Sion: The results of this employee survey demonstrate that beyond migraine severity and medication therapy, there are potentially modifiable employee and provider factors, which significantly reduce lost productivity associated with migraines.

Impact of Migraine and Non-Migraine Headaches on Employee Productivity in a Medical Group Setting
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OBJECTIVES: Determine prevalence of employees (via self-report) experiencing migraine (MID) and non-migraine (NMID) headaches; and extent of reduced productivity (absenteeism and presenteeism) in MID and NMID groups. METHODS: A total of 712 Health Risk Assessments were distributed to health care workers in a large, multispecialty medical group in Southern California; 455 returned (64% response rate). Respondents were 87% female; mean age of 45. Responders classified into no headache, migraine (defined by severity and frequency of symptoms using IHS criteria), and non-migraine. Headache sufferers were asked about absenteeism (full and partial days missed due to headache) and presenteeism (days worked with headache and self-reported productivity with headache) over the most recent 4 week period. RESULTS: Twenty-five percent reported having no headaches in past 6 months, 35% had non-migraine headaches, and 40% had migraines. Combining absenteeism and presenteeism, 68.3% MID and 44.7% NMID sufferers reported productivity loss due to headaches in the prior 4 week period. MID sufferers reported a mean of 9.72 hours of lost productivity, of which 8.13 hours were due to presenteeism. NMID sufferers reported a mean of 3.94 hours of lost productivity, of which 3.37 were due to presenteeism. On annualized basis, employees with migraines lost total of 15.85 days: 13.21 days due to presenteeism and 2.64 days due to absenteeism. Twenty-five percent reported having no headaches in past 6 months, 35% had non-migraine headaches, and 40% had migraines. Combining absenteeism and presenteeism, 68.3% MID and 44.7% NMID sufferers reported productivity loss due to headaches in the prior 4 week period. MID sufferers reported a mean of 9.72 hours of lost productivity, of which 8.13 hours were due to presenteeism. NMID sufferers reported a mean of 3.94 hours of lost productivity, of which 3.37 were due to presenteeism. On annualized basis, employees with migraines lost total of 15.85 days: 13.21 days due to presenteeism and 2.64 days due to absenteeism. Twenty-five percent reported having no headaches in past 6 months, 35% had non-migraine headaches, and 40% had migraines. Combining absenteeism and presenteeism, 68.3% MID and 44.7% NMID sufferers reported productivity loss due to headaches in the prior 4 week period. MID sufferers reported a mean of 9.72 hours of lost productivity, of which 8.13 hours were due to presenteeism. NMID sufferers reported a mean of 3.94 hours of lost productivity, of which 3.37 were due to presenteeism. On annualized basis, employees with migraines lost total of 15.85 days: 13.21 days due to presenteeism and 2.64 days due to absenteeism.

CONCLUSIONS: Determine prevalence of employees (via self-report) experiencing migraine (MID) and non-migraine (NMID) headaches; and extent of reduced productivity (absenteeism and presenteeism) in MID and NMID groups. METHODS: A total of 712 Health Risk Assessments were distributed to health care workers in a large, multispecialty medical group in Southern California; 455 returned (64% response rate). Respondents were 87% female; mean age of 45. Responders classified into no headache, migraine (defined by severity and frequency of symptoms using IHS criteria), and non-migraine. Headache sufferers were asked about absenteeism (full and partial days missed due to headache) and presenteeism (days worked with headache and self-reported productivity with headache) over the most recent 4 week period. RESULTS: Twenty-five percent reported having no headaches in past 6 months, 35% had non-migraine headaches, and 40% had migraines. Combining absenteeism and presenteeism, 68.3% MID and 44.7% NMID sufferers reported productivity loss due to headaches in the prior 4 week period. MID sufferers reported a mean of 9.72 hours of lost productivity, of which 8.13 hours were due to presenteeism. NMID sufferers reported a mean of 3.94 hours of lost productivity, of which 3.37 were due to presenteeism. On annualized basis, employees with migraines lost total of 15.85 days: 13.21 days due to presenteeism and 2.64 days due to absenteeism. Twenty-five percent reported having no headaches in past 6 months, 35% had non-migraine headaches, and 40% had migraines. Combining absenteeism and presenteeism, 68.3% MID and 44.7% NMID sufferers reported productivity loss due to headaches in the prior 4 week period. MID sufferers reported a mean of 9.72 hours of lost productivity, of which 8.13 hours were due to presenteeism. NMID sufferers reported a mean of 3.94 hours of lost productivity, of which 3.37 were due to presenteeism. On annualized basis, employees with migraines lost total of 15.85 days: 13.21 days due to presenteeism and 2.64 days due to absenteeism.

Comparing Clinical Efficacy and Cost-Effectiveness Between Eletriptan 40mg and Sumatriptan 100mg in the Acute Treatment of Migraine
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OBJECTIVES: The objectives of this study were to compare the clinical efficacy and cost-effectiveness of eletriptan 40 mg vs. sumatriptan 100 mg for the acute treatment of migraine attack. METHODS: Data were extracted and pooled from three randomized head-to-head clinical trials comparing the efficacy of eletriptan 40 mg and sumatriptan 100 mg. Three composite measures of treatment success were used based on sustained response (no recurrence of moderate to severe headache or use of rescue medication from the stated time period to 24 hours post-dose): 1-hour sustained response, improvement of headache pain from moderate to severe at baseline to mild or absent within 1 hour; 2-hour sustained response, improvement to absent or mild pain within 2 hours post-dose; and 2-hour sustained pain-free, improvement to pain-free within 2 hours. The cost per successfully treated patient (CPSTP) was calculated for each outcome based on the wholesale acquisition cost (WAC) for each medication (AnalySource®, September 2003). The 95% confidence interval (CI) was calculated using bootstrapping technique. RESULTS: Eletriptan 40 mg was superior to sumatriptan 100 mg across each of the three outcomes: 1-hour sustained, 20% vs. 15% (P < 0.01); 2-hour sustained, 41% vs. 34% (P < 0.001); and 2-hour sustained pain-free, 22% vs. 15% (P < 0.0001). The CPSTP was lower for eletriptan than sumatriptan for all three measures: 1-hour sustained response, $81 vs. $129; 2-hour sustained, $40 vs. $57; 2-hour sustained pain-free, $74 vs. $133. CONCLUSIONS: Eletriptan 40 mg had consistently greater positive clinical impact than sumatriptan 100 mg in the acute treatment of migraine. The greater efficacy and lower recurrence rate also translated into better cost-effectiveness.