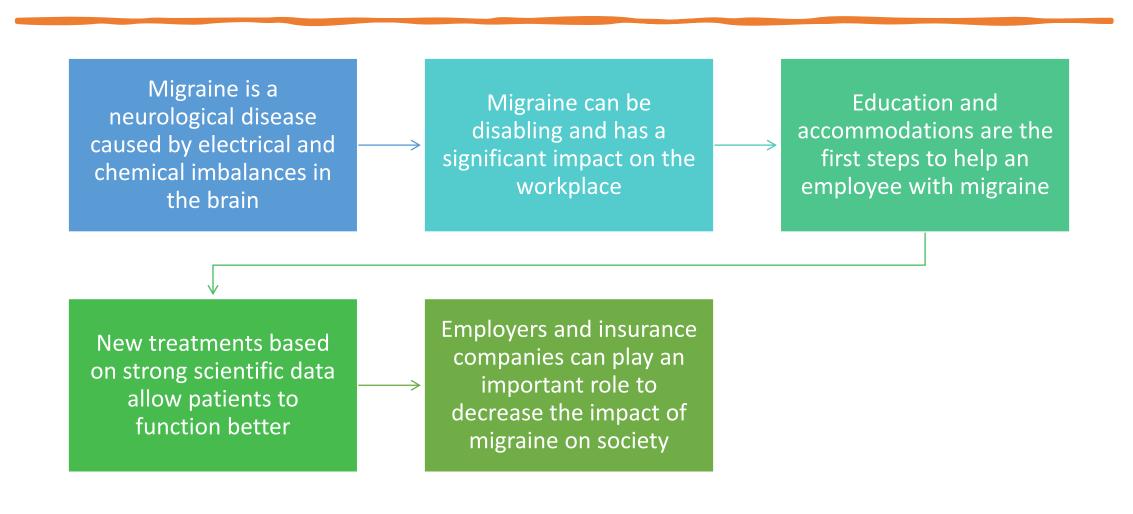
- Education on migraine (Migraine Tree)
- Webinars on YouTube
- PDFs on migraine basics
- Podcasts Migraine Talks
- Social media and support
- Advocacy (CADTH and Health Ministries)

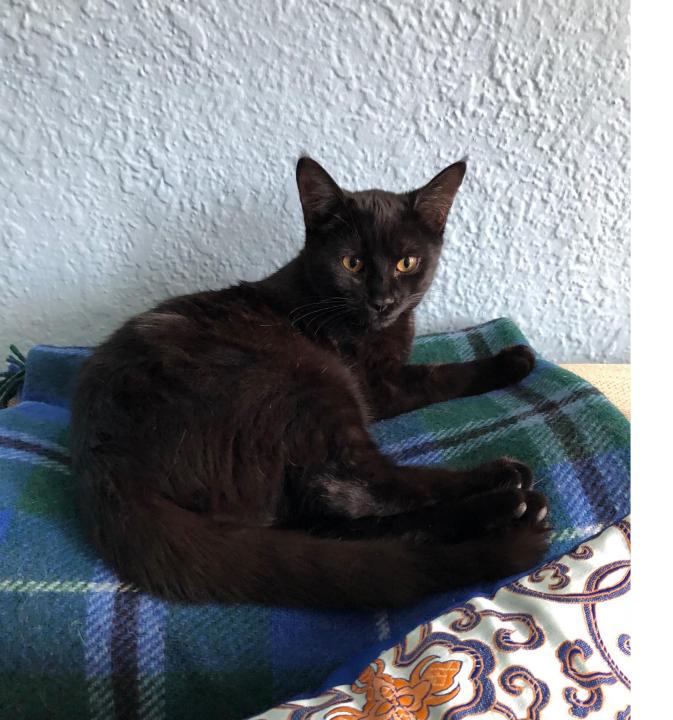






# Conclusions





# Thank you for your attention!