# The Hidden Economic Consequences of Migraine to the UK Government: Burden of Disease Analysis Using a Fiscal Framework

# **Supplemental Materials**

### Contents

1.	UK Labour market participation
	UK public sector as a share of the total workforce
1.	Economic inactivity in the UK population4
	Early retirement4
	Disability4
2.	Targeted literature search
	PubMed literature search strategy
3.	Occupational burden of migraine and model implementation
	Employment
	Absenteeism
	Early retirement
	Disability
4.	Fiscal consequences inputs
	Earnings from employment
	Absenteeism costs
	Personal Independence Payment (PIP)
	Pensions
	Direct healthcare costs
5.	Monthly migraine days
6.	Additional results
7.	References14

## 1 **1. UK Labour market participation**

2 Table 1 depicts the age and gender-specific rates of labour participation in the UK general population.

### 3 Table 1 – Labour market status by age and gender

		Α	11	Econom	ically active	Emp	loyed	Emp	oloyee	Self-en	nployed
	Age categories	Economically	Economi-	Employed	Unemployed	Employee	Self-Em-	Employee:	Employee:	Self-employed:	Self-employed:
		Active	cally inactive				ployed	Full-time	Part-time	Full-time	Part-time
	16 to 19	36.8%	63.2%	79.4%	20.6%	96.2%	3.8%	41.8%	58.2%	63.4%	36.6%
	20 to 24	75.1%	24.9%	88.6%	11.4%	92.8%	7.2%	78.9%	21.1%	82.2%	17.8%
	25 to 29	89.5%	10.5%	95.0%	5.0%	90.8%	9.2%	93.4%	6.6%	89.1%	10.9%
	30 to 34	93.3%	6.7%	97.1%	2.9%	87.7%	12.3%	94.9%	5.1%	91.5%	8.5%
	35 to 39	92.8%	7.2%	97.1%	2.9%	85.7%	14.3%	95.6%	4.4%	90.9%	9.1%
	40 to 44	92.2%	7.8%	97.2%	2.8%	83.8%	16.2%	94.1%	5.9%	90.1%	9.9%
lles	45 to 49	90.7%	9.3%	97.1%	2.9%	82.6%	17.4%	94.4%	5.6%	90.0%	10.0%
Ma	50 to 54	88.4%	11.6%	96.9%	3.1%	80.8%	19.2%	94.0%	6.0%	87.0%	13.0%
	55 to 59	80.2%	19.8%	96.2%	3.8%	78.6%	21.4%	90.0%	10.0%	81.5%	18.5%
	60 to 64	62.6%	37.4%	95.4%	4.6%	74.6%	25.4%	80.1%	19.9%	70.5%	29.5%
	65 to 69	28.0%	72.0%	97.1%	2.9%	64.5%	35.5%	60.0%	40.0%	55.1%	44.9%
	70 to 74	12.3%	87.7%	98.8%	1.2%	54.1%	45.9%	37.1%	62.9%	34.6%	65.4%
	75 to 79	6.4%	93.6%	97.9%	2.1%	38.0%	62.0%	26.5%	73.5%	35.3%	64.7%
	80 and over	2.0%	98.0%	100.0%	0.0%	42.5%	57.5%	26.0%	74.0%	19.2%	80.8%
	16 to 19	39.4%	60.6%	79.2%	20.8%	99.0%	1.0%	25.3%	74.7%	0.0%	100.0%
	20 to 24	72.1%	27.9%	92.5%	7.5%	96.4%	3.6%	68.0%	32.0%	42.8%	57.2%
	25 to 29	84.1%	15.9%	96.2%	3.8%	95.0%	5.0%	80.1%	19.9%	59.8%	40.2%
	30 to 34	82.4%	17.6%	96.4%	3.6%	92.8%	7.2%	72.1%	27.9%	57.8%	42.2%
	35 to 39	83.4%	16.6%	96.7%	3.3%	89.9%	10.1%	64.7%	35.3%	43.3%	56.7%
ŝ	40 to 44	84.4%	15.6%	96.5%	3.5%	89.9%	10.1%	64.3%	35.7%	47.6%	52.4%
ale	45 to 49	82.8%	17.2%	97.0%	3.0%	88.1%	11.9%	66.2%	33.8%	55.0%	45.0%
em	50 to 54	80.4%	19.6%	97.5%	2.5%	88.1%	11.9%	66.3%	33.7%	53.0%	47.0%
Ŧ	55 to 59	72.3%	27.7%	96.5%	3.5%	87.4%	12.6%	59.9%	40.1%	49.7%	50.3%
	60 to 64	50.9%	49.1%	96.7%	3.3%	84.8%	15.2%	48.0%	52.0%	39.2%	60.8%
	65 to 69	20.6%	79.4%	98.3%	1.7%	78.4%	21.6%	31.2%	68.8%	25.5%	74.5%
	70 to 74	6.9%	93.1%	99.2%	0.8%	65.0%	35.0%	17.5%	82.5%	24.4%	75.6%
	75 to 79	2.9%	97.1%	98.6%	1.4%	56.5%	43.5%	11.9%	88.1%	16.1%	83.9%
	80 and over	0.8%	99.2%	100.0%	0.0%	45.6%	54.4%	11.5%	88.5%	24.2%	75.8%

4 Source: Annual Population Survey, ONS 2021 (ONS 2021)

5 <u>UK public sector as a share of the total workforce</u>

- 6 The total number of public sector employees by in industry is shown in Table 2. This total was combined with the age distribution of UK civil servants to estimate the head-
- 7 count of public sector employees by age and gender (Table 3).

