

# Factors Associated with Acute Medication Overuse in Persons with Migraine: Results from the 2017 Migraine in America Symptoms and Treatment (MAST) Study

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# Disclosures

**Todd J. Schwedt, MD** – Consultant, Scientific Advisory Board, or Speaker: Allergan, Amgen, ATI, Avanir, Dr. Reddy's Laboratories, Nocira, Novartis, and Teva. Editor: Headache, Pain Medicine, and Cephalalgia journals.

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**Sagar Munjal, MD, MS** – Employee of Dr. Reddy's Laboratories and owns stock in the company.

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**David W. Dodick, MD** – Within the last 12 months, Dr. Dodick reports personal fees from Amgen, Alder, Allergan, Autonomic Technologies, Biohaven, Eli Lilly, eNeura, Foresight Capital, Neurolief, Zosano, WL Gore, Vedanta Associates, Promius Pharma, Nocira, Novartis, Electrocore, Teva, Ipsen, Impel, Satsuma, Charleston Laboratories, Theranica. Compensation for activities related to data safety monitoring committee from Axsome. Compensation related to CME content development: Healthlogix, Medicom Worldwide, Medlogix Communications, MedNet, Miller Medical Communications, PeerView Operation Services America, Web MD/Medscape, American Academy of Neurology, American Headache Society, PeerView Institute for Medical Education, Chameleon Communications, Academy for Continued Healthcare Learning, Universal Meeting Management, Haymarket Medical Education, Global Scientific Communications, UpToDate, Meeting LogiX. Royalties from editorial or book publishing: Oxford University Press, Cambridge University Press, Wiley Blackwell, Sage, Wolters Kluwer Health. Consulting use agreement through employer: NeuroAssessment Systems, Myndshft. Hold equity in: Aural Analytics, Healint, Theranica, Second Opinion/Mobile Health, Epien. Board of Directors position: King-Devick Technologies, Ontologics.

**Richard B. Lipton, MD** – Dr. Richard B. Lipton is the Edwin S. Lowe Professor of Neurology at the Albert Einstein College of Medicine in New York. He receives research support from the NIH: 2P01 AG003949 (Program Director), 5U10 NS077308 (PI), 1R01 AG042595 (Investigator), RO1 NS082432 (Investigator), K23 NS09610 (Mentor), K23AG049466 (Mentor). He also receives support from the Migraine Research Foundation and the National Headache Foundation. He serves on the editorial board of Neurology and as senior advisor to Headache. He has reviewed for the NIA and NINDS, holds stock options in eNeura Therapeutics and Biohaven Holdings; serves as consultant, advisory board member, or has received honoraria from: American Academy of Neurology, Alder, Allergan, American Headache Society, Amgen, Autonomic Technologies, Avanir, Biohaven, Biovision, Boston Scientific, Colucid, Dr. Reddy's Laboratories, Electrocore, Eli Lilly, eNeura Therapeutics, GlaxoSmithKline, Merck, Pernix, Pfizer, Supernus, Teva, Trigemina, Vector, Vedanta. He receives royalties from Wolff's Headache, 8th Edition, Oxford Press University, 2009, Wiley and Informa.

