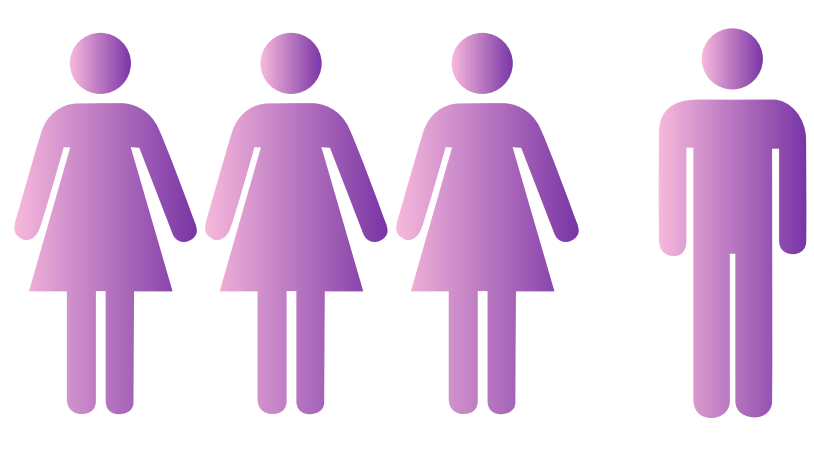


# THE TRUE IMPACT OF MIGRAINE IS NOT ALL IN HER HEAD

Migraine is so much more than meets the eye. Especially in women, who represent 80% of people living with migraine.<sup>1</sup> Yet it remains **underdiagnosed** and **undertreated**, leaving the quality of life for people with migraine to rapidly deteriorate.<sup>2</sup> Women are hit hardest.

It's time to acknowledge the impact of migraine on women in order to manage it better.

## MIGRAINE IS DIFFERENT IN WOMEN, SO IS ITS IMPACT



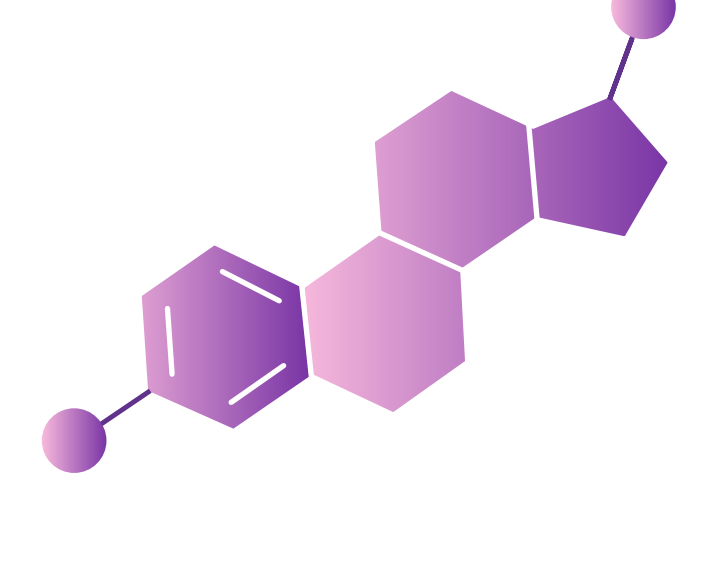
Migraine affects **3X more women than men**;<sup>3</sup> women suffer longer attack duration than men and experience a higher recurrence rate.<sup>4</sup>



Each individual **responds to a migraine attack differently**.



Top triggers include stress, bright lights, menstruation (for women) and sleep deprivation (for men).<sup>5</sup>



The apparent sex disparity in migraine is partly mediated by differences in **ovarian hormones** such as oestrogen and progesterone.<sup>6</sup>



Migraine exacerbates health inequalities between the sexes, leading to greater **gender inequality** as more women with migraine are forced to abandon their careers.<sup>6</sup>

People reported **difficulty to perform tasks** like cooking, eating, taking care of the family or a child, or driving.<sup>7</sup>

Migraine in women can be stereotyped with **'feminine' characteristics**, which often trivialises migraines.