8 Table 2 – UK public sector employment by industry in 2021

	Industry type	Count	%
	Construction	34,000	0.6%
Public administration, de-	HM Forces 3	159,000	2.8%
fence, compulsory social	Police (including civilians)	269,000	4.7%
security	Public administration	1,121,000	19.8%
	Education	1,491,000	26.3%
Health and social work	National Health Service	1,846,000	32.5%
Treatth and Social work	Other health and social work	208,000	3.7%
	Other public sector	548,000	9.7%
	Total public sector	5,674,000	100.0%

9 Source: ONS 2021 (ONS 2021)

#### 10 Table 3 – Estimation of public workers as a proportion of total UK employees

	Civil service distribution of full time and				Civil se	ervice dis-	Projecte	d UK public	Total UK po	pulation of	Public worker	rs as a pro-
Age categories	part time <sup>1</sup>				tribution by age		workers count <sup>b</sup>		employees <sup>c</sup>		portion of the UK popula-	
	Full-time	Part-time	Full-time	Part-time	and ger	nder <sup>a</sup>					tion of employ	yees <sup>d</sup>
	Ma	ales	Fen	nales	Males	Females	Males	Females	Males	Females	Males	Females
16 to 19	95.1%	4.9%	94.7%	5.3%	0.2%	0.2%	11,011	10,071	408,100	423,900	2.7%	2.4%
20 to 29	97.9%	2.1%	92.1%	7.9%	6.1%	6.6%	347,508	377,184	2,935,100	2,872,000	11.8%	13.1%
30 to 39	95.6%	4.4%	64.0%	36.0%	9.6%	11.8%	545,567	670,041	3,472,400	3,251,100	15.7%	20.6%
40 to 49	94.2%	5.8%	61.0%	39.0%	11.0%	14.0%	624,656	792,904	3,007,100	2,999,500	20.8%	26.4%
50 to 59	91.2%	8.8%	64.3%	35.7%	14.4%	17.4%	817,209	985,860	2,877,300	2,994,700	28.4%	32.9%
60 to 64	64.5%	35.5%	43.6%	56.4%	3.4%	3.5%	192,150	199,401	850,700	830,800	22.6%	24.0%
65+	46.3%	53.7%	30.1%	69.9%	1.0%	0.7%	58,813	41,626	420,500	373,100	14.0%	11.2%

11

<sup>a</sup> Calculated from the 2018 UK Civil Servants Annual Survey of 422,500 participants (ONS 2021)

12 <sup>b</sup> Calculated using the civil servants' distribution by age and gender (ONS 2018) and the total population of public sector employees (5,674,000) (ONS 2021).

13 <sup>c</sup> Sourced from the Annual Population Survey (ONS 2021)

<sup>14</sup> <sup>d</sup> Calculated by dividing the projected UK public workers count by the UK population of employees' value (i.e., 11,011/408,100=2.7%)

### 1. Economic inactivity in the UK population

In the model, individuals with disease-related disability or early retirement and individuals retired due to old age were considered economically inactive.

#### Early retirement

The proportion of people retiring early in the general population was sourced from the Annual Population Survey (ONS 2021) (Table 4).

Table 4 – Early retirement

Age categories	Males			Females			
	Total	Retired (n)	Retired (%)	Total	Retired (n)	Retired (%)	
16 to 24	1,424,800	0	0.0%	1,384,400	0	0.0%	
25 to 49	889,500	3,400	0.4%	1,789,500	6,300	0.4%	
50 to 64	1,415,600	539,000	38.1%	2,076,100	686,500	33.1%	

Source: Annual Population Survey (ONS 2021)

#### **Disability**

The UK prevalence of disability cases entitled to Personal Independence Payment (PIP) was sourced from

Age categories	Gases with PIP entitle- ment from non-migraine cause <sup>a</sup>		Total UK po	opulation <sup>b</sup>	Prevalence of PIP entitle- ment from non-migraine causes <sup>c</sup>		
	Males	Females	Males	Females	Males	Females	
16 to 19	69,104	38,558	1,564,569	1,480,930	4.4%	2.6%	
20 to 24	86,759	59,546	2,045,254	1,930,059	4.2%	3.1%	
25 to 29	75,100	66,955	2,253,964	2,143,264	3.3%	3.1%	
30 to 34	76,904	83,002	2,326,461	2,291,137	3.3%	3.6%	
35 to 39	79,309	94,337	2,206,422	2,242,807	3.6%	4.2%	
40 to 44	85,451	106,162	2,121,914	2,168,142	4.0%	4.9%	
45 to 49	104,569	136,627	2,012,961	2,053,290	5.2%	6.7%	
50 to 54	137,133	186,678	2,242,093	2,318,458	6.1%	8.1%	
55 to 59	161,724	218,539	2,263,517	2,350,748	7.1%	9.3%	
60 to 64	173,213	222,420	2,001,203	2,089,057	8.7%	10.6%	
65 to 69	147,473	181,478	1,676,961	1,782,187	8.8%	10.2%	
70 to 74	66,594	85,101	1,544,875	1,695,738	4.3%	5.0%	
75 to 79	0	0	1,290,747	1,472,559	0.0%	0.0%	
80 to 84	0	0	776,973	979,072	0.0%	0.0%	
85 to 89	0	0	450,061	652,723	0.0%	0.0%	
90+	0	0	215,265	422,547	0.0%	0.0%	