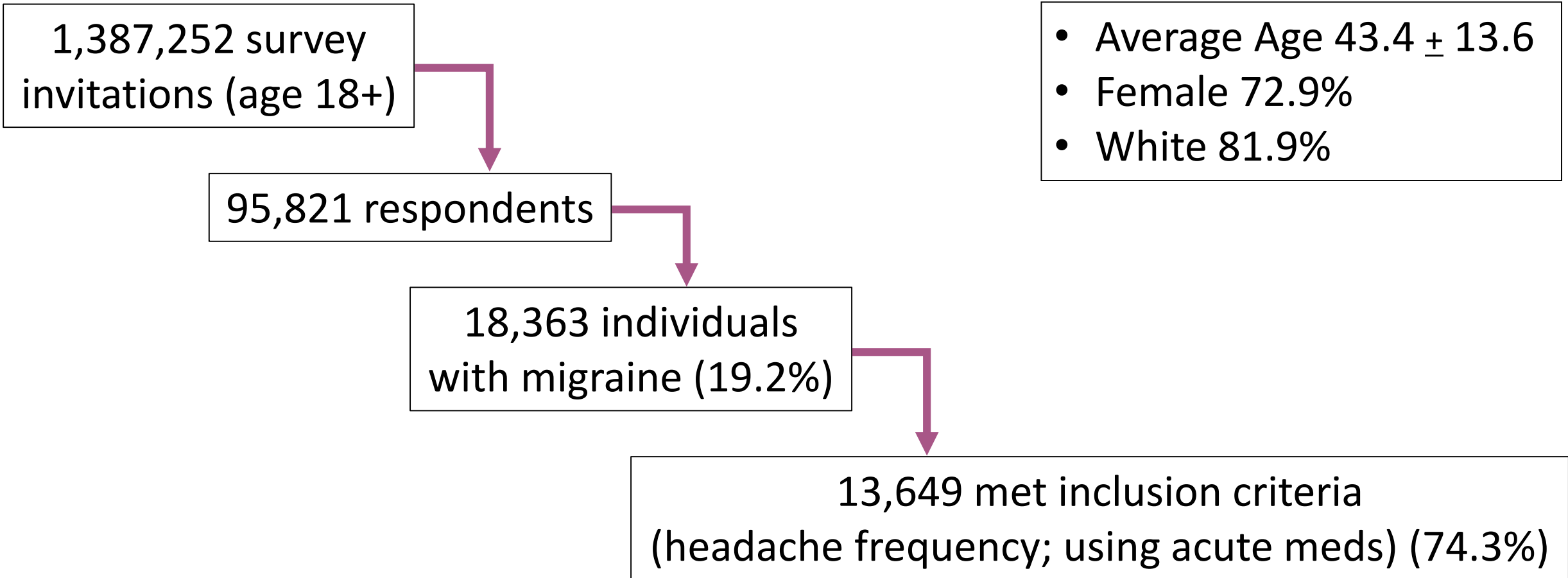
- Acute Medication Overuse (AMO)
  - Meds on 10 or more days/month for at least 3 months; 15 or more days if simple analgesics
  - 2-3% of general population and over 50% of chronic headache patients<sup>1,2</sup>
- AMO is associated with:
  - Episodic to chronic migraine transformation<sup>3</sup>
  - Medication overuse headache (MOH)
  - Greater disability, comorbid medical and psychiatric conditions, costs; Lower quality of life<sup>4</sup>
- Identifying variables that associate with AMO will lead to better description of risk factors for AMO and effects of AMO

- Estimate rates of AMO in a representative sample of adults from the U.S. with migraine who use acute medications
- Identify associations of AMO with demographics, migraine characteristics, and comorbidities

# Participants and Data Collection

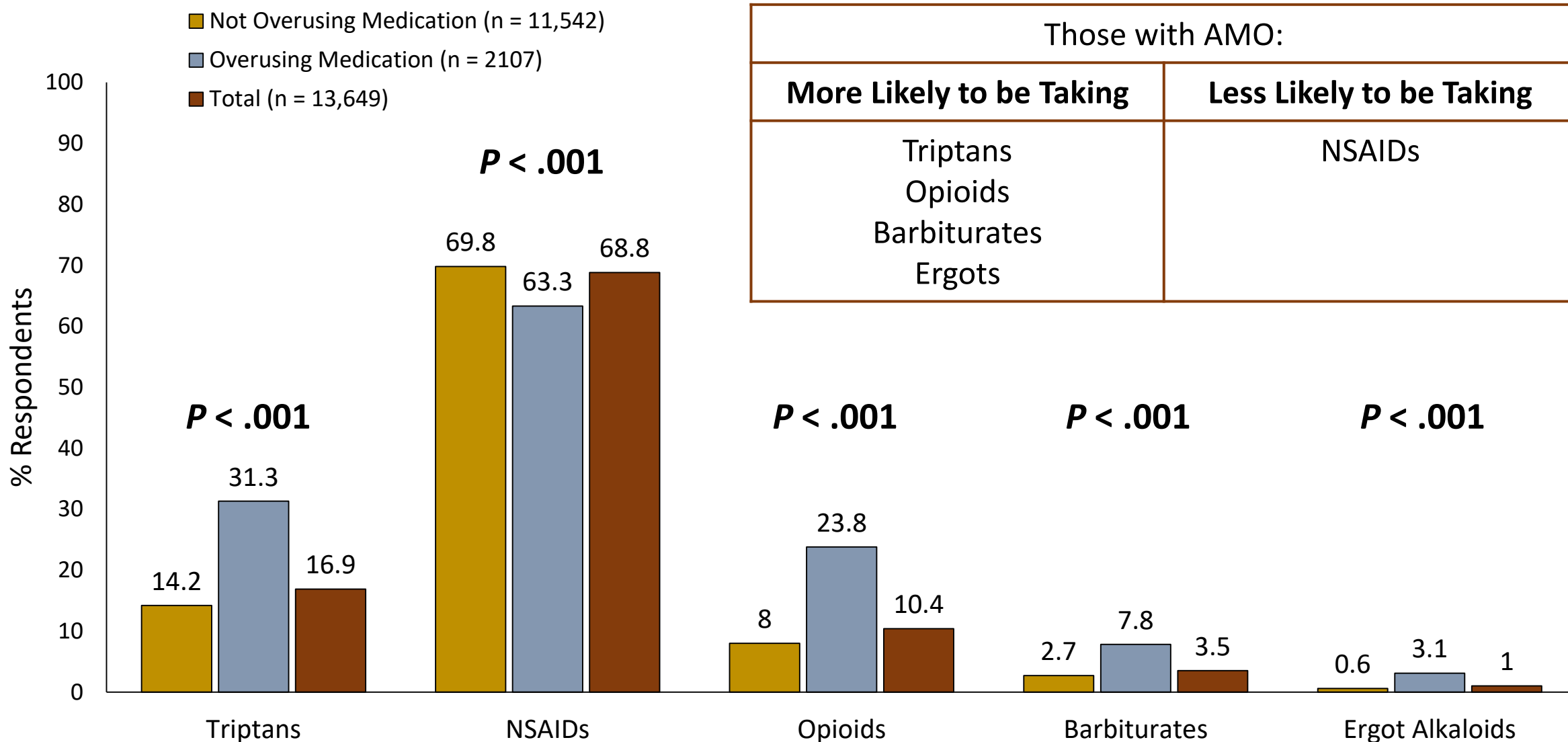
- Migraine in America Symptoms and Treatment (MAST) Study
  - Web-based
  - 18+ years old, recruited from a US nationwide online research panel
- Stratified random sampling to obtain panel representative of US population
  - ICHD 3 beta diagnostic criteria for migraine and AMO
- Included
  - $\geq 3$  headache days in past 3 months and  $\geq 1$  headache day in past 30 days
  - Using acute migraine medication

