Triptan Use and Discontinuation Among a Population Sample of Persons with Migraine: Results from Migraine in America Symptoms and Treatment (MAST) Study

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1Specific mentions: Nasal drip, burning, congestion n=28 (38.8%), Disliked smell/taste n=22 (30.5%);
2Specific mentions: Dislike needles n=38 (52.8%), Pain n=19 (26.3%)
3From Migraine in America Symptoms and Treatment (MAST) Study
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Fig 1. Past and Current Triptan Use Form by Route

Fig 2. Past and Current Triptan Use Form by Route

Fig 3. Discontinuation of Triptan Medication(s) due to Side Effects

Results

- Among respondents with migraine meeting survey criteria (15,133) the mean age was 43.1, 73% were women, 81.8% were white, and median monthly headache frequency was 3.3 days per month.
- Of respondents meeting migraine criteria, 5,56% (37.0%) had ever used a triptan, 1,241 (8.2%) had used more than one route of administration, and 272 (1.8%) had used oral, nasal spray, and injectable forms.
- Among those who had ever used a triptan, 8.1% had used an oral agent, 21.3% used a nasal spray, 19.0% used an injectable; 22.2% had used more than one route of triptan administration.
- Among current triptan users (2,421, 15.9%) 84.7% used oral nasal spray and 8.2% used injectable; 9.3% currently use more than one route of triptan administration.
- Discontinuation rates were highest for injectable (81.5%), followed by nasal sprays (66.5%), and oral medications (55.2%). How were these calculated?
- The most common reason for discontinuation was perceived lack of efficacy (Did not work for me, 38.4% oral, 39.8% nasal spray, 25.7% injectable) followed by side effects (22.8% oral, 17.7% nasal spray, 20.6% injectable).
- The most common side effect was dizziess (37.4% oral, 29.4% nasal spray, 33.5% injectable) followed by nausea (30.7% oral, 32.4% nasal spray, 24.6% injectable) and fatigue (26.2% oral, 24.3% nasal spray, 21.2% injectable).

Triptans are indicated for the acute treatment of migraine and are available in oral, injectable, and nasal formulations.

Patients may try various forms of triptans in the course of treatment.

MAST ascertained information about patterns of medication use in a sample of people with migraine in the US.

The objectives were to understand past and current triptan usage patterns and reasons for discontinuation for oral and non-oralt triptans.

Methods

- The MAST Survey assessed self-reported past and current triptan use including route of administration and reasons for discontinuing triptan medications.
- For discontinuations due to side effect(s), respondents were asked to identify side effects from a pre-coded list. “Other” responses were allowed and coded. Descriptive results were provided for each route of triptan administration used/discontinued. The groups are not mutually exclusive.

Objective

- Triptans are indicated for the acute treatment of migraine and are available in oral, injectable, and nasal formulations.
-Patients may try various forms of triptans in the course of treatment.
-MAST ascertained information about patterns of medication use in a sample of people with migraine in the US.
-The objectives were to understand past and current triptan usage patterns and reasons for discontinuation for oral and non-oralt triptans.

Eligibility

- Respondents, ≥18 years, were recruited to the MAST Study from a nationwide online research panel, using stratified random sampling. A screened validator used modified ICHD-3-beta criteria to identify individuals with migraine. Responded averaging >1 monthly headache day (MHD) over the previous 3 months were included in the MAST Study.
-Those included reported using prescription acute migraine medications, ≥3 headache days in the previous 3 months, and ≥1 headache day in the past 30 days.

Conclusions

- Although considered the gold-standard for the acute treatment of migraine, only 37.0% of survey respondents had ever used a triptan and 15.9% were current users.
-While oral routes were the most common, 11.5% had ever used a non-orificial formulation (31.1% of ever triptan users, 40.4% of current triptan users).
-Among ever triptan users, 56.7% have discontinued use, indicating substantial unmet medical needs.
-Dizziness, nausea and fatigue were the most common reasons for discontinuation due to side effects.

Table: Triptan Medications Reasons for Discontinuation by Administration Route

- Did not work for me
- More fatigue
- Discomfort/menstrual
- The medication was too expensive
- I had side effects
- It didn’t work well enough
- My HCP switched me to a different brand or form
- The medication was too expensive
- I couldn’t take the medication with my medication with my nausea
- I didn’t like using an injection
- Discontinued triptan users
- Current triptan users
- Total

- 867 (35.5%)
- 197 (18.5%)
- 400 (3.6%)
- 2421 (15.9%)
- 217 (7.4%)
- 316 (38.9%)
- 223 (25.7%)
- 223 (2.6%)
- 170 (20.6%)
- 41 (22.9%)
- 70 (8.8%)
- 223 (25.7%)
- 811 (58.4%)
- 22 (2.3%)
- 114 (9.1%)
- 59 (3.6%)
- 197 (18.5%)
- 316 (38.9%)
- 197 (18.5%)
- 5 (3.7%)
- 5 (3.7%)
- 31 (17.3%)
- 33 (31.6%)
- 21 (15.3%)
- 21 (15.3%)
- 17 (12.5%)
- 17 (12.5%)
- 14 (10.8%)
- 14 (10.8%)
- 9 (6.6%)
- 9 (6.6%)
- 7 (1.2%)
- 7 (1.2%)
- 7 (1.2%)
- 7 (1.2%)
- 2 (20.1%)
- 2 (20.1%)
- 19 (10.6%)
- 19 (10.6%)
- 2 (20.1%)
- 2 (20.1%)
- 8 (4.5%)