

ARTIGO DE PERSPETIVA/PERSPECTIVE ARTICLE

Treating Migraine in Portugal: (When) Will the Paradigm Shift Occur? A Call to Action

Tratar a Enxaqueca em Portugal: (Quando) Haverá uma Mudança de Paradigma? Um Apelo à Ação

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Neurological disorders have emerged as the primary contributor to Disability Adjusted Life Years (DALYs) and Years Lived with Disability (YLLs) in the Global Burden of Disease (GBD) 2021, underscoring their significant public health impact. With 3.40 billion individuals experiencing nervous system health loss and 11.1 million deaths attributed to nervous system conditions, the scale of the issue is evident.¹

In terms of YLLs, migraine is notably the most disabling condition globally among individuals under 50,² and the second leading cause of disability across all age groups.³ The latest GBD update lists migraine as the third highest contributor to DALYs (YLLs + years of life lost due to premature mortality) worldwide, ranking second in Central Europe, first among children and adolescents (ages 5-19) and second in adults up to 59 years old.¹

Despite neurologists being aware of the staggering impact of migraine, a significant majority still encounter difficulties in effectively managing it. A survey conducted by the Portuguese Migraine and Headache Patient's Association (MiGRA Portugal) has unveiled alarming statistics: 60% of patients receiving regular follow-ups express dissatisfaction with their treatment, while 55% to 70% remain unaware of advanced treatment options, such as onabotulinum toxin A or monoclonal antibodies.⁴

Although these treatments are exclusively available in hospital settings, Portugal boasts approximately 40 institutions, with 24 (59%) belonging to the National Health Service (Serviço Nacional de Saúde, SNS), effectively covering most of the national territory. Impressively, 88% of these institutions have dedicated physicians, and 91% offer advanced treatment techniques such as nerve blocks, onabotulinum toxin A injections, and monoclonal antibodies.⁵ Despite the availability of monoclonal antibodies in the SNS since July 2019, only 16 832 doses were administered in Portugal until December 2023.⁶ This translates to approximately 1377 yearly patient-equivalent treatments, with an average of 306 patients treated each year. While access to medication in private centers may be constrained by treatment costs not covered by the SNS, within the SNS, the primary constraint appears to be the limited medical time allocated to this role, resulting in a significantly lower than necessary patient uptake (approximately 13%), largely failing to meet the needs of these patients.⁵

I dare to assert that migraine patients merit effective treatment, just like any other patient. Specific, effective treatments have been accessible in Portugal for 5 years, with nerve blocks and onabotulinum toxin A available for much longer. Why do we procrastinate or withhold these treatments from individuals in need? Why does migraine receive such scant medical attention? Why do Portuguese neurologists prioritize other neurological disorders over migraine, despite their prevalence and associated disability?

Initially, concerns about safety, superior efficacy, and cost may have arisen.

However, safety concerns regarding newer treatments have gradually diminished over time as

mounting evidence demonstrates their superior safety and tolerability compared to older, nonspecific therapies.⁷ Additionally, ongoing real-world data analyses consistently reinforce the efficacy of these treatments across diverse patient populations and specific subgroups.⁸ Furthermore, clinical trials have provided compelling evidence of their superiority over standard oral preventives, further bolstering their effectiveness.^{9,10}

Cost should no longer be a major concern, as studies have demonstrated that these specific drugs are cost-effective¹¹ and medical decisions should not be determined by financial considerations. Healthcare professionals must prioritize efficiency, effectiveness, and safety to ensure optimal resource utilization and evidence-based treatment provision. While minimizing unnecessary costs is crucial, it is equally vital to promptly provide more expensive treatments to patients in need, avoiding harmful delays. Addressing equity issues ensures all patients receive consistent, high-quality care, regardless of their characteristics or diagnosis. Withholding effective treatments from migraine patients due to cost undermines the principles of patient-centered, quality care.¹²

This highlights the rationale behind the European Headache Federation's revision of its guidelines in 2022¹³ and the recent endorsement by the American Headache Society,¹⁴ positioning anti-CGRP therapies as first-line treatment options for migraine prevention.

Will you drive the paradigm shift.... NOW? ■

Responsabilidades Éticas

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