Table 5 – Personal Independence Payment entitlement from causes other than migraine

<sup>a</sup> PIP cases with entitlement (ONS 2021).

<sup>b</sup> UK population (ONS 2022).

<sup>c</sup> Calculated by dividing cases with PIP entitlement from non-migraine causes by the total UK population for same age group.

### 2. Targeted literature search

The targeted literature search was conducted on PubMed in April 2022 using the migraine mesh heading and terms specific to labour market participation (above). The search was restricted to English language, European publications, and the last 10 years. Resulting titles and abstracts were sifted by a single analyst. Full texts were also inspected by a single analyst and manually checked for additional references. Studies reporting on relative measures of the impact of migraine on labour participation compared to the general population or less severe migraine were extracted and used in the model.

PubMed literature search strategy

#	Search terms	Hits
1	(((((("career mobility"[MeSH Terms] OR "caregiver burden"[MeSH Terms] OR "cost of illness"[MeSH	323,363
	Terms] OR "family leave"[MeSH Terms] OR "financial stress"[MeSH Terms] OR "retirement"[MeSH	
	Terms] OR "return to work" [MeSH Terms] OR "social security" [MeSH Terms] OR "social wel-	
	fare"[MeSH Terms] OR unemployment[MeSH Terms]) OR ("Activity impairment"[Title/Abstract] OR	
	"Benefit payment" [1itle/Abstract] OR Compensation [1itle/Abstract] OR "Cost of illness" [1itle/Abstract] OP "Disability allowance*" [Title/Abstract] OP Farming*[Title/Abstract] OP Figae [[Title/Abstract]] OP	
	"Government transfer"[Title/Abstract] OR "Hidden cost*"[Title/Abstract] OR Income[Title/Abstract] OR	
	"Indirect cost*"[Title/Abstract] OR "Indirect healthcare cost*"[Title/Abstract] OR "Living allowance*"[Ti-	
	tle/Abstract] OR "Long-term disability"[Title/Abstract] OR "Lost time"[Title/Abstract] OR "Multifactor	
	productivity"[Title/Abstract] OR Pension*[Title/Abstract] OR "Productive efficiency"[Title/Abstract] OR	
	Retire[Title/Abstract] OR Retirement[Title/Abstract] OR Salaries[Title/Abstract] OR Salary[Title/Ab-	
	stract] OR "Social benefit*"[Title/Abstract] OR "social insurance benefit"[Title/Abstract] OR "Social secu-	
	rity"[Title/Abstract] OR "Tax credit"[Title/Abstract] OR "Total factor productivity"[Title/Abstract] OR	
	"Transfer payment"[Title/Abstract] OR Transportation[Title/Abstract] OR Underemployment[Title/Ab-	
	stract OR "Under-employment" [Title/Abstract] OR Unemployment [Title/Abstract] OR "Un-employ-	
	ment [Intle/Abstract] OR wage[Intle/Abstract] OR wages[Intle/Abstract] OR welfare[Intle/Abstract] OR W/PAI[Title/Abstract] OP "work life"[Title/Abstract] OP	
	"workers comp"[Title/Abstract])) OR (((work*[Title/Abstract] OR iob[Title/Abstract] OR occupation*[Ti-	
	tle/Abstract] OR vocation*[Title/Abstract] OR employ*[Title/Abstract] OR workforce[Title/Abstract] OR	
	"work-force"[Title/Abstract] OR "labor force"[Title/Abstract] OR "labour force"[Title/Abstract])) AND	
	(Loss[Title/Abstract] OR productivity[Title/Abstract] OR disability[Title/Abstract] OR participation[Ti-	
	tle/Abstract] OR cessation[Title/Abstract] OR status[Title/Abstract] OR outcome[Title/Abstract] OR im-	
	pair*[Title/Abstract] OR disrupt*[Title/Abstract] OR incapacity[Title/Abstract] OR incapability[Title/Ab-	
	stract] OR activity[Title/Abstract] OR transportation[Title/Abstract] OR leaving[Title/Abstract]))) OR	
	((caregiver) AND (work* [ 11tle/Abstract] OR job [ 11tle/Abstract] OR occupation* [ 11tle/Abstract] OR voca-	
	tion [Inte/Abstract] OR "labor force"[Title/ $\Delta$ bstract] OR "labour force"[Title/ $\Delta$ bstract]))) OR ((fewer[Title/ $\Delta$ b-	
	stract] OR loss[Title/Abstract] OR lost[Title/Abstract] OR unpaid[Title/Abstract]) AND (work[Title/Ab-	
	stract]) AND (dav*[Title/Abstract] OR hour*[Title/Abstract]))))	
2	("migraine disorders"[MeSH Terms]))	
3	#1 AND #2	423
4	("comparative effectiveness"[Title/Abstract] OR "drug cost*"[Title/Abstract] OR "treatment cost*"[Ti-	
	tle/Abstract] OR "hospital cost*"[Title/Abstract] OR "health services cost*"[Title/Abstract] OR "medical	
	service utilization"[Title/Abstract] OR "effectiveness analysis"[Title/Abstract] OR "case study"[Title/Ab-	
5	stract] OR "cost effectiveness"[Title/Abstract] OR "cost-effectiveness"[Title/Abstract]))	
3		
6	("english"[Language])	
7	(("2011/12/01"[Date - Publication] : "3000"[Date - Publication])))	
8	#5 AND #6 AND #/	
9	"Europe" [MeSH] OR "United Kingdom" [tiab] OR "UK" OR "Engl*" [tiab] OR "British" [tiab] OR "Lon- don" OR "Europe*" [tiab]	
10	#8 AND #9	95

