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# 172 - DRUG UTILIZATION STUDY OF MIGRAINE PREVENTIVE TREATMENT: DESCRIPTIVE COHORT STUDY WITH SIDIAP DATABASE, CATALONIA, SPAIN

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## Resumen

Background/Objectives: There is an underuse of migraine prophylaxis in eligible patients. We aimed to describe migraine prophylaxis in Primary Care (PC), to estimate time from diagnosis to treatment initiation and to estimate treatment duration.

Methods: Descriptive population-based cohort study including all ≥ 15 years-old individuals with migraine active diagnosis in PC who initiated migraine preventive treatment with the four most common drugs in our setting; amitriptyline (A), flunarizine (F), propranolol (P) and topiramate (T), from January 2018 to June 2023. Data source: Information System for Research in PC (SIDIAP), with pseudonymized clinical information of 5.8 million people from Catalonia, Spain. Statistical analysis: We described population characteristics and drug exposure by frequency for categorical variables and mean and standard deviation (SD) for quantitative variables. We calculated time from diagnosis to initiation of first preventive treatment by mean days (SD). We calculated frequency of patients who continued treatment after 90 and 365 days. All analyses were stratified by sex.

Results: Of 289,240 patients with migraine diagnosis, 85,642 (29.6%) had a prescription for the most common preventive drugs. They had a mean age of 38 (SD 12.9), 80.4% were women and 19.6%, men. A was initiated in 58.2% of women and 52.6% of men, F in 15.1% women and 18.8% men, P in 13.5% women and 13.1% men, and T in 13.2% women and 23.3% men. Mean days from diagnosis to prophylaxis start were 259.3 for A, followed by 251.3 for T, 246.4 for P and 181.1 for F in women; and

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277.3 for T, 209.1 for P, 194.1 for A and 145.2 for F in men. After 90 days, 49.9% of patients on A, 47.6% on F, 54.2% on P and 54% on T continued the same drug. Of those on treatment after one year, T showed the highest persistence (53.6% of patients), followed by P (44.3%), A (36.7%) and F (27.5%).

Conclusions/Recommendations: Less than one third of patients initiated migraine prophylaxis 6-9 months after diagnosis, being A the most frequent. Around half of the patients stopped the preventive treatment after 3 months. T showed highest persistence after one year. We cannot capture reasons for treatment suspension. Our results highlight need to reinforce patient education, improve monitoring in the first months, and adopt approaches to optimize treatment and reduce burden of acute drugs.

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