FACT SHEET: CHRONIC MIGRAINE

Q. What is a migraine?
A: Migraine is more than just a severe headache. Some symptoms include:

- Visual disturbances (such as flashing lights, blind spots in vision, zig zag patterns)
- Nausea and vomiting
- Sensitivity to light (photophobia)
- Sensitivity to noise (phonophobia)
- Sensitivity to smells (osmophobia)
- Tingling/pins and needles/weakness/numbness in the limbs

According to the World Health Organisation (WHO), migraine is more common than diabetes and asthma.¹ In fact, about 2 million Australians can be expected to suffer from migraine, close to 10 per cent of the population. The gender breakdown is about 17 per cent of the female population and 6 per cent of the male population, so, about 1.5 million women and about 500,000 men.²

Migraines may be triggered by a wide variety of factors – some common triggers include stress, relaxation after stress, hormone changes, missing meals, change in weather, sleep disturbance, certain smells (e.g. perfume), neck pain, lights, alcohol, smoke, heat and certain foods.²

Q. What is Chronic Migraine?
A. There are two types of migraine – Episodic Migraine and Chronic Migraine – each determined by frequency of headache days.³

Chronic Migraine is a debilitating condition where patients suffer headaches for 15 days or more per month, with migraine on at least 8 of those days.⁴ In real terms, this means that a person who suffers from Chronic Migraine has a headache or migraine for more than half the days in the month.

Although Chronic Migraine is distinct from other types of headache and migraine, approximately 80 per cent of people meeting the definition of Chronic Migraine may not have received a diagnosis and may be unaware of specialist care available.⁵

It is estimated that over 345,800 people (aged 18 years and over) in Australia suffer from Chronic Migraine.⁶

Q. What is the impact of Chronic Migraine?
A. Patients can be very disabled due to Chronic Migraine. As reported in the World Health Organisation (WHO) Bulletin, a day lived with severe migraine is as disabling or more so as a day lived with dementia, active psychosis, paraplegia, blindness or rheumatoid arthritis.⁷
Many people with Chronic Migraine find it hard to work normally or may have difficulties with everyday tasks such as household chores or participating in family activities. Chronic Migraine patients are twice as likely to have anxiety or depression, further contributing to the burden of the disease.

In summary, people with Chronic Migraine suffer from substantial physical, social, psychological and economic burden.

**Q. Can Chronic Migraine be treated?**

**A.** There are two main treatment options for Chronic Migraine management:

- **Non-medicinal** (such as understanding - and then avoiding - potential triggers, and complementary therapies).

- **Medicinal** (such as pain medication to treat the headache or migraine or medicines to treat other symptoms).

Medicinal treatments for migraine include *analgesics* such as aspirin, paracetamol or ibuprofen; *triptans* such as sumatriptan and zolmitriptan; and *antiemetics* such as metoclopramide and ondansetron to stop nausea and vomiting.

There are preventative medications available for migraines that were originally intended for a different purpose, for example epilepsy or high blood pressure.

Specifically for Chronic Migraine sufferers, BOTOX® is now available for the prevention of headaches in adults diagnosed with this complex condition (headaches on at least 15 days per month of which at least 8 days are with migraine).

**Q. When should professional advice be sought?**

**A.** For frequent migraine sufferers, it is essential to track how often everyday life is disrupted by migraine by keeping a headache diary. If this is 15 days or more a month, they may well have Chronic Migraine. Sufferers should ask their doctor for a referral to a neurologist or pain specialist for assessment and appropriate treatment.

**More information**

For further information, people can visit the Headache Australia website – [http://headacheaustralia.org.au/](http://headacheaustralia.org.au/)


The National Headache Register is important as a resource for researchers who need quick and free access through Headache Australia to those on the register for volunteers for research. The bigger the Register, the more accurate the research will be because of bigger and more representative samples. It also allows those that suffer from headaches and migraines to keep updated about new treatments and better ways to manage their headaches.

- ENDS-
For a full copy of the BOTOX® Consumer Medicine Information, please see attached document.

Information about BOTOX® (botulinum toxin type A) treatment

BOTOX® (botulinum toxin type A) purified neurotoxin complex is a prescription medicine containing 100 units (U) of botulinum toxin type A for injection.

Therapeutic class: neuromuscular blocking agent.

Indications

- Prophylaxis of headaches in adults with chronic migraine (headaches on at least 15 days per month of which at least 8 days are with migraine); strabismus; blepharospasm associated with dystonia, including benign blepharospasm & VIIth nerve disorders (hemifacial spasm) in patients 12 years & over; cervical dystonia (spasmodic torticollis); focal spasticity of the upper & lower limbs, including dynamic equinus foot deformity due to spasticity in juvenile cerebral palsy patients 2 years & older; severe primary hyperhidrosis of the axillae; focal spasticity in adults; spasmodic dysphonia; upper facial rhytides (glabellar lines, crow’s feet and forehead lines) in adults.

Contraindications: Hypersensitivity to ingredients; myasthenia gravis or Eaton Lambert Syndrome; infection at injection site(s).

