



**Consensus to define clinical criteria to assess the efficacy of preventive treatment of episodic and chronic migraine in routine clinical practice.**

The objective of this project is to reach a consensus on a tool to assess the efficacy of a prophylactic treatment for chronic or episodic migraine in order to help you and support your decisions in your daily clinical practice.

The questionnaire has 3 blocks:

1. Background
2. Episodic and chronic migraine assessment and prophylactic treatment
3. Patient profiles evaluation

There is no correct or incorrect answer, what we would like to know is your current clinical practice and your opinion on the topics approached in the questionnaire.

Please, answer all questions the more precisely and sincerely you can.

For any doubt or question that may arise while answering the questionnaire do not hesitate to contact us through the following e-mail: [info@myliferesponse.com](mailto:info@myliferesponse.com)

Many thanks for your collaboration.

***My-LIFE Response Criteria project team***

Please, click here to start the questionnaire

## 1. Background

1. Medical specialty:

- General practitioner
- Neurologist
- Internal Medicine
- Psychiatrist
- Other, please specify: \_\_\_\_\_

(\* if “psychiatrist” or “other”, the participation of the panelist will be cancelled)

2. How many patients do you visit in 1 week? \_\_\_\_\_

(\* if “<29”, the participation of the panelist will be cancelled)

3. Among those patients, please classify them according to the type of pathologies they are suffering from:

Parkinson	%
Ictus	%
Migraine	%
Dementia/Alzheimer	%
Other	%
TOTAL	%

\* total must sum 100%

(\* if “total number of patients” \* “% Migraine patients” is “<2”, the participation of the panelist will be cancelled)

4. For how long have you been treating patients with migraine?

- <2 years  2-5 years  5-10 years  10-15 years  15-20 years  >20 years

(\* if “< 2years” the participation of the panelist will be cancelled)

5. Among those patients suffering from migraine. Please classify them according to the type of migraine they are suffering from.

Migraine without aura	%
Migraine with aura	%
Chronic migraine	%
Probable migraine	%
Episodic symptoms that may be associated with migraine	%
TOTAL	100 %

\* total can sum > 100%

(\* if “Chronic migraine = 0”, the participation of the panelist will be cancelled)

6. Are you familiar with the prophylactic treatments for chronic migraine?

Yes  No

(\* if "no", the participation of the panelist will be cancelled)

7. Do you currently prescribe prophylactic treatments for episodic or chronic migraine?

Yes, when needed

No, I refer to the specialist

(\* if "no", the participation of the panelist will be cancelled)

8. Among your patients suffering from migraine, how many of them are currently under a prophylactic treatment for chronic migraine?

0 %  <25 %  25-50 %  50 – 75 %  >75%

(\* if "0%", the participation of the panelist will be cancelled)

## 2. Chronic migraine assessment and prophylactic treatments

9. When facing a patient with migraine, when do you use de following tools.

	Clinical interview	Patient diary	Validated scale to assess chronic migraine	Nothing
<b>Diagnostic (1<sup>st</sup> visit)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Follow up visits</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Before starting a prophylactic treatment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>During a prophylactic treatment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* More than one answer is possible

10. Among the below mentioned validated scales to **assess response to migraine treatment**, please indicate if you use it (yes/no).

10.1 When no, please state the main reason why

10.2 When yes, please state the main reason why

Test	Reference	10.Yes / No	10.1 If No, Why?	10.2 If yes. Why?
MIDAS (Migraine Disability Assessment)	Stewart WF et al. Neurology. 2001;56(6 Suppl 1): S20-8.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> I don't know it <input type="radio"/> I know it, but it's not available where I work <input type="radio"/> Outdated <input type="radio"/> Too long/complicated to use in clinical practice <input type="radio"/> It doesn't assess what I need to know	<input type="radio"/> Available where I work <input type="radio"/> Easy to use <input type="radio"/> It assesses what I need <input type="radio"/> It is widely used in publications
Migraine Therapy Assessment Questionnaire (MTAQ®)	Chatterton ML et al. Headache. 2002;42(10):1006-15.			
Patient Perception of Migraine Questionnaire (PPMQ) and Revised version	Davis KH et al, Value Health, 2002; 5 (5):422-430 Kimel M et al, Cephalalgia, 2008; 28:510-523			
Headache Impact Test™-6 (HIT-6)	Kosinski M et al. Qual Life Res. 2003;12(8):963-74.			
Brief Headache Screen – Treatment	Maizels M, Burchette R. Headache. 2003;43(5):441-50.			
Migraine Treatment Satisfaction Measure (MTSM)	Patrick DL et al, Clinical Therapeutics, 2003, 25:11, 2920-2935			
Migraine-ACT (Assessment of Current Therapy)	Dowson AJ et al. Curr Med Res Opin. 2004; 20(7):1125-35; Kilminster SG et al. Headache. 2006;46(4):553-62.			