### 3. Occupational burden of migraine and model implementation

#### Employment

People with migraine were subject to the effect of the condition on labour participation. The likelihood of employment was reduced from baseline values by 7% in people with episodic migraine and by 19% in people with chronic migraine (Stewart, Wood et al. 2010). These individuals were assumed to be in unemployment. The proportion of part-time workers due to chronic migraine was increased by 28% (Buse, Manack et al. 2010). Reductions of 19.7% or 12.6% in monthly working days (full- or part-time) were linked to chronic or episodic migraine, respectively. These were applied to the earnings of public sector employees and self-employed workers (Vo, Fang et al. 2018).

#### Absenteeism

Absenteeism metrics reported by Vo and colleagues (Vo, Fang et al. 2018) were applied to people affected by migraine on employment. In the cohort unaffected by migraine, a pre-COVID19 (year 2019) absenteeism rate of 1.9% was used. (ONS 2023) We assumed that employees in the public or private sector had their salaries protected despite episodes of absenteeism. The monetary value of absenteeism in public employees was assumed to represent a direct loss to the gov-ernment and was included as a negative monetary value in the results. In people who were self-employed, absenteeism was assumed to represent a real reduction in earnings indirectly impacting the government through reduced direct and indirect tax contributions.

#### Early retirement

People with chronic migraine were modelled to have 1.611 higher probability of early retirement, compared to people with episodic migraine (Chalmer, Hansen et al. 2020).

#### **Disability**

The proportion of migraine-related disability was informed by data from the Department of Work and Pensions (ONS 2021). The proportion of individuals entitled to Personal Independence Payment (PIP) due to migraine were calculated by dividing the count of cases with entitlement by the total UK migraine population (Table 6). We assumed that there would be no migraine related disability in people not affected by migraine but that people with migraine would still be subject to disability from other causes.

People with chronic migraine were modelled to have 1.8 times higher probability of disability than people with episodic migraine (Buse, Manack et al. 2010).

Age categories	Cases with PIP entitlement <sup>a</sup>		Total UK mi	graine popula-	Proportion of migraine pop- ulation receiving PIP <sup>c</sup>	
	Males	Females	Males	Females	Males	Females
16 to 19	14	31	244,073	515,364	0.006%	0.006%
20 to 24	24	72	319,060	671,661	0.008%	0.011%
25 to 29	40	141	351,618	745,856	0.011%	0.019%
30 to 34	58	215	362,928	797,316	0.016%	0.027%
35 to 39	61	271	344,202	780,497	0.018%	0.035%
40 to 44	85	297	331,019	754,513	0.026%	0.039%
45 to 49	81	348	314,022	714,545	0.026%	0.049%
50 to 54	99	347	260,083	544,838	0.038%	0.064%
55 to 59	75	285	262,568	552,426	0.029%	0.052%
60 to 64	71	207	232,140	490,928	0.031%	0.042%
65 to 69	37	79	194,527	418,814	0.019%	0.019%
70 to 74	14	22	95,782	147,529	0.015%	0.015%
75 to 79	0	0	80,026	128,113	0	0
80 to 84	0	0	48,172	85,179	0	0
85 to 89	0	0	27,904	56,787	0	0
90+	0	0	13,346	36,762	0	0

Table 6 – Personal Independence Payment, cases with entitlement due to migraine

<sup>a</sup> PIP cases with entitlement (ONS 2021).

<sup>b</sup> Calculated by multiplying the age and gender-specific prevalence of migraine (The Work Foundation 2018) by the number of individuals for that age category in the UK population (ONS 2022). <sup>c</sup> Calculated by dividing cases with PIP entitlement by the total UK migraine population for same age group.