Precautions: Different botulinum preparations are not therapeutically equivalent. Exercise extreme caution should substitution with another botulinum preparation be necessary. Botulinum toxin effects may be observed beyond site of local injection with symptoms consistent with mechanism of action and reported hours to weeks after injection. Symptoms may include muscular weakness, ptosis, diplopia, blurred vision, facial weakness, swallowing and speech disorders, constipation, aspiration pneumonia, difficulty breathing and respiratory depression. Risk of symptoms is greatest in children with spasticity, but can also occur in adults particularly those on high doses. Swallowing/ breathing difficulties can be life threatening and there have been reports of death (relationship to BOTOX® not established). Use with aminoglycosides or drugs that interfere with neuromuscular transmission; peripheral motor neuropathic diseases or neuromuscular junctional disorders; hypersensitivity reactions such as anaphylaxis and serum sickness, as well as urticaria, soft tissue oedema and dyspnoea; inflammation at injection sites; excessive weakness in target muscle; pregnancy & lactation. Generalised weakness & myalgia may be related to systemic absorption. Blepharospasm: Reduced blinking following injection of the orbicularis muscle can lead to corneal pathology. Caution with patients at risk of angle closure glaucoma, including anatomically narrow angles. Strabismus: Inducing paralysis in extraocular muscles may produce spatial disorientation, double vision or past pointing. Use in chronic paralytic strabismus only in conjunction with surgical repair to reduce antagonist contracture. Spasticity: Not likely to be effective at a joint affected by a known fixed contracture. Cervical
Dystonia (spasmodic torticollis): Possibility of dysphagia or dyspnoea. May be decreased by limiting dose injected into the sternocleidomastoid muscle to <100U. 

Primary Hyperhidrosis of the Axillae: Consider causes of secondary hyperhidrosis to avoid symptomatic treatment.

Spasmodic Dysphonia: Laryngoscopy in diagnostic evaluation is mandatory. Avoid treatment in patients due to have elective surgery requiring general anaesthesia. *Chronic migraine: Due to difficulties in establishing a diagnosis of chronic migraine, patients being considered for prophylaxis of headaches with BOTOX® should be evaluated by a neurologist or pain management specialist prior to receiving treatment with BOTOX®.

Paediatric Use: Safety & effectiveness below 18 years have not been established for chronic migraine and below 12 years not established for blepharospasm, hemifacial spasm, cervical dystonia, hyperhidrosis, spasmodic dysphonia or upper facial rhytides. Safety & effectiveness below 2 years not established for focal spasticity. Caution should be exercised when treating patients with significant disability & co-morbidities and elderly. Caution should be exercised after treatment of BOTOX® as it can have an effect on the ability to drive and use machines.

Interactions with other Medicines: The effect of botulinum toxin may be potentiated by aminoglycoside antibiotics or spectinomycin, or any other drugs that interfere with neuromuscular transmission (e.g. tubocurarine-type muscle relaxants). Caution should be exercised when BOTOX® is used with aminoglycosides (e.g. streptomycin, tobramycin, neomycin, gentamycin, netilmicyn, kanamycin, amikacin), spectinomycin, polymyxins, tetracyclines, lincomycin or any other drugs which interfere with neuromuscular transmission. No specific tests have been carried out to establish the possibility of clinical interaction with medicinal products. No drug interactions of clinical significance have been reported. The effect of administering different botulinum neurotoxin serotypes at the same time or within several months of each other is unknown. Excessive weakness may be exacerbated by administration of another botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin.

Adverse Reactions: Usually transient & occur within first week of injection. ≥1% Localised pain, tenderness, bruising, infection, local & general weakness, erythema, oedema, ptosis, irritation/tearing, vertical deviation, diplopia, sub-conjunctival & conjunctival haemorrhages, reversible increase in intra-ocular pressure, trigger finger, clumsiness, falling, hypokinesia, increased frequency of micturition, joint dislocation, muscle spasms, convulsions, nasopharyngitis, pneumonia, vomiting, contusion, leg pain/cramps, fever, knee pain, ankle pain, lethargy, arm pain, hypertonia, fever/flu syndrome, accidental injury, incoordination, paresthesia, asthenia, headache, hyperkinesia, neck pain, dysphagia, perceived increase in non-axillary sweating, vasodilation, paralytic dysphonia (breathy dysphonia), aspiration, stridor, technical failure, blepharoptosis, face pain, ecchymosis, skin tightness, nausea, temporary lateral lower eyelid droop, eyebrow ptosis, eyelid swelling, aching/itching forehead, feeling of tension, seizures, migraine*, facial paresis*, musculoskeletal stiffness*, myalgia*, musculoskeletal pain*, muscle tightness*, injection site pain*, pruritus*, rash*.

*Please note change(s) in Product Information
If you would like any further information or to arrange an interview please contact:

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About Allergan

Founded in 1950, Allergan, Inc., with headquarters in Irvine, California, is a multi-specialty health care company that discovers, develops and commercialises innovative pharmaceuticals, biologics and medical devices that enable people to live life to its greatest potential — to see more clearly, move more freely, express themselves more fully. The company employs approximately 10,000 people worldwide and operates state-of-the-art R&D facilities and world-class manufacturing plants. In addition to its discovery-to-development research organisation, Allergan has global marketing and sales capabilities with a presence in more than 100 countries.

References:


5 Bigal ME et al. Chronic migraine in the population: burden, diagnosis and satisfaction with treatment Neurology 2008; 71: 559-566.

6 Estimate based on extrapolation from global data and calculation of number of adult Australians (aged 18 and over) from Australian Bureau of Statistics 2010, Australian Population by Age and Sex, Australian States and Territories, June 2010 cat. no. 3201.0, ABS, Canberra, Table 9.


9 BOTOX® Approved Product Information.

AU/0248/2011a