## YET, DIAGNOSIS AND TREATMENT REMAIN A CHALLENGE

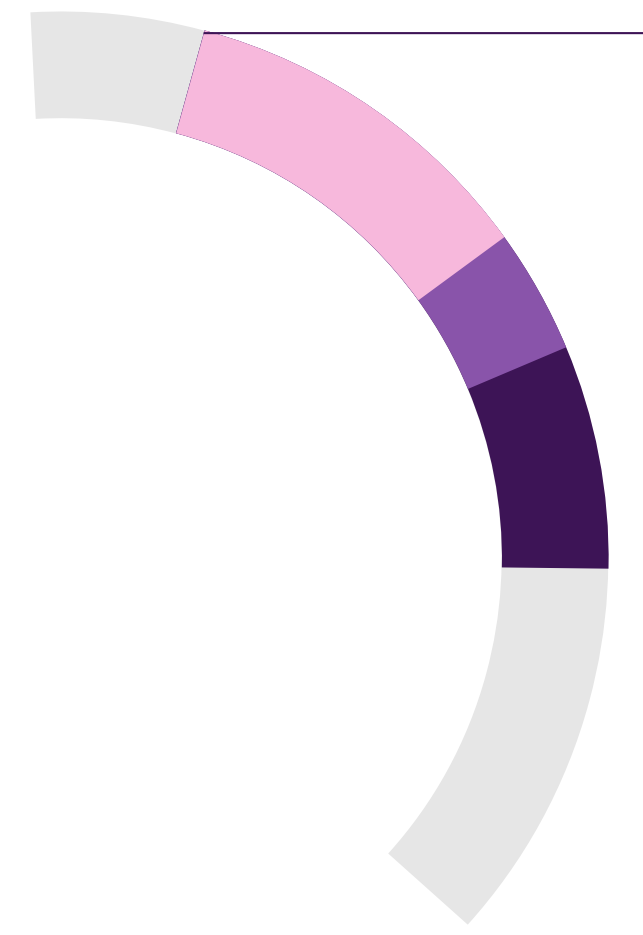


**60%** of people with headache disorders worldwide are **not properly diagnosed**.<sup>2</sup> Approximately half of all people worldwide living with a headache disorder are primarily self-treating and not in contact with any healthcare professionals.<sup>2</sup>



Patients are treated with a one size fits all approach, which does not take into consideration specific needs.

It can take a number of specialist visits before a diagnosis is made. In the Migraine access to care survey 2021, in which 90% of respondents are women:<sup>7</sup>



**19%** of the participants had to see **4 to 5 specialists**

**15%** had to see **6 to 8 specialists**

**49%** of the participants had to wait over 3 years to receive treatment



The knowledge gap remains the main clinical barrier, as on average, **only 4 hours** of undergraduate medical education are dedicated to headache disorders.<sup>8</sup>

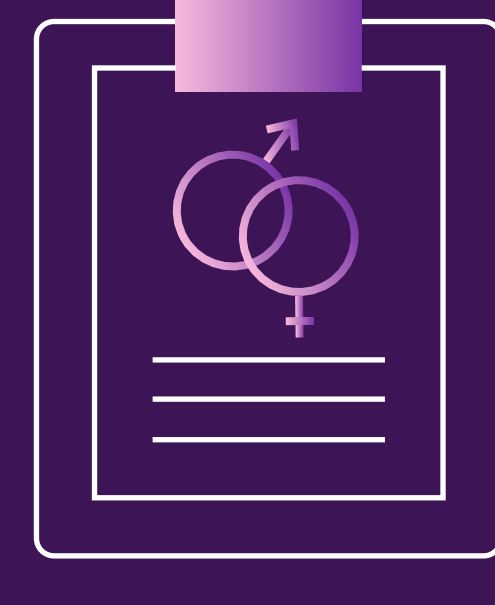
## KNOWLEDGE CAN MAKE A DIFFERENCE



Enhancing the **education at primary care level**, can help tackle the significant burden of the disease



**Improving the medical curriculum** with innovative training programmes to dedicate sufficient time to headache disorders, especially migraine, is key



A better understanding of both **biological and gender aspects** related to migraine development and management is highly needed to provide **personalised** medical and social approaches



**Understanding why and how hormones interact with the brain** to modulate the experience of pain and promote migraine, may give new cues on the mechanism of the disease

## Let's empower and support every woman with migraine

Let's encourage better understanding of migraine and how it impacts women for better diagnosis, improved access to adequate treatment and reduced stigma. Thus ensuring that every woman with migraine can function to their best potential in society.

DISCOVER MORE AT [WOMENSBRAINPROJECT.COM/MIGRAINE](https://www.womensbrainproject.com/migraine)

### References

1. Diamond S, et al. Patterns of diagnosis and acute and preventive treatment for migraine in the United States: results from the American Prevalence and Prevention study. *Headache*. 2007;47. 2. Women's Brain Project & Lilly. 2021. *The Challenges of coping with migraine in life and at work*. 3. Pavlovic, J.M. The impact of midlife on migraine in women: summary of current views. *Women's Midlife Health*. 2020; 6(11). 4. Allais G., Chiarle G., Sinigaglia S. et al. Gender-related differences in migraine. *Neurol Sci* 41, 429-436 (2020). 5. van Casteren DS, Verhagen IE, Onderwater GL, et al. Sex differences in prevalence of migraine trigger factors: A cross-sectional study. *Cephalalgia*. 2021;41(6):643-8. 6. Al-Hassany L, Haas J, Piccininni M, et al. Giving Researchers a Headache - Sex and Gender Differences in Migraine. *Frontiers in Neurology*. 2020;11:549038. 7. European Migraine & Headache Alliance. *Migraine access to care survey 2021*. The survey was conducted in 2021, with close to 3,400 patients from a total of 41 countries participated in the survey: EU countries (Germany-17%, Spain-13%, Italy-12%, Greece and France-9%, Latvia-8%, Ireland-7%, Finland-5%), the UK (7%), Norway (6%), Brazil (3%) and a mix of other countries (3%). 8. World Health Organisation. *Headache disorders*. 2016.