MIGRAINE HEADACHE:
A COMMON, DISABLING CONDITION

Migraine headache is a common, recurring, often severely painful condition that is often characterized by disabling headache pain, sensitivity to light (photophobia), nausea, visual disturbances, and other neurologic symptoms. Population-wide studies have found that approximately 9% of the US population—approximately 28 million Americans—have migraine headache. It has been estimated that another 3% to 15% of the population have probable migraine; these individuals have severely painful and debilitating headaches, but do not meet all of the criteria required for a migraine diagnosis. Globally, migraine affects an estimated 240 million people, who together have approximately 1.4 billion migraine headache attacks per year.

The prevalence of migraine varies with age, sex, race, and other factors. Migraine headache is most common between the ages of 35 and 45 years. The prevalence of migraine headache is approximately 3 times as great among women (18% of the US population) as among men (6% of the population; Figure). Among men and women, the prevalence of migraine headache is higher among whites than among members of racial minority groups. In the United States, women account for nearly 80% of all physician visits for migraine. The increased prevalence of migraine headache in women may be related to hormonal factors. Migraine headaches often occur in association with the use of hormonal contraceptives, and many women experience migraine headaches only during menstruation. Although many women report improvement or even temporary cessation of migraine during pregnancy, approximately 33% of women experience migraine worsening.

THE CLINICAL AND ECONOMIC IMPACT OF MIGRAINE HEADACHE

Because of the peak in migraine headache incidence during the third to fourth decades of life, migraine headache tends to affect people who have a large number of professional and family responsibilities. Approximately 33% of individuals with migraine describe their pain level as extremely severe, and 45% rate their pain as severe. Many individuals with migraine headache continue to have feelings of decreased well-being even during the time between

ABSTRACT

Migraine headache affects approximately 9% of the US population. It is approximately 3 times more common among women than among men and also more common among whites than among other racial groups. Migraine headache causes considerable pain and disability, and may escalate in intensity over time. The economic impact of migraine in the United States is considerable. The associated direct medical costs for migraine headache are estimated to total approximately $1 billion per year, but costs as a result of lost workplace production are much greater. Many patients with migraine headache never receive appropriate treatment. Screening tools are available to help identify patients with migraine headache and to match the disease severity to the appropriate treatment. Migraine headache medications may reduce overall migraine treatment costs by reducing the need for costly emergency department or physician visits. (Adv Stud Pharm. 2007;4(1):8-10)

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their migraine attacks. Migraine headache causes an average of approximately 4 days per year of bed rest for men and 6 days for women. In addition, approximately 20% of people with migraine eventually develop a pattern of increasing headache frequency and intensity, accompanied by persistent residual neurologic symptoms between migraine attacks. Increasing headache-related disability also has been associated with increasing risk of significant anxiety and depression.

The direct treatment costs associated with migraine have been estimated at approximately $1 billion per year in the United States. However, the total economic impact of migraine is far greater. Migraine headache costs US employers approximately $13 billion per year as a result of missed work days or reduced productivity on the job. Migraine may also produce less obvious effects on workplace productivity. For example, the spouse of a patient with migraine may be called on to take on additional responsibility for childcare or household tasks, which may adversely affect the workplace productivity of the spouse. Ultimately, migraine headache may cause some people—and especially women—to avoid some responsibilities or even to avoid entire career paths because of concerns about the potential impact of migraine and the need for a flexible schedule.

**Patterns of Healthcare Use**

Approximately 70% of patients with migraine headache are seen by primary care physicians (PCP). Despite the substantial prevalence and impact of migraine, many individuals who have migraine headaches are untreated or inadequately treated. Patients may not seek medical care, their headaches may be incorrectly diagnosed as tension or sinus headache, or they may not receive adequate care. Many PCPs receive little training about headache, and diagnostic criteria developed by headache experts may be too complex for routine use. A survey of individuals with migraine headache in the United States found that only 48% of people who met the diagnostic criteria for migraine had ever been diagnosed by a PCP. Only 41% had been prescribed medication to treat migraine, although the authors could not determine how many of these patients were receiving the correct treatment for their migraine. Some experts have advocated the use of simple screening tests in the primary care setting. One simple screening test, the ID migraine, consists of only 3 questions (Sidebar). Patients who answer “yes” to 2 or more questions have a high probability of migraine.

Another simple screening test, the Migraine Disability Assessment Scale, may be used to distinguish patients with relatively mild migraine headache, who may be able to treat their pain with nonprescription products, from those with severe migraine headache who should start migraine-specific medications right away. The use of this stratified approach to the selection of migraine therapy has been shown to provide superior pain control across several migraine

### Sidebar. ID Migraine Test

During the past 3 months, did you have the following with your headaches?
- You felt nauseated or sick to your stomach.
- Light bothered you (a lot more than when you do not have headaches).
- Your headaches limited your ability to work, study, or do what you needed to do for ≥1 day.

Data from Rapoport and Bigal.
episodes when compared with gradual escalation of treatment intensity, at lower total cost.22

Patterns of care for migraine headache can be affected by the use of effective therapy. For example, the use of effective preventive therapy may reduce the number of emergency department or physician visits, laboratory tests, and acute medications. Decreased need for these services may also result in lower overall treatment costs.23

CONCLUSIONS

Migraine headache is associated with considerable clinical and economic impact for patients, their families, employers, insurers, and society as a whole. Migraine headache is often not recognized or adequately treated, but screening of patients in healthcare settings may help to improve migraine care. By reducing the need for costly physician or emergency department visits, migraine therapy may be not only clinically effective, but also cost saving.

REFERENCES

7. Stewart WF, Lipton RB, Celentano DD, Reed ML. Prevalence of migraine headache in the United States.