



Defense Health Agency (DHA) Clinical Communities Speaker Series

JUNE 2023 CCSS: Clinical Updates to Optimize Patient Outcomes in Primary Care

S05: State of the Art 2023 Patient-Centered Migraine Care: Implications for Clinical Practice Resource List

[The Centers for Disease Control and Prevention's QuickStats](#) (2023) reviewed the 2021 National Health Interview Survey noting 4.3% of adults aged 18 years or older reported being bothered more by headache or migraine in the past 3 months with the percentage among women (6.2%) higher than that among men (2.2%). Percentages were higher among women than men in all age groups: 7.4% versus 2.5% in adults aged 18–44 years, 6.7% versus 2.4% in those aged 45–64 years, and 3.1% versus 1.5% in those aged ≥65 years. Among men and women, the percentage of those bothered a lot by headache or migraine in the past 3 months was lowest among those aged 65 years or younger.

Overuse of symptomatic (i.e., acute) medications is common among those with chronic migraine. It is associated with developing frequent headaches, medication side effects, and reduced quality of life. The optimal treatment strategy for patients who have chronic migraine with medication overuse (CMMO) has long been debated. The study's, [Patient-centered treatment of chronic migraine with medication overuse](#) (2022), objective was to determine whether migraine preventive therapy without switching or limiting the frequency of the overused medication was noninferior to migraine preventive therapy with switching from the overused medication to an alternative medication.

[The World Health Organization \(WHO\)](#) (2018) characterized headache disorders among the most common disorders of the nervous system. Headache itself is a painful and disabling feature of a small number of primary headache disorders, namely migraine, tension-type headache (TTH), and cluster headache. Headache disorders are a public-health concern given the associated disability and financial costs to society. As headache disorders are most troublesome in the productive years (late teens to 50s), estimates of their financial cost to society, principally from lost working hours and reduced productivity are massive. Noted barriers to effective care of headaches and/or migraines:

- **Lack of knowledge among health care providers is the principal clinical barrier.** Worldwide, on average, only four hours of undergraduate medical education are dedicated to instruction on headache disorders. Many people with headache disorders are not diagnosed and treated: worldwide only 40% of those with migraine or TTH are professionally diagnosed, and only 10% of those with medication-overuse headache (MOH).
- **Poor awareness extends to the public.** Headache disorders are not perceived by the public as serious since they are mostly episodic, do not cause death, and are not contagious. The low consultation rates in developed countries may indicate that many affected people are unaware that effective treatments exist. Half of people with headache disorders are estimated to be self-treating.
- **Many governments, seeking to constrain health care costs, do not acknowledge the substantial burden of headache on society.** They might not recognize that the direct costs of treating headache 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 headache disorders appropriately.

These evident burdens call for action. WHO recognizes this, and is a partner, with the non-governmental organization Lifting The Burden, in the Global Campaign against Headache. This initiative aims not only to raise awareness of headache disorders but also to improve the quality of headache care and access to it worldwide. WHO published the Atlas of headache disorders describing the burden due to headache disorders and resources available to reduce them.



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References

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