

Dear Kate

I am writing to provide our response to the STA on botulinum toxin A.

By way of background, the Primary Care Neurology Society has been running since 2005. We are pleased to say that over 1500 health professionals have registered with the society. The majority of people registered with the society work in Primary Care with over 600 GPs.

The Primary Care Neurology Society is disappointed at the initial indication from NICE of the minded no position for what is the only licenced intervention in migraine. Migraine, as recognised by the WHO continues to be extremely debilitating condition which has a significant detrimental impact on a person's quality of life. New treatment options are clearly needed. We are concerned that the appraisal currently fails to recognise the full extent of the quality of life burden associated with migraine because simply looking at a reduction in headache days as a negative stopping rule does not reflect clinical practice. It could be argued that a reduction in migraine days would be more accurate. But either way, a person's quality of life can be significantly improved simply by a reduction in severity and duration of migraine as well as a need for rescue medication. These quality of life changes along with the positive effects on symptoms such as light sensitivity, nausea, and dizziness, could all be missed by focusing on a reduction in headache days.

If the appraisal is only to focus on percentage reduction of headache days we feel that a tipping point less than 50%, e.g. 25-30% would be better.

I hope these comments are of value.

Kind regards

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Primary Care Neurology Society