



JUNE

— is —

Migraine and Headache Awareness Month



#MHAM

#MythTruthAction

Are You Ready to Make the Most of It?

The Coalition for Headache and Migraine Patients (CHAMP) dedicates June to spreading awareness and education about headache and migraine through various initiatives^{1,2}

About
1 in
6



Americans between 15 and 64 years of age have experienced migraine or severe headache in the past 3 months³



Migraine is the leading cause of disability worldwide among people <50 years of age (particularly in women)⁴

Episodic migraine costs⁵

>\$2600

per person per year in the US

Chronic migraine costs⁵

>\$8200

per person per year in the US

25–55
years of age



The age range most impacted by migraine⁶

Estimated loss

\$19 billion

by US employers due to absenteeism from migraine⁷

An estimated

40%

of people with migraine may be eligible for preventive treatment⁸

Only

17%

of people with migraine currently receive preventive treatment⁸



The symptoms accompanying migraine attacks reflect the complex pathophysiology and diffuse involvement of multiple neuronal networks^{6,9}



94%

Photophobia



91%

Phonophobia



90%

Nausea



72%

Dizziness



52%

Vomiting



28%

Diarrhea



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Migraine can be difficult to diagnose and treat due to many barriers:

- ▶ Self-medication with over-the-counter treatment¹⁰
- ▶ Hesitancy to discuss headaches with clinicians¹¹
- ▶ Patient recall bias and coexisting headache types¹²
- ▶ Tolerability, adherence issues, contraindications, and/or drug interactions¹³
- ▶ Health inequity in socially vulnerable populations¹⁴



Ideas to raise awareness

For healthcare professionals

- ▶ Create awareness and education opportunities
- ▶ Incorporate routine questions about migraine and headache for clinicians to engage patients
- ▶ Review recommendations from the American Headache Society and the National Headache Foundation
- ▶ Promote open communication between clinician and patient to build relationships and trust
- ▶ Implement tools to assess patient quality of life and evaluate treatment effectiveness
- ▶ Encourage staff to participate in the Shades for Migraine campaign for migraine awareness



For patients

- ▶ Utilize social media posts to raise awareness
- ▶ Empower patients to participate in their care
- ▶ Encourage patients to keep a headache diary and track triggers
- ▶ Educate patients on migraine and other types of headache
- ▶ Promote shared decision-making when developing care plans
- ▶ Refer patients to advocacy groups for additional resources



Find more information at shadesformigraine.org^a

^aShades for Migraine or its website is not owned or controlled by Pfizer Inc.

References: 1. National Migraine & Headache Awareness Month. Accessed May 8, 2024. <https://www.migraineheadacheawarenessmonth.org> 2. June is Migraine & Headache Awareness Month. Coalition for Headache and Migraine Patients (CHAMP). Accessed May 17, 2024. <https://headachemigraine.org/> 3. Burch R, Rizzoli P, Loder E. The prevalence and impact of migraine and severe headache in the United States: figures and trends from government health studies. *Headache*. 2018;58(4):496-505. doi:10.1111/head.13281 4. Steiner TJ, Stovner LJ, Vos T, Jensen R, Katsarava Z. Migraine is first cause of disability in under 50s: will health politicians now take notice? *J Headache Pain*. 2018;19(1):17. doi:10.1186/s10194-018-0846-2 5. Messali A, Sanderson JC, Blumenfeld AM, et al. Direct and indirect costs of chronic and episodic migraine in the United States: a web-based survey. *Headache*. 2016;56(2):306-322. doi:10.1111/head.12755 6. Dodick DW. Migraine. *Lancet*. 2018;391(10127):1315-1330. doi:10.1016/S0140-6736(18)30478-1 7. Yucel A, Thach A, Kumar S, et al. Estimating the economic burden of migraine on US employers. *Am J Manag Care*. 2020;26(12):e403-e408. doi:10.37765/ajmc.2020.88547 8. Lipton RB, Nicholson RA, Reed ML, et al. Diagnosis, consultation, treatment, and impact of migraine in the US: results of the OVERCOME (US) study. *Headache*. 2022;62(2):122-140. doi:10.1111/head.14259 9. Kelman L, Tanis D. The relationship between migraine pain and other associated symptoms. *Cephalalgia*. 2006;26(5):548-553. doi:10.1111/j.1468-2982.2006.01075.x 10. Lipton RB, Munjal S, Alam A, et al. Migraine in America Symptoms and Treatment (MAST) study: baseline study methods, treatment patterns, and gender differences. *Headache*. 2018;58(9):1408-1426. doi:10.1111/head.13407 11. Shapiro RE, Nicholson RA, Zagar AJ, et al. Reasons for hesitating to consult for migraine care: results of the OVERCOME (US) study. *Headache*. 2021;61(suppl 1):10-11. doi:10.1111/head.14130 12. Phillip D, Lyngberg AC, Jensen R. Assessment of headache diagnosis. A comparative population study of a clinical interview with a diagnostic headache diary. *Cephalalgia*. 2007;27(1):1-8. doi:10.1111/j.1468-2982.2007.01239.x 13. Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society consensus statement: update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039. doi:10.1111/head.14153 14. Befus DR, Irby MB, Coeytaux RR, Penzien DB. A critical exploration of migraine as a health disparity: the imperative of an equity-oriented, intersectional approach. *Curr Pain Headache Rep*. 2018;22(12):79. doi:10.1007/s11916-018-0731-3