

HEADACHES, PRIMARY CARE, AND CARE PATHWAYS: COMPARING EXPERIENCES

Posters

IMPACT OF THE NORTH-EAST ITALIAN CHRONIC HEADACHE PROJECT ON WORKPLACE DISABILITY AND WORK PRODUCTIVITY IN PATIENTS TREATED WITH ATOGEPANT

A. Granato[1], L. Bartole[1], C. Gonella[1], E. Fusco[1], M. Bonetti[2], A. Lodi[3], A. Benussi[1]

[1]Clinical Unit of Neurology, Headache Centre, Department of Medicine, Surgery and Health Sciences, University of Trieste, Italy; [2]DAD Area Giuliana, S.C. Distretto Trieste 1 e 2, ASUGI, University of Trieste, Italy; [3]Funzione Organizzativa, Gestione Offerte Ambulatoriali, ASUGI, University of Trieste, Italy

Background. Italy has recognized primary chronic headache as a social disease, prompting the development of innovative projects for the management of patients with chronic headache. In 2025, the Headache Centre of the University of Trieste launched a pilot project dedicated to chronic headache, including an ad hoc network, training activities for general practitioners, information initiatives for the general population, and a new Chronic Headache Outpatient Clinic staffed by a neurologist and a nurse specialized in headache disorders, aimed at ensuring priority access and management for patients with chronic headache.

Methods. We performed a four-month retrospective analysis of employed patients with high-frequency or chronic migraine treated with atogepant at the Chronic Headache Outpatient Clinic of Headache Centre of the University of Trieste. Patients were either treatment-naïve for preventive therapy or receiving stable preventive treatment for more than 3 months. Demographic data, waiting time, defined as the number of days from booking to treatment initiation, absenteeism, defined as workdays missed due to headache, presenteeism, defined as workdays with less than 50% work productivity, disability assessed by the MIDAS score, impairment in work productivity and activity assessed by the WPAI questionnaire, and monthly headache days were collected at baseline (T0) and after three months of atogepant treatment (T1). Data were analysed using SPSS 22.0.

Results. Twenty-one patients were included (mean age 48±11 years old; 17 females), 71.4% had chronic migraine and 76.2% were not receiving preventive treatment at baseline. Mean waiting time was 15±4 days. After three months of atogepant treatment, we observed a significant reduction in absenteeism (T0: 2 [0–8] vs T1: 0 [0–1] days; p=0.006), presenteeism (T0: 21±17 vs T1: 2 [0–7] days; p<0.005), disability (MIDAS score, T0: 81±33 vs T1: 15±8; p<0.005), impairment in work productivity (T0: 5.5±3 vs T1: 2±1.8; p=0.012), and monthly headache days (T0: 16.3±7.8 vs T1: 5.5±4.7; p<0.005).

Conclusions. Workplace disability and work productivity rapidly improved in patients treated with atogepant within a dedicated care setting designed to provide rapid access and management for patients with chronic headache.