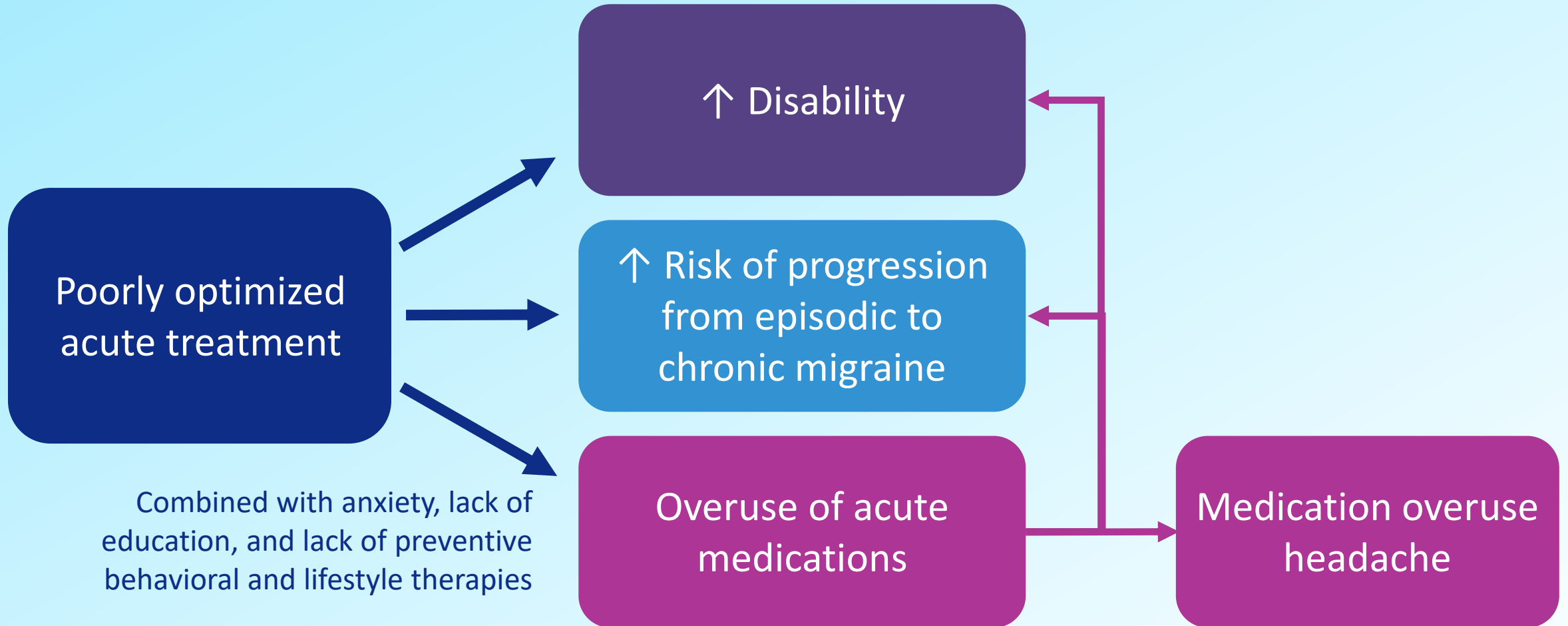


Importance of Optimizing Migraine Treatment



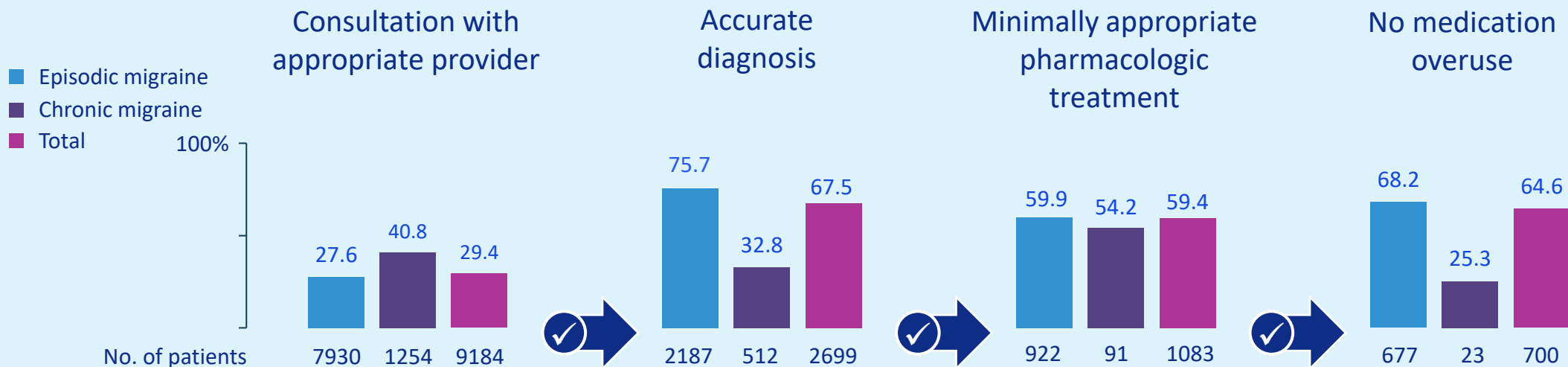
Barriers to Good Migraine Care

Chronic Migraine Epidemiology and Outcomes (CaMEO) Study

Care-related barriers to good outcomes for patients with migraine

1. Lack of appropriate medical consultation
2. Failure to receive an accurate diagnosis
3. Not being offered a regimen with acute and preventive pharmacologic treatments (if indicated)
4. Not avoiding medication overuse

Percentages of survey respondents who reported successfully traversing each health care barrier (N = 9184)



Only 8.5% of patients with episodic migraine and 1.8% of patients with chronic migraine traversed all 4 barriers

Effect of Sociodemographic Characteristics on Traversing Barriers to Migraine Care in the CaMEO Study

Characteristic		Consulting appropriate provider, yes (%)		Accurately diagnosed (among consulters), yes (%)		Minimally appropriate pharmacologic treatment (among diagnosed consulters), yes (%)		Medication overuse (among appropriately treated and diagnosed consulters), yes, (%)	
Sex	Women	29.5		70.3		59.2		34.0	
	Men	29.9		56.6	<i>P < 0.001</i>	60.6		41.9	<i>P = 0.039</i>
Race	White only	29.1		68.4		59.4		33.3	
	Black only	33.2	<i>P = 0.025</i>	65.0		62.4		45.2	<i>P = 0.007</i>
	Other	26.3		58.8		55.6		32.0	
	≥2 races	29.5		70.5		53.7		52.8	
Latinx ethnicity	No	29.4		67.8		59.5		34.3	
	Yes	29.2		66.0		59.1		42.5	
Annual household income	<\$30,000	24.5		64.2		48.3		43.7	
	\$30,000-\$49,999	27.2	<i>P < 0.001 (trend)</i>	65.4	<i>P = 0.014 (trend)</i>	57.7	<i>P < 0.001 (trend)</i>	38.5	<i>P = 0.018 (trend)</i>
	\$50,000-\$74,999	30.4		68.6		59.9		31.4	
	≥\$75,000	33.2		69.7		65.3		33.8	