Migraine Prevention Questionnaire (MPQ)	Lipton R et al. The Journal of Head and Face Pain (2008) 48
Migraine Treatment Optimization Questionnaire (M-TOQ)	Lipton RB et al, Cephalalgia (2009), 29, 751-759
The Completeness of Response Survey (CORS).	Coon CD et al, Headache (2012); 52:550-572
Migraine Specific Quality of life questionnaire	Caproni et al. BMC Neurology (2015) 15:85
HURT	Steiner, T. J., et al. The Journal of Headache and Pain 19.1 (2018): 15.

11. Considering the following listed criteria, which of them do you use to assess the effectiveness of a prophylactic treatment?

Criteria	Never	Rarely	Sometimes	Usually	Always
<b>Treatment tolerability*</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Frequency of attacks</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Disability / Intensity of the attacks</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Use of acute medication when having an attack</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Duration of the attacks</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Response to acute medication</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Patient perception of the prophylactic treatment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*Treatment tolerability refers, to the occurrence of side effects

### 3. Patient profiles evaluation

In the next tab you will find different patient profiles defined according to some criteria used to evaluate the effectiveness of a prophylactic treatment for episodic or chronic migraine.

Considering that **the patient does not report any side effects related with the prophylactic treatment**, you will be requested, for each of the patient profiles, to define if the patient is: Responder, partial responder, non-responder or if you would need more data to take a decision regarding the prophylactic treatment under evaluation. In the case that you decide that more data is needed, please specify, which kind of data you would need. Then, in the last column, please specify if, considering the specified patient profile you would continue with the prophylactic treatment or not.

Then, you will be requested to consider for the same patient profile, the situation of the presence of tolerable side effects, if he responds to prophylactic treatment, and if you would continue with prophylactic treatment.

Frequency (days with migraine)	Disability (intensity of the attacks)	Use of acute medication	Patient perception of the prophylactic treatment	Patient profile rarely found in clinical practice	Response to prophylactic treatment	Would you continue with the preventive treatment?	In the case of tolerable side effects**	
							Response to prophylactic treatment	Would you continue with the prophylactic treatment?
<b>&gt; 50% reduction</b>	>50% reduction	>50% reduction	Positive	(*)	(Pull- down with the ≠ options mentioned in the question)	Yes / No	(Pull- down with the ≠ options mentioned in the question)	Yes / No
			Negative					Yes / No
		25-50% reduction	Positive	Yes / No				
			Negative	Yes / No				
		<25% reduction	Positive	Yes / No				
			Negative	Yes / No				
	25-50% reduction	>50% reduction	Positive	Yes / No				
			Negative	Yes / No				
		25-50% reduction	Positive	Yes / No				
			Negative	Yes / No				
	<25% reduction	>50% reduction	Positive	Yes / No				
			Negative	Yes / No				
		25-50% reduction	Positive	Yes / No				
			Negative	Yes / No				
	<25% reduction	>50% reduction	Positive	Yes / No				
			Negative	Yes / No				
25-50% reduction		Positive	Yes / No					
		Negative	Yes / No					
<25% reduction	>50% reduction	Positive	Yes / No					
		Negative	Yes / No					
	25-50% reduction	Positive	Yes / No					
		Negative	Yes / No					

<b>49-25% reduction</b>	>50% reduction	>50% reduction	Positive
			Negative
		25-50% reduction	Positive
			Negative
		<25% reduction	Positive
			Negative
	25-50% reduction	>50% reduction	Positive
			Negative
		25-50% reduction	Positive
			Negative
		<25% reduction	Positive
			Negative
<25% reduction	>50% reduction	Positive	
		Negative	
	25-50% reduction	Positive	
		Negative	
	<25% reduction	Positive	
		Negative	
<b>&lt;25% reduction</b>	>50% reduction	>50% reduction	Positive
			Negative
		25-50% reduction	Positive
			Negative
		<25% reduction	Positive
			Negative
	25-50% reduction	>50% reduction	Positive
			Negative
		25-50% reduction	Positive
			Negative
		<25% reduction	Positive
			Negative
<25% reduction	>50% reduction	Positive	
		Negative	
	25-50% reduction	Positive	
		Negative	
	<25% reduction	Positive	
		Negative	

(\*) when this cell will be marked the panelist will not be asked to answer the following questions on the specific patient profile.



(\*\*) Tolerable side effects is when the benefit from the prophylactic treatment outweighs the inconveniences from the side effects.

You've reached the end of the questionnaire. Once all answers analyzed you will receive a link to answer the second wave.

Many thanks for your valuable collaboration.

***My-LIFE Response Criteria project team***

