



Migraine. Women are hit hardest. Policy Call to Action.

Migraine is a major global health issue that affects **over 10% of the population (~ 1 billion people globally)** and is the **second leading cause of years lived with disability worldwide**, preceded by lower back pain.ⁱ



10%

of the population are affected by migraine.

Despite being the second leading cause of disability, and among the most common health conditions worldwide (especially among **women who represent over 80% of patients**),ⁱⁱ migraine is still not prioritised enough in policy action, hindering the quality of life for people, and in particular women, with migraine.

Migraine is **three times more common in women than in men**.ⁱⁱⁱ Migraine affects over **30% of women over their lifetime**.^{iv} Migraine is most troublesome during people's most **productive years (late teens to 50s)**.^v

3 X



more common in women.

Given the number of working women living with migraine, ensuring access to proper care pathways represents not just an economic, but also a gender equity priority.

Here are some of the challenges policymakers need to address:

- THE COSTS OF MIGRAINE
- IMPACT ON CAREER
- GENDER BIAS
- BARRIERS TO TREATMENT AND CARE



The Costs of Migraine

Migraine is a debilitating condition with significant economic impact on society.

The impact of migraine on workforce productivity is substantial; 52% reported absenteeism and presenteeism in a study which surveyed over 11,000 people with migraine across 31 countries.^{vi} In Europe, direct and indirect annual costs of migraine are estimated at €95 billion, of which 93% account for productivity losses.^{vii} The average annual health expenditure of migraine is greater in women (€1,517) than men (€1,274).^{viii}

Many governments, seeking to constrain healthcare costs, do not acknowledge the substantial burden of migraine on society.

They might not recognise that the **direct costs** of treating migraine are small in comparison with the huge **indirect cost savings** that might be made (e.g. by reducing lost working days) if resources were allocated to treat migraine appropriately.

Impact on Career

Migraine hits mostly young women, addressing it is actually a must if we want to **make sure that young women can have a career and contribute to society**. Migraine exacerbates health inequalities between the sexes, but it also leads to greater **gender inequality** as more women with migraine are forced to abandon their careers in the prime working years.^{ix}

In the 'My Migraine Voice'^x survey 2018 in which 75% of the participants were women: **an average of 4.6 working days being missed a month was reported.**



Policy framework for the workforce; adapt school and workplace legislation to give people with migraine, and women in particular, equal opportunities to contribute to society.



More **women with migraine are forced to abandon their careers** in the prime working years

Gender Bias

Society needs to **recognise the gender bias and disproportionate impact of migraine on women**. The development of stigma may be related to the false perception of migraine as a disease of women. We need to educate patients and the public on migraine diagnosis, prevention and treatment; educate to reduce disease progression; eliminate migraine stereotypes and bias.

Policymakers have a collective responsibility to recognise migraine as a disabling neurological disease and a legitimate condition and break the stigma associated with the disease. **Policies should include a commitment to improving public awareness of migraine to help reduce the associated stigma and provide better support systems** for those living with the disease.

- **Support migraine awareness campaigns** to educate the public about migraine; develop national migraine strategies with the involvement of migraine patient associations and female migraine patients.
- **Help break the stigma associated with migraine** to empower people with migraine and society to be fully inclusive of people with migraine, and women in particular.

Barriers to treatment and care

We need to shape a more favourable policy environment in order to remove the barriers to treatment and delivery of services to improve diagnosis and the quality of life of women with migraine.

- Appropriate resources and access for high-quality migraine care must be allocated— now is the time to take steps to **make appropriate care accessible to all those living with migraine, the majority of whom are women**. Without proper funding, migraine presents a devastating public health challenge that robs people of their right to work, participate and live fully.
- **Efficient disease management, including implementation of structured headache services:** migraine healthcare and care pathways must be better organised to address the unmet needs of people living with migraine— headache services should be based on the synergy between primary and specialist care; development of precision medicine and personalised approach to care (taking into account sex and gender differences).
- **Further research on migraine:** fund translational studies including biomarker programmes; fund accelerated therapeutic development; increase health disparities and inequities research; develop coordinated multidisciplinary centres and networks; increase recruitment and retention of women and ethnic minorities in trials and as investigators; engage all patients and stakeholders for patient centred outcomes; track indirect and direct costs of migraine; increase studies that identify the impact of social determinants of health and interventions for migraine; address the impact of environmental factors and structural barriers that may be linked to migraine.

Given that access to healthcare and delivery of health services is a national competence, national governments must take action on the following steps, taking into account that migraine is **three times more common in women**:

- Develop **national migraine strategies** that encompass diagnosis, prevention, access to treatment and care, research.
- Improve **access to care and treatment**. Ensure access to innovative treatments.
- Develop and support **care pathways** that fully address patients' needs.

- **Remove all barriers to access** to diagnosis, treatment (reimbursement) and improve the organisation and delivery of healthcare through long-term care pathways.
- Put in place a **regulatory framework** to ensure reimbursement of personalised medicine.
- Develop **telemedicine** based around patients' and healthcare professionals' needs.

- Ensure **national clinical practice guidelines** for migraine treatment are kept up-to-date with the most recent best clinical evidence and therapeutic strategies to ensure their optimal use to improve health outcomes.
- Take steps to improve the **medical curriculum** to dedicate sufficient time to headache disorders and migraine in particular.
- Engage **healthcare professionals** to better diagnose migraine, discourage self-medication and drug overuse and direct patients to headache services
- Increase **migraine research funding** to better understand how the disease develops and affects patients and develop treatments.
- Involve **patients as experts in research design** and participants in research projects; ensure migraine research addresses both sex (biological) and gender (societal) factors and supports precision medicine; share best practices and develop migraine policies.

A strong political commitment is vital to improving the quality of life of women with migraine and to ultimately reducing the health and economic burden of migraine to society.

Policymakers, patients, society and healthcare professionals all have a role to play in actively supporting and advocating for policy action that will give all people with migraine, and women in particular, a better quality of life and the life they deserve.

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References:

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^{iv}<https://americanmigrainefoundation.org/resource-library/facts-about-migraine/>

^vMigraine in the EU: Bringing women out of the shadows, European Migraine & Headache Alliance (EMHA), 2021: <https://www.emhalliance.org/wp-content/uploads/Women-M-Policy-Paper-FINAL23MARCH.pdf>

^{vi}<https://pubmed.ncbi.nlm.nih.gov/30482181/>

^{vii}<https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/Migraines-impact-on-employment-in-Europe-FINAL-pub-vA-accessible.pdf>

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^xMartelletti P., Schwedt T.J., Lanteri-Minet M. et al. My Migraine Voice survey: a global study of disease burden among individuals with migraine for whom preventive treatments have failed. *J Headache Pain* 19, 115 (2018). <https://doi.org/10.1186/s10194-018-0946-z> - This study was conducted worldwide (31 countries across North and South Americas, Europe, the Middle East and Northern Africa, and the Asia-Pacific region) using an online survey.



NOT ALL
IN HER
HEAD



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BRAIN
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