### 1 4. Fiscal consequences inputs

#### 2 Earnings from employment

3 The UK median monetary values of earnings from employment before tax are shown in Table 7.

Age categories	Full time		Part time		
	Males	Females	Males	Females	
16 to 17	£9,062	£7,745	£3,210	£3,101	
18 to 21	£18,392	£17,005	£6,780	£5,912	
22 to 29	£26,856	£25,115	£10,561	£10,153	
30 to 39	£34,210	£30,540	£12,500	£12,151	
40 to 49	£38,463	£31,679	£12,000	£12,479	
50 to 59	£36,000	£28,811	£11,773	£12,018	
60+	£30,944	£24,850	£11,863	£10,547	

4 Table 7 – Median gross earnings in the UK

5 Source: House of Commons Library (Francis-Devine 2021)

- 6 Absenteeism costs
- 7 To calculate absenteeism costs, the distribution of public and private employees, and self-employed workforce
- 8 was considered (Table 1, Table 2, Table 3). The inputs used to define the distribution and sex of direct care pro-
- 9 viders in the health and social care sector can be found in Table 8.

10 Table 8 – Inputs used to model absenteeism

Description	Input	Source				
Public sector workforce						
Public sector workforce headcount	5,674,000	(ONS 2021)				
NHS workforce headcount	1,846,000	(ONS 2021)				
		(Skills for Care				
SC workforce headcount	208,000	2022)				
Gender distribution NHS and SC						
NHS - Males	325,415	(ONS 2021)				
		(Skills for Care				
SC - Males	193,800	2022)				
Direct care providers						
NHS workforce	719,291	(NHS Digital 2022)				
Social care workforce (publicly and privately funded)	59.97%	Calculated <sup>a</sup>				
Gender distribution of direct care providers						
Direct carers, NHS, Males	167,155	(NHS Digital 2022)				
Direct carers, SC, Males (publicly and privately funded)	17.00%	b				

11 Acronyms: NHS, National Health System; SC, Social Care

<sup>a</sup> Headcount for publicly funded SC direct care providers was not found in the literature. Combined input for publicly and
privately funded SC used instead (134,400/224,100) (Skills for Care 2022).

<sup>b</sup> Headcount for male direct care providers in publicly funded SC was not found in the literature. Combined input for publicly and privately funded SC used instead (Skills for Care 2022).

#### 16 <u>Personal Independence Payment (PIP)</u>

- 17 People with disability in the population affected by and unaffected by migraine were assigned the weekly value
- 18 of personal independence payment (PIP) from all disability causes. People with migraine-related excess disabil-
- 19 ity in the migraine cohort were assigned the weekly value of PIP due to migraine alone (ONS 2021).
- 20 Table 9 Weekly monetary value of personal independence payment

Age categories	Migraine		All other causes of disability		
	Males	Females	Males	Females	
16 to 19	£124.18	£104.59	£110.92	£107.75	
20 to 24	£97.55	£95.71	£127.92	£124.75	
25 to 29	£99.96	£100.44	£118.50	£112.58	

30 to 34	£96.62	£100.58	£112.17	£106.08
35 to 39	£105.59	£98.26	£108.08	£103.42
40 to 44	£110.22	£98.69	£106.08	£103.17
45 to 49	£103.76	£100.86	£105.17	£103.75
50 to 54	£109.30	£101.31	£106.75	£105.42
55 to 59	£107.73	£106.15	£108.17	£106.92
60 to 64	£105.68	£108.62	£109.75	£108.17
65 to 69	£105.31	£96.75	£110.83	£109.08
70 to 74	£129.87	£106.98	£111.00	£109.75
75 to 79	£0.00	£0.00	£113.00	£112.00
80 to 84	£0.00	£0.00	£0.00	£0.00
85 to 89	£0.00	£0.00	£0.00	£0.00
90+	£0.00	£0.00	£0.00	£0.00

21 Source: Department of Work and Pensions (ONS 2021)

#### 22 <u>Pensions</u>

- 23 Normal retirement pensions were thought not to differ between people affected and unaffected by migraine and
- 24 were not included in the model. Individuals retiring early were assumed to receive state pension transfers (ONS
- 25 2021). The weekly age-adjusted monetary value for state pension is shown in Table 10.

26	Table 10 – Average	monetary value	of state pension age

Age categories	Weekly pension
65-69	£158.90
70-74	£150.63
75-79	£150.15
80-84	£157.60
85-89	£164.29
90 and over	£157.50

27 Source: Office for National Statistics (ONS 2021)

#### 28 <u>Direct healthcare costs</u>

29 The average cost of managing one or more episodes of migraine was sourced from the NICE single technology

- 30 appraisal for erenumab (NICE 2021). An average annual direct healthcare cost was calculated using the cost
- 31 value per health state column (Table 11) weighted by the distribution of monthly migraine days (MMDs) shown
- 32 in Table 13. An annual direct healthcare cost of £897 was obtained for use in the model. In the absence of UK

33 specific data, the proportion of individuals using healthcare resources paid by the government (46%) was

34 sourced from international studies (Lipton, Serrano et al. 2012, Groth, Katsarava et al. 2022).