- Six binary logistic models, all with AMO as the binary outcome
- Sociodemographics
  - Sex, age, marital status, race, household income, education, BMI, health insurance, smoking
- Depression and/or anxiety symptoms
  - PHQ-4
- Headache features
  - Pain intensity, symptom severity score\*, cutaneous allodynia (ASC-12), headache frequency



**15.4% had Acute Medication Overuse (AMO)**

# Proportion With and Without AMO Using Specified Acute Medication Classes





# Variables Associated With AMO – Univariate Analysis

	Not Overusing Medication n = 11,542	Overusing Medication n = 2107	Chi	P-value
<b>Sex</b>				
<b>Men</b>	3074 (26.6)	621 (29.5)	7.136	0.008
<b>Women</b>	8468 (73.4)	1486 (70.5)		
<b>Age, years (mean <math>\pm</math> SD)</b>	43.0 $\pm$ 13.6	45.8 $\pm$ 13.2	8.891	< 0.001
<b>Married</b>				
<b>Yes</b>	6245 (54.3)	1229 (58.6)	13.436	< 0.001
<b>Race</b>				
<b>Non-Caucasian</b>	2091 (18.2)	361 (17.2)	1.166	0.280
<b>Caucasian</b>	9379 (81.8)	1736 (82.8)		

# Variables Associated With AMO – Univariate Analysis

	Not Overusing Medication n = 11,542	Overusing Medication n = 2107	Chi	P-value
<b>Household income, \$</b>				
< 25,000	1254 (11.2)	292 (14.2)	17.025	0.002
25,000-49,999	2422 (21.6)	444 (21.6)		
50,000-74,999	2493 (22.2)	437 (21.3)		
75,000-99,999	1986 (17.7)	363 (17.7)		
≥ 100,000	3070 (27.3)	516 (25.1)		
<b>Education, ≥ 4-year college degree</b>				
Yes	6930 (60.0)	1089 (51.7)	51.000	< 0.001
<b>BMI, kg/m<sup>2</sup> (mean ± SD)</b>	28.1 ± 7.4	28.9 ± 8.5	4.380	< 0.001
<b>Health Insurance</b>				
Yes	10,597 (91.8)	1923 (91.3)	0.628	0.428

# Variables Associated With AMO – Univariate Analysis

	Not Overusing Medication n = 11,542	Overusing Medication n = 2107	Chi	P-value
<b>Psychological symptoms</b>				
<b>Yes</b>	2332 (20.2)	832 (39.5)	370.957	< 0.001
<b>Current smoker</b>				
<b>Yes</b>	1155 (10.0)	389 (18.5)	126.127	< 0.001
<b>MHDs (mean <math>\pm</math> SD)</b>	4.3 $\pm$ 4.3	12.9 $\pm$ 8.6	69.7	< 0.001
<b>MHD category, n (%)</b>				
<b>0-4</b>	8054 (69.8)	451 (21.4)	2830.498	< 0.001
<b>5-9</b>	2351 (20.4)	380 (18.0)		
<b>10-14</b>	656 (5.7)	417 (19.8)		
<b><math>\geq</math> 15</b>	481 (4.2)	859 (40.8)		
<b>Cutaneous allodynia, n (%)</b>				
<b>Yes</b>	4334 (37.5)	1131 (53.7)	192.380	< 0.001
<b>MSSS (0-21)</b>	16.4 $\pm$ 3.0	17.8 $\pm$ 2.7	19.433	< 0.001
<b>Pain intensity (0-10)</b>	6.5 $\pm$ 1.6	7.4 $\pm$ 1.6	22.7	< 0.001

