• Some patients suffer disabling, frequent migraine without effective treatment as current pharmacological options are either contra-indicated, poorly tolerated or overused.
• The non-invasive, portable, sTMS device is designed for patient use and received a CE mark in 2011 for the acute treatment of migraine.
• In a previously published, randomised, sham-controlled study, SpringTMS was shown to be effective for the acute treatment of migraine with aura1.
• The safety of sTMS in clinical practice, including as an acute migraine treatment, is supported by biological, empirical, and clinical trial evidence.2

The National Institute for Clinical Excellence3 (NICE) approved TMS for acute and

Background

Objectives

Methods

Patient Characteristics

Results

- Review options for sTMS within the UK headache care pathway
- Assist patients in establishing optimal treatment schemes for their migraine patterns
- Review options for sTMS within the UK headache care pathway

Clinicians selected patients and prescribed the device. Patients received the device to use for a minimum period of three months. A clinical liaison had first contact with the patient to discuss treatment and use. Telephone reviews were conducted at 4 to 6-weekly intervals to support and monitor the patients’ treatment and progress. Survey data was collected at the 6 and 12-week time points over the treatment period. Patients treated per eNeura MAB guidelines using an average of 6-8 sTMS pulses per day.

Patient Characteristics

<table>
<thead>
<tr>
<th>Migraine Features</th>
<th># of Patients</th>
<th># of Attacks Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migraine with aura</td>
<td>55</td>
<td>2522</td>
</tr>
<tr>
<td>Episodic</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Chronic</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Migraine without aura</td>
<td>52</td>
<td>2012</td>
</tr>
<tr>
<td>Episodic</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Chronic</td>
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<td></td>
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<tr>
<td>Episodic</td>
<td>42</td>
<td>1360</td>
</tr>
<tr>
<td>Chronic</td>
<td>65</td>
<td>3174</td>
</tr>
</tbody>
</table>

A total of 266 patients were prescribed sTMS. 107 (40%) patients used the device for a minimum of three months and completed three surveys.

- 75% of patients (80) reported alleviation or reduction of pain.
- 68% (60) of patients using an acute medication at the time of prescription reported a reduction in the number of days of medications use.
- 65% of patients (57) reported associated symptoms were improved or did not develop.

- 62% (66) of patients reported a reduction in the number of headache days.
- 57% (62) of patients reported a reduction in the duration of migraine symptoms per attack.
- The treatment was well tolerated with no serious adverse events reported.
- For patients reporting a clinical response, patients continued to respond beyond the 3 month treatment period.

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References

3. NICE www.nice.org.uk/IPG477

Conclusion

- sTMS is an effective NICE (UK) approved non-drug treatment option for patients with migraine.
- sTMS provides effective, sustainable pain relief for migraine patients.
- The results indicate that sTMS (SpringTMS) is safe for use in outpatient practice.
- The data indicates SpringTMS can reduce the amount of acute medication used for the treatment of migraine.

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