

P.034**Eptinezumab Demonstrated Early Relief from Episodic and Chronic Migraine: Consistency of Effect Across 4 Clinical Trials**

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Background: Eptinezumab is approved in the US for migraine prevention. We demonstrate the consistency in migraine reduction from Day 1 across 4 weeks in patients with episodic (EM) or chronic migraine (CM) treated with eptinezumab. **Methods:** Four double-blind, placebo-controlled, randomized trials evaluated eptinezumab for migraine prevention: NCT01772524 (EM); NCT02559895 (EM, PROMISE-1); NCT02275117 (CM); NCT02974153 (CM, PROMISE-2). The percentage of patients experiencing migraine was evaluated on Day 1, then as an averaged daily occurrence weekly through Wk4; baseline was averaged over the 28-day screening period. **Results:** Approximately 31% of EM patients experienced migraine on any given day during baseline. PROMISE-1 percentages of patients with migraine on Day 1: 14.8% (100mg), 13.9% (300mg), 22.5% (placebo); during Wk4: 17.1%, 15.8%, 20.5%. NCT01772524 on Day 1: 4.8% (100mg), 13.7% (placebo); during Wk4: 10.0%, 17.6%. Approximately 58-59% of CM patients experienced migraine on any given day during baseline. PROMISE-2 percentages on Day 1: 28.6% (100mg), 27.8% (300mg), 42.3% (placebo); during Wk4: 31.8%, 28.8%, 36.0%. NCT02275117 on Day 1: 29.3% (100mg), 26.5% (300mg), 48.7% (placebo); during Wk4: 30.2%, 30.1%, 41.0%. **Conclusions:** Across 4 migraine prevention trials, eptinezumab consistently demonstrated rapid onset of migraine preventive benefit, beginning Day 1 after initial treatment and sustained through ≥ 4 weeks.

P.035**Health System Utilization and Medication Use among Adults with Migraine in Alberta: An observational cohort study using Alberta administrative health data**

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Background: Migraine is costly to governments. Despite significant burden, Canada lacks population data regarding migraine prevalence, resource and medication utilization. We sought to characterize the demographics, health resource utilization, and medication use in an adult migraine cohort in Alberta. **Methods:** Migraine cohort: previously validated case definition of migraine (ICD 10 + dispensation of abortive and/or preventative migraine drug (04/2010-03/2016). Patients over 18 years, followed three years from index date [first dispensation of migraine medication]. Health resource utilization (HRU) assessed by emergency department (ED) visits, hospital admission and physician claims. Medication assessed province-wide dispensation database linkage. Patient demographics and Charlson Comorbidity Index (CCI) included. **Results:** Over 5 years:

53,333 migraine cases identified (mean age 40.5 years, 79% female). Common comorbidities: hypertension, COPD, diabetes mellitus, cancer, cerebrovascular disease. Mean CCI 0.55 (SD 1.06). Metropolitan patients: 48%, urban 34.6%, rural 17.4%. Initial migraine diagnosis: 46% by GP, 31% in ED. Rural patients present more to ED/hospital for care in 3-year follow-up (IRR 2.95 [2.83, 3.08]). **Conclusions:** Our migraine case definition is more specific than sensitive and underestimates Alberta's migraine prevalence. Higher female prevalence as expected. Rurally, migraine care largely occurs in ED/hospital. Study of prevalence, HRU and medications may help inform health policy in Alberta and Canada.

P.036**Burden of illness in patients with migraine in Canada: A patient survey and retrospective chart review**

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Background: There are limited Canadian data on the impact of migraine on quality of life, economic, and societal burden. Therefore, the aim of this study was to characterize the humanistic and economic burden of illness of migraine in Canada. **Methods:** Retrospective medical chart review and prospective patient survey were used to evaluate the clinical, social, and economic burden of migraine in patients who failed at least two prior prophylactic therapies. **Results:** 287 migraine patients were included. High-frequency episodic migraine (8 to 14 MMDs) and chronic migraine (15+ MMDs) made up the majority of the cohort (35.2% and 35.9%, respectively). 72.8% of the patients had underlying comorbidities 78% indicated that they experienced severe disability on their daily life due to their headaches. The total estimated annual cost of chronic migraine was \$25,669 per patient while high-frequency episodic and low-frequency episodic migraine was associated with an annual cost of \$24,885 and \$15,651 per patient respectively. **Conclusions:** This study provides a recent and comprehensive assessment of the burden of illness associated with migraine in Canada and showed that migraine is associated with a substantial humanistic and economic burden for patients and healthcare systems.

MOVEMENT DISORDERS**P.037****Benefits of Treatment with OnabotulinumtoxinA in Naive and Non-naive Patients with Cervical Dystonia are Sustained over Time in CD PROBE**

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Background: The sustained effects of onabotulinumtoxinA in patients with cervical dystonia (CD) who were naïve or non-naïve