# Variables Associated With AMO – Binary Logistic Models

	Model		
	1 Sociodemographics (OR, 95% CI)	2 Psychological Symptoms (OR, 95% CI)	3 Headache Characteristics (OR, 95% CI)
<b>Male</b>	1.05 (0.95, 1.17)	1.01 (0.91, 1.13)	1.32 (1.16, 1.5)
<b>Age</b>	1.01 (1.01, 1.02)	1.01 (1.01, 1.02)	1.02 (1.02, 1.03)
<b>Married</b>	1.12 (1.02, 1.24)	1.19 (1.07, 1.31)	1.19 (1.06, 1.34)
<b>&lt; 4-year college degree</b>	0.8 (0.72, 0.88)	0.85 (0.77, 0.94)	0.99 (0.88, 1.12)
<b>BMI</b>	1.01 (1.01, 1.02)	1.01 (1, 1.01)	1 (1, 1.1)
<b>Psychological symptoms</b>	–	2.61 (2.36, 2.89)	1.62 (1.43, 1.83)
<b>Current smoker</b>	2.05 (1.8, 2.33)	1.78 (1.56, 2.03)	1.54 (1.31, 1.81)
<b>Cutaneous allodynia</b>	–	–	1.22 (1.08, 1.37)
<b>MHDs 5-9</b>	–	–	2.5 (2.15, 2.90)
<b>MHDs 10-14</b>	–	–	9.73 (8.27, 11.45)
<b>MHDs <math>\geq</math> 15</b>	–	–	27.34 (23.43, 31.89)
<b>MSSS</b>	–	–	1.06 (1.04, 1.09)
<b>Pain intensity</b>	–	–	1.27 (1.22, 1.32)
<b>Sex-by-allodynia interaction</b>	–	–	–

Race, Household Income, and Health Insurance did not contribute and were trimmed from subsequent analysis

# Variables Associated With AMO – Binary Logistic Models

	Model		
	4 Sex-by-Allodynia Interaction	5 Men	6 Women
Male	1.1 (0.93, 1.31)	–	–
Age	1.02 (1.02, 1.03)	1.02 (1.01, 1.03)	1.02 (1.02, 1.03)
Married	1.18 (1.05, 1.33)	1.44 (1.14, 1.83)	1.1 (0.95, 1.26)
< 4-year college degree	0.99 (0.88, 1.11)	1.13 (0.9, 1.41)	0.93 (0.81, 1.07)
BMI	1 (1, 1.1)	1.44 (1.14, 1.83)	1 (1, 1.1)
Psychological symptoms	1.6 (1.41, 1.81)	1.94 (1.54, 2.45)	1.48 (1.28, 1.72)
Current smoker	1.52 (1.3, 1.79)	1.65 (1.25, 2.16)	1.42 (1.16, 1.74)
Cutaneous allodynia	1.09 (0.95, 1.25)	1.61 (1.28, 2.03)	1.08 (0.94, 1.25)
<b>MHDs (vs 0-4, reference)</b>			
5-9	2.5 (2.15, 2.9)	2.46 (1.89, 3.2)	2.52 (2.1, 3.01)
10-14	9.75 (8.28, 11.47)	8.2 (6.03, 11.16)	10.44 (8.6, 12.67)
≥ 15	27.45 (23.53, 32.04)	21.01 (15.64, 28.21)	30.25 (25.2, 36.3)
MSSS	1.06 (1.04, 1.09)	1.06 (1.02, 1.1)	1.06 (1.03, 1.09)
Pain intensity	1.27 (1.22, 1.32)	1.21 (1.13, 1.31)	1.28 (1.22, 1.35)
Sex-by-allodynia interaction	1.53 (1.18, 1.97)	–	–

Race, Household Income, and Health Insurance did not contribute and were trimmed from subsequent analysis

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  - Meds on 10 or more days/month for at least 3 months; 15 or more days if simple analgesics
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# Conclusions

- MAST study shows high prevalence of AMO (15.4%) amongst representative sample of adults with migraine who use acute medications
- In addition to headache frequency, increased likelihood of AMO:

Male	Higher BMI
Older Age	Anxiety/Depression Symptoms
Married	Higher Pain Intensity
Less Educated	More Severe Migraine Symptoms
Smokers	Cutaneous Allodynia Men with allodynia more likely than women with allodynia to have MO

- Longitudinal data collection to determine risk factors for AMO and stopping AMO
  
- Explore why allodynia is associated with AMO in men but not women
  - Symptom experience
  - Symptom reporting
  - Differential effect of allodynia on decision to take medications
  - Differential effect of medication on development of allodynia



# Thank You!



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