

Migraines — Not Just in Your Head

World Health Organization Ranks Migraines
in Top 20 Causes of Disabilities

Insight and Outlook from IMS HEALTH

Migraines are one of the top 20 causes of years-of-life lived with disability, according to the 2001 World Health Organization (WHO) report — *Mental Health: New Understanding, New Hope*.

Migraines, which predominantly affect women, are severe recurring headaches, usually on one side of the head. They are characterized by sharp pain and often accompanied by nausea, vomiting, and visual disturbances.

Migraines are believed to be caused by inflamed blood vessels and nerves around the brain. Migraine medications may produce relief by quieting sensitive nerve pathways and reducing the inflammation.

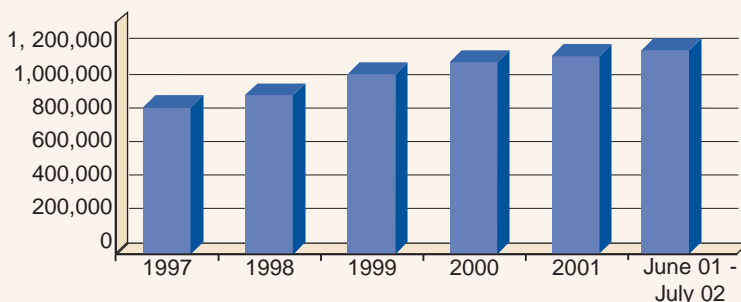
There were close to 1.2 million anti-migraine prescriptions dispensed in Canadian retail pharmacies in the 12 months ending July 2002 — that's 44% more than the 810,000 prescriptions dispensed in 1997.

In 2001, office-based physicians recommended acute anti-migraine therapy in 44% of consultations, and analgesics in 30% of cases. The remaining 26% of the recommendations were divided among anti-nauseants, beta blockers, acetaminophens and sedatives.

When physicians recommended acute anti-migraine therapy, 90% of the recommendations were for triptan-type drugs. Of that 90%, 34% were for Imitrex®, introduced in February 1992 by GlaxoSmithKline and commonly known as sumatriptan.

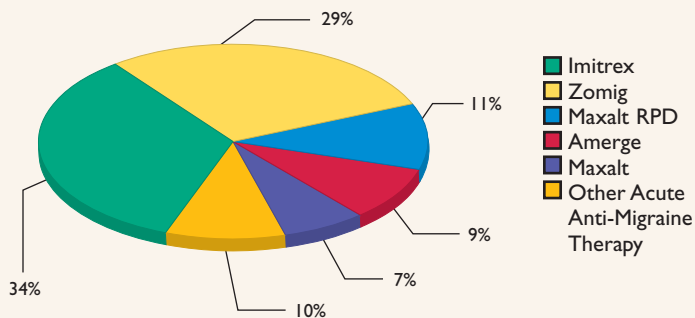
Imitrex is closely followed by Zomig®/Zomig Rapimelt® with 29%. Zomig is an AstraZeneca product,

Estimated Number of Anti-Migraine Prescriptions Dispensed in Canadian Retail Pharmacies



Source: IMS HEALTH, CompuScript

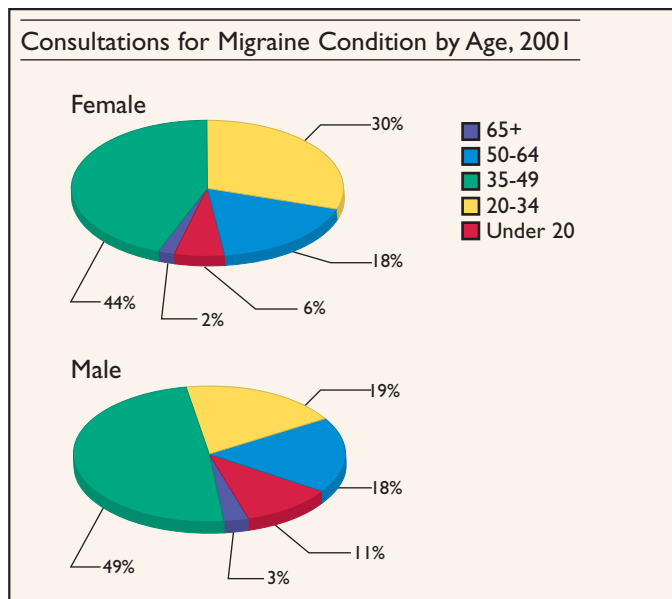
Office-Based Physicians' Recommendations for Acute Anti-Migraine Therapy, 2001



Source: IMS HEALTH, Canadian Disease and Therapeutic Index

zolmitriptan, which was introduced to the market in September 1998. Zomig Rapimelt was introduced in February 2001.

Merck Sharp & Dome's rizatriptan drugs, Maxalt® RPD and Maxalt®, released in August 1999, were recommended in 11% and 7% of visits, respectively. Finally, at 9% was Amerge®, a naratriptan medication produced by GlaxoSmithKline, available in Canada since May 1998.



Source: IMS HEALTH, Canadian Disease and Therapeutic Index

Migraines are more common among women. In 2001, 81% of visits to office-based physicians for migraine conditions were women and 19% were men.

The most prevalent age group for migraines, for both men and women, is 35 to 49, with the 20 to 34 year-olds coming in second.

On February 8, 2002, the *American Journal of Human Genetics* reported that researchers had found a heredity estimate of 40% to 65% for migraines. The genetic link is especially strong for migraines with aura. An aura can be blurred vision, zig-zag lines or spots in the field of vision, tingling skin and dizziness.

Aside from inheritance, there are a number of triggers associated with migraine attacks: fluctuation of estrogen levels in women; diet; lack of, or too much sleep; as well as environmental changes, such as fluorescent lights, strong odors and altitude changes. [CPM](#)

Resources:

1. World Health Organization Web Site: The World Health Report 2001, Mental Health, New Understanding, New Hope. www.who.int/whr/2001/main/en/chapter2/002d.htm
2. Journal of American Medical Association (JAMA). JAMA Migraine Information Center. www.ama-assn.org/special/migraine/support/educate/drug.htm
3. Migraine Association of Ireland – www.migraine.ie/
4. American Journal of Human Genetics. A Susceptibility Locus for Migraine with Aura, on Chromosome 4q24. www.journals.uchicago.edu/AJHG/journal/issues/v70n3/013448/013448.html

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