35 Table 11 – Annual healthcare resource use and cost by frequency of monthly migraine days <sup>a</sup>

Monthly	General	Emergency	Hospitali-	Nurse	Neurologist	Oral trip-	Cost value
migraine	practi-	department	zations	practi-	visits	tan usage	per health
days	tioner visits	visits		tioner visits			state <sup>b</sup>
0	2.622	0.390	0.303	0.823	0.043	0.000	£388.88
1	3.748	0.867	0.542	1.322	0.195	3.839	£699.16
2	3.748	0.867	0.542	1.322	0.195	10.261	£704.00
3	3.748	0.867	0.542	1.322	0.195	16.683	£708.83
4	5.373	0.758	0.520	2.275	0.173	23.105	£785.41
5	5.373	0.758	0.520	2.275	0.173	29.527	£790.24
6	5.373	0.758	0.520	2.275	0.173	35.949	£795.07
7	5.373	0.758	0.520	2.275	0.173	42.371	£799.90
8	7.193	1.192	0.520	0.628	0.498	48.793	£924.89
9	7.193	1.192	0.520	0.628	0.498	55.215	£929.73
10	7.193	1.192	0.520	0.628	0.498	61.637	£934.56
11	7.193	1.192	0.520	0.628	0.498	68.059	£939.39
12	7.193	1.192	0.520	0.628	0.498	74.481	£944.22
13	7.193	1.192	0.520	0.628	0.498	80.903	£949.05
14	7.193	1.192	0.520	0.628	0.498	87.325	£953.88

15	7.605	1.517	0.672	1.647	0.953	93.747	£1,245.90
16	7.605	1.517	0.672	1.647	0.953	100.169	£1,250.73
17	7.605	1.517	0.672	1.647	0.953	106.591	£1,255.56
18	7.605	1.517	0.672	1.647	0.953	113.013	£1,260.39
19	7.605	1.517	0.672	1.647	0.953	119.435	£1,265.23
20	7.605	1.517	0.672	1.647	0.953	125.857	£1,270.06
21	7.605	1.517	0.672	1.647	0.953	132.279	£1,274.89
22	7.605	1.517	0.672	1.647	0.953	138.701	£1,279.72
23	7.605	1.517	0.672	1.647	0.953	145.123	£1,284.55
24	7.605	1.517	0.672	1.647	0.953	151.545	£1,289.38
25	7.605	1.517	0.672	1.647	0.953	157.967	£1,294.22
26	7.605	1.517	0.672	1.647	0.953	164.385	£1,299.04
27	7.605	1.517	0.672	1.647	0.953	170.807	£1,303.88
28	7.605	1.517	0.672	1.647	0.953	177.229	£1,308.71

<sup>1</sup> Reproduced from Committee Papers for NICE Single Technology Appraisal - erenumab for preventing migraine [ID1188]. Shown values are for an annual cycle. 36 37

38 <sup>2</sup> Calculated using row proportions and unit costs from Table 12.

39

#### 40 Table 12 – Unit costs of healthcare resources

Resource	Unit cost	Source	Notes
General practitioner	£39.00	PSSRU 2021	Per surgery consultation lasting 9.22
visit			minutes
Emergency depart-	£123.84	NHS Reference costs	[VB09Z] Emergency Medicine, Category 1
ment visit			Investigation with Category 1-2 Treatment
Hospitalization	£643.29	NHS Reference costs	Weighted average of Total HRG [AA31C],
			[AA31D] and [AA31E]
Nurse visit	£42.00	PSSRU 2021	One hour of nurse time in a general practi-
			tioner surgery
Neurologist visit	£199.00	NHS Reference costs	Outpatient attendance [400] Neurology -
			Unit cost - Consultant led
Triptan use	£0.75	Prescription Costs Analysis	Average cost for one triptan tablet
		2022, NHS Drug Tariff 2022	

Acronyms: HRG, healthcare resource groups; NHS, National Health System; PSSRU, Personal Social Services Research 41 42 Unit.

43

### 44 5. Monthly migraine days

The base case ratio of chronic to EM cases was sourced from the UK cohort in the International Burden of Mi-

- 46 graine Study (IBMS) (Bloudek, Stokes et al. 2012) as this was perceived to be more representative of the overall
- 47 migraine population in the UK. Nonetheless, the distribution of MMDs was also required to calculate healthcare
- 48 costs and to model scenarios exploring the hypothetical effect of therapies reducing the frequency of MMDs,
- 49 which was not reported in the publication by Bloudek and colleagues.
- 50 Alternatively, histograms published by Di Tanna et al. (Di Tanna, Porter et al. 2019) were digitized to inform
- 51 the proportion of individuals experiencing migraine over a month. The digitized data refers to for individuals
- 52 assigned to Placebo, classified to have EM or CM at week 0, figures 1 and 2 of the original publication.
- 53 The digitized inputs and manipulations produced to the data are shown in Table 13.
- 54 Table 13 Distribution of Monthly migraine days

