

Did you know? Why **migraine** is more than *just a headache*

Migraine, a debilitating neurological disease typically involving moderate to severe head pain and physical impairment, is more complex than *just a headache*.¹

What is migraine?

Migraine sufferers typically have recurrent attacks of moderate to severe head pain that are often associated with other symptoms including:²

Sensitivity to light, sound and odors

Nausea and vomiting

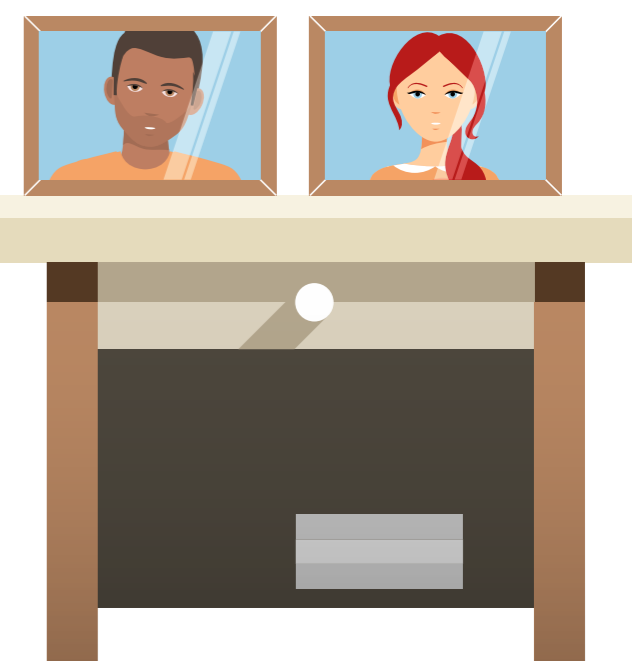


Migraine can develop in stages, evolving over hours and lasting sometimes days

It usually lasts between

4-72 HOURS³

Symptoms vary from person to person, and individuals may also have different symptoms during different attacks



About migraine

More than

10%

of the global population suffer from migraine^{4,5}



The World Health Organization declared migraine to be one of the



top ten causes

of years lived with disability⁶

Migraine may be associated with comorbidities such as:⁶

Cardiovascular disorders

including stroke and coronary heart disease

Psychiatric disorders

including depression and anxiety



There are two categories of migraine:⁷



Migraine without aura

is associated with nausea, vomiting and sensitivity to light and sounds



Migraine with aura

is associated with visual, speech and sensory disturbances

Migraine can be further characterized on the basis of frequency:^{7,8}



Chronic

Experiencing at least 15 headache days per month, of which eight or more days have migraine features, for more than three months.

Episodic

Experiencing up to 14 migraine days each month



Personal impact of migraine

Migraine leads to substantial personal suffering, reduced quality of life and personal and societal loss of productivity¹

Diagnosis

Although there are guidelines to help doctors diagnose migraine, there is no single test that can definitively diagnose the disease⁹

Diagnosis is based on assessment of the individual's medical history and the exclusion of other headache disorders⁹



Treatment

There are currently two main categories of treatments for migraine:



Acute treatments to help relieve the symptoms of migraine



Preventative (or prophylactic) medications



Only approximately

10%

receive preventative treatment¹⁰

Preventative medicine may reduce the number of migraines a person experiences each month. However, current preventative treatments are often associated with poor efficacy and side effects, and many people discontinue treatment as a result¹¹

There remains a significant need for new preventative migraine treatments

References

1. World Health Organization. Headache disorders. <http://www.who.int/mediacentre/factsheets/fs277/en/>. Accessed September 2016
2. National Institute for Neurological Disorders and Stroke. Headache. Hope Through Research. http://www.ninds.nih.gov/disorders/headache/detail_headache.htm. Accessed September 2016.
3. Lipton et al. Migraine in the United States. *Neurology* 2002; 58: 885-894.
4. Vos T et al. Global Burden of Disease Study. *Lancet*. 2015; 386(9995): 743-800.
5. Stovner L, et al. The global burden of headache: a documentation of headache prevalence and disability worldwide. *Cephalalgia*. 2007; 27(3):193-210.
6. Wang SU, et al. Comorbidities of Migraine. *Front Neurol*. 2010; 1: 16.
7. Headache Classification Subcommittee of the International Headache Society. *Cephalalgia* 2013; 33: 629-808.
8. Katsarava Z, et al. Chronic migraine: Classification and comparisons. *Cephalalgia* 2011; 31: 520-529.
9. Katsarava Z, et al. Defining the Differences Between Episodic Migraine and Chronic Migraine. *Curr Pain Headache Rep* 2012; 16: 86-92.
10. Lipton PB, et al. Migraine prevalence, disease burden, and the need for preventative therapy. *Neurology* 2007; 68: 343-349.
11. Diamond S, et al. Patterns of Diagnosis and Acute and Preventive Treatment for Migraine in the United States. Results from the American Migraine Prevalence and Prevention Study. *Headache*. 2007; 47(3): 355-63.