Health insurance coverage	Yes	32.2		67.9		60.3		35.2	
	No	12.0	<i>P < 0.001</i>	61.3	<i>P < 0.001</i>	43.2	<i>P = 0.001</i>	39.0	

Pink bold = statistically significant association.

Buse DC, et al. *Headache*. 2021;61(4):628-41.

Interventions and Advocacy to Reduce Disparities and Improve Migraine Care

Reframe migraine^{1,2}

- Change the language used to describe migraine
- Use non-stigmatizing language (eg, “person with migraine” instead of “migraine sufferer”)

Recruitment¹

- Develop recruitment strategies to increase representation of underserved groups in clinical trial and health care workforce

Advocacy campaigns¹

- Increase awareness
- Advocate through education and research
- Increase awareness about the need for nonaddicting treatment options
- Advocate for transparent pricing and better health care access
- Advocate for changes in prior authorization and step therapy requirements, and nonmedical switching practices
- Advocate for reasonable work accommodations
- Disperse information to patients about nonprofit organizations with a mission to support people living with migraine

Education¹

- Participate in implicit bias and cultural sensitivity training
- Support management of migraine in primary care and knowledge of indications for referral to a headache specialist³

Telemedicine¹

- Endorse high-quality, convenient and accessible health care options
- 89.8% of people living with migraine prefer telemedicine for care⁴

1. Monteith TS. *Curr Pain Headache Rep.* 2022;26(8):567-74; 2. Young WB. The stigma of migraine. (2018). Accessed January 12, 2024.

<https://practicalneurology.com/articles/2018-feb/the-stigma-of-migraine>; 3. Lipton RB, et al. *Headache.* 2022;62(2):122-40; 4. Chiang CC, et al. *Headache.* 2021;61(5):734-39;