	MMDs	Di Tanna 2019 <sup>a</sup>	Reweighted <sup>b</sup>	Distribution of MMDs <sup>c</sup>
EM	0	0.00%	0.00%	0.00%
	1	0.00%	0.00%	0.00%
	2	0.00%	0.00%	0.00%
	3	0.00%	0.00%	0.00%
	4	3.33%	3.35%	3.17%
	5	8.92%	8.95%	8.48%
	6	18.76%	18.83%	17.83%
	7	10.65%	10.69%	10.12%
	8	14.25%	14.30%	13.54%
	9	13.58%	13.63%	12.91%
	10	10.86%	10.90%	10.32%
	11	7.81%	7.83%	7.42%
	12	7.48%	7.50%	7.10%
	13	1.23%	1.23%	1.17%
	14	2.76%	2.77%	2.62%
СМ	15	6.09%	7.96%	0.42%
	16	5.72%	7.48%	0.40%
	17	8.53%	11.14%	0.59%
	18	9.68%	12.65%	0.67%
	19	7.51%	9.81%	0.52%
	20	8.94%	11.69%	0.62%
	21	3.56%	4.65%	0.25%
	22	5.06%	6.61%	0.35%
	23	7.52%	9.83%	0.52%
	24	3.57%	4.66%	0.25%
	25	2.89%	3.77%	0.20%
	26	2.11%	2.76%	0.15%
	27	2.89%	3.78%	0.20%
	28	2.46%	3.21%	0.17%

55

- <sup>a</sup> Digitized using WebPlotDigitizer (Rohatgi 2021).
- <sup>b</sup> Row proportions were reweighted to add to 100% of EM or to 100% of CM (i.e.
- 58 3.33%/[3.33%+8.92%+18.76%+10.65%+14.25%+13.58%+10.86%+7.81%+7.48%+1.23%+2.76%]).

<sup>c</sup> Reweighted values for EM were multiplied by the proportion of individuals with EM (94.7%) sourced from the

60 IBMS (Payne, Varon et al. 2011). Similarly, reweighted values for CM were multiplied by 5.3%.

### 61 6. Additional results

62 The population model used published prevalence metrics (The Work Foundation 2018) of migraine and the total

- 63 UK population (ONS 2022) to predict the total number of males and females with the condition in one single
- 64 year. The resulting cohort is shown in Figure 1.





66 67

- 68 The population model estimated the incremental fiscal consequences due to migraine in the cohort depicted in
- 69 Figure 1, compared to an identical cohort unaffected by the disease. The disaggregated base case results are re-

#### 70 ported in Table 14.

72

		Migraine population	General population	Incremental		
	Gross income from any employ-	£173,921 M	£179,771 M	-£5,850 M		
	ment					_
	Public sector absenteeism	-£4,211 M	-£631 M	-£3,580 M	29.3%	Fiscal loss
	Direct taxes from employment	£52,872 M	£54,650 M	-£1,778 M	14.6%	Fiscal loss
ces	Indirect taxes from employment	£21,566 M	£22,292 M	-£725 M	5.9%	Fiscal loss
al	Foregone corporation taxes	-£1,515 M	-£227 M	-£1,288 M	10.6%	Fiscal loss
Fisc: consequ	Job seeker's allowance	-£1,630 M	-£1,173 M	-£457 M	3.7%	Fiscal loss
	Early retirement pension	-£601 M	-£582 M	-£19 M	0.2%	Fiscal loss
	Disability pension	-£3,140 M	-£3,128 M	-£12 M	0.1%	Fiscal loss
	Indirect tax from transfers	£1,629 M	£1,625 M	£4 M	0.0%	Fiscal gain
	Healthcare costs	-£24,203 M	-£19,857 M	-£4,346 M	35.6%	Fiscal loss
	Total	£40,766 M	£52,968 M	-£12,202 M		
	Life years	10,535,224	10,535,224	0.000		
	Incremental costs per life year lived	-£1,158				

73 Acronyms: IFC, Incremental fiscal consequences

74 Negative values represent monetary losses and positive values sources of revenue to the UK government.

<sup>71</sup> Table 14 – Population model base case results

#### 75 Table 15 – Population model estimates of UK fiscal costs of absenteeism

1					Fiscal costs of	absenteeism			
Sectors of UK	workforce		Head- count	% UK workforce	Migraine population	ligraineGeneralIncremen-opulationpopulationtal			
D-11'	Health and	Replacement costs (Direct carers)	2 054 000	6.1%	-£855 M	-£128 M	-£727 M	12.5%	
Public sector	Social Care	Foregone labour value (Not direct carers)	2,034,000		-£1,560 M	-£234 M	-£1,326 M	22.8%	
workioice	Other	Foregone labour value	3,620,000	10.8%	-£1,797 M	-£269 M	Incremen- tal     9/       -£727 M     12       -£1,326 M     22       -£1,527 M     20       -£668 M     1       -£273 M     4       -£1,288 M     22       -£5,810 M     1	26.3%	
Drivete sector a	Direct tax on employment		2 677 550	11.09/	-£787 M	-£118 M	-£668 M	11.5%	
Private sector se	en employed	Indirect tax on employment	5,077,550	11.070	-£321 M	-£48 M	-£1,326 M -£1,527 M -£668 M -£273 M	4.7%	
Private sector employees Foregone corporate tax contributions		24,230,750	72.2%	-£1,515 M	-£227 M	-£1,288 M	22.2%		
Total absenteeism costs			33,582,300	100.0%	-£6,835 M	-£1,025 M	-£5,810 M	100.0%	

### 7. References

Bloudek, L. M., M. Stokes, D. C. Buse, T. K. Wilcox, R. B. Lipton, P. J. Goadsby, S. F. Varon, A. M. Blumenfeld, Z. Katsarava, J. Pascual, M. Lanteri-Minet, P. Cortelli and P. Martelletti (2012). "Cost of healthcare for patients with migraine in five European countries: results from the International Burden of Migraine Study (IBMS)." J Headache Pain 13(5): 361-378.

