Migraine preventives: Who needs them and who gets them?

One-year period prevalence of migraine by age and gender adjusted for demographics.

Lipton et al. found that 39% of migraine sufferers meet criteria for offering or considering preventive medication and only 12% currently receive them. Among individuals who had never used preventive medication, 32% met guideline criteria for “offer” or “consider” prevention therapy, and 40% of past users of prevention met criteria. Relative to guidelines, preventive migraine treatment is underutilized.

see page 343

Migraine: Not just your mother’s headache anymore

Commentary by Katherine A. Henry, MD; and Bert B. Vargas, MD

Once again, Lipton et al.^{1,2} have provided us with excellent data on the epidemiology of migraine in the United States. Their current study, the American Migraine Prevalence and Prevention Study (AMPPS), is the largest thus far and reveals that the prevalence of migraine has remained stable over the last 15 years. The first, the American Migraine Study I done in 1989, was one of the first large population studies of migraine and gave us reliable data on prevalence by sex, age, and income. In 1999, these data were replicated using an even larger sample in the American Migraine Study II.

The AMPPS takes our understanding one step further and demonstrates that this highly prevalent disorder results in significant and frequently under-recognized and undertreated disability. Approximately one quarter of respondents met criteria for preventive treatment, an additional 13% met criteria for the consideration of preventive

treatment in the management of their migraines, and an additional 12.4% reported coincident use of medications that could be considered preventive. This is even more worrisome when considering the severity of reported disability and the broad criteria used to identify potential preventive pharmacologic agents.

The societal impact of these data is compelling. Prevalence was highest in those aged 30 to 39 years, with the impact of migraine seen during childbearing and critical wage earning/career years. This study also confirmed the inverse relationship between migraine and income and over half reported one to four headaches per month, severe impairment, or the need for bed rest. When considering all of these factors it is clear that the economic and personal burden of migraine is substantial. The fact that we may be undertreating patients compounds the problem.

This report provides us with the evidence we need to understand the extent of the impact

migraine has on our patients. The prevalence of migraine is approximately equal to that of the combined prevalence of asthma and diabetes in the United States; however, we have yet to fully realize our potential as neurologists in treating this highly disabling disorder. Our understanding of migraine and other primary headache disorders has flourished over the last two decades with great advances in the science and pharmacology of migraine. It is now time to use these epidemiologic data to improve diagnosis, treatment, and prevention. The personal and societal impact of migraine is huge . . . it is not just your mother’s headache anymore.

References

1. Lipton RB, Bigal ME, Diamond M, Freitag F, Reed ML, Stewart WF. Migraine prevalence, disease burden, and the need for preventive therapy. *Neurology* 2007;68:343–349.
2. Stewart WF, Lipton RB, Celentano DD, Reed ML. Prevalence of migraine headache in the United States: relation to age, income, race, and other sociodemographic factors. *JAMA* 1992;267:64–69.

Neurology[®]

January 30 Highlight and Commentary: Migraine: Not just your mother's headache anymore

Neurology 2007;68;319

DOI 10.1212/01.wnl.0000259484.17659.48

This information is current as of January 29, 2007

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/68/5/319.full>

References

This article cites 2 articles, 1 of which you can access for free at:
<http://n.neurology.org/content/68/5/319.full#ref-list-1>

Citations

This article has been cited by 1 HighWire-hosted articles:
<http://n.neurology.org/content/68/5/319.full##otherarticles>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.