Buse, D. C., A. Manack, D. Serrano, C. Turkel and R. B. Lipton (2010). "Sociodemographic and comorbidity profiles of chronic migraine and episodic migraine sufferers." <u>J Neurol Neurosurg</u> Psychiatry **81**(4): 428-432.

Chalmer, M. A., T. F. Hansen, E. R. Lebedeva, D. W. Dodick, R. B. Lipton and J. Olesen (2020). "Proposed new diagnostic criteria for chronic migraine." <u>Cephalalgia</u> **40**(4): 399-406.

Di Tanna, G. L., J. K. Porter, R. B. Lipton, A. Brennan, S. Palmer, A. J. Hatswell, S. Sapra and G. Villa (2019). "Migraine day frequency in migraine prevention: longitudinal modelling approaches." <u>BMC Med Res Methodol</u> **19**(1): 20.

Francis-Devine, B. (2021). "Research briefing - Average earnings by age and region." Retrieved 10/05/2022, from <u>https://commonslibrary.parliament.uk/research-briefings/cbp-8456/</u>.

Groth, M., Z. Katsarava and M. Ehrlich (2022). "Results of the gErman migraine PatIent Survey on medical Care and prOPhylactic treatment Experience (EPISCOPE)." <u>Scientific Reports</u> **12**(1): 4589. Lipton, R. B., D. Serrano, S. Holland, K. M. Fanning, M. L. Reed and D. C. Buse (2012). "Barriers to the diagnosis and treatment of migraine: effects of sex, income, and headache features." <u>Headache</u>

**53**(1): 81-92. NHS Digital (2022). "NHS Hospital & Community Health Service (HCHS) monthly workforce statistics - Staff in NHS Trusts and other core organisations."

NICE. (2021). "Single Technology Appraisal Erenumab for preventing migraine [ID1188] Committee Papers [TA 682]." Retrieved 18/12/2022, from

https://www.nice.org.uk/guidance/ta682/evidence/appraisal-consultation-committee-papers-pdf-9021642589.

ONS. (2018). "Age distribution of UK civil servants " Retrieved 21/04/2022, from <u>https://www.nomisweb.co.uk/datasets/acses4i</u>

ONS. (2021). "Annual Population Survey - Regional - Economic inactivity by reasons." Retrieved 10/05/2022, from <u>https://www.nomisweb.co.uk/</u>

ONS. (2021). "Annual Population Survey - regional - labour market status by age." Retrieved 20/04/2022, from <u>https://www.nomisweb.co.uk/datasets/aps170</u>

ONS. (2021). "Pensions by age (bands and single year) by Quarter by Mean of Weekly Amount of Benefit." Retrieved 23/05/2022, from <u>https://stat-</u>

xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml

ONS. (2021). "Personal Independence Payment - Cases with Entitlement by age categories." Retrieved 04/05/2022, from https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml.

ONS. (2021). "Personal Independence Payment - Mean of financial award for people with migraine." Retrieved 04/05/2022, from <u>https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml</u>.

ONS. (2021). "UK Public sector employment by industry." Retrieved 21/04/2022, from https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/publicsectorpersonnel/datasets/publicsectoremploymentreferencetable

ONS. (2022). "National Population projections by single year of age." Retrieved 11/05/2022, from <u>https://www.nomisweb.co.uk/datasets/ppsyoa</u>.

ONS. (2023). "Sickness absence in the UK labour market." Retrieved 10/06/2023, from https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/d atasets/sicknessabsenceinthelabourmarket.

Payne, K. A., S. F. Varon, A. K. Kawata, K. Yeomans, T. K. Wilcox, A. Manack, D. C. Buse, R. B. Lipton, P. J. Goadsby and A. M. Blumenfeld (2011). "The International Burden of Migraine Study (IBMS): Study design, methodology, and baseline cohort characteristics." <u>Cephalalgia</u> **31**(10): 1116-1130.

Rohatgi, A. (2021). "WebPlotDigitizer 4.5." Retrieved 19/08/2022, from <u>https://automeris.io/WebPlotDigitizer</u>.

Skills for Care. (2022). "Adult social care workforce estimates, Employment overview." Retrieved 04/11/2022, from <u>https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx.</u>

Stewart, W. F., G. C. Wood, A. Manack, S. F. Varon, D. C. Buse and R. B. Lipton (2010). "Employment and work impact of chronic migraine and episodic migraine." <u>J Occup Environ Med</u> **52**(1): 8-14.

The Work Foundation. (2018). "Society's headache: The socioeconomic impact of migraine " Retrieved 26/04/2022, from <u>https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/SocietysHeadacheTheSocioeconomicimpactofmigraine.pdf</u>. Vo, P., J. Fang, A. Bilitou, A. K. Laflamme and S. Gupta (2018). "Patients' perspective on the burden of migraine in Europe: a cross-sectional analysis of survey data in France, Germany, Italy, Spain, and the United Kingdom." J Headache Pain **19**(1): 82.