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## Section Editor's note. Awareness of burden of brain disorders and the Brain Awareness Week 2005

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The allocation of limited resources for health care should be based on the relative importance (or burden) of different conditions to the health of the nations. Mortality as a major public health indicator has had the effect of limiting the attention given to highly prevalent, seriously disabling but non-fatal disorders. Use of traditional measurement methods has led. in fact, to a serious underestimation of the relative importance of brain disorders worldwide, because they rarely cause death and because several of them produce severe and longterm disability but not death. The number of deaths does not take into consideration the non-fatal outcome of illness and prevalence rates do not take into consideration the severity and duration of disability produced by a disease. There is also increasing attention being paid to the shift from communicable disease to chronic. non-communicable diseases, the socalled "epidemiological transition", which is also related to the increase of life expectancy. Brain disorders contribute substantially to the overall disease burden of developed and developing societies, but this is generally underestimated by the public health community.

The socioeconomic impact of many brain disorders is wide ranging, long lasting and huge. These disorders impose a range of costs on individuals, families and communities as a whole. Part of this economic burden is obvious and measurable, while part is almost impossible to measure. Among the measurable components of the economic burden are health and social service needs, lost employment and reduced productivity, impact on families and caregivers, and the negative impact of premature mortality. Indirect costs arising from productivity loss account for a larger proportion of overall costs than direct costs.

All these estimates of economic evaluations are most certainly underestimates, as lost opportunity costs to individuals, families and societies are not taken into account, but are nevertheless vital to fully understanding the implications and the burden of brain disorder. WHO defines the "burden" of a disease including also the economic and emotional difficulties that the person as well as his/her family experiences as a result of it, as well as the lost opportunities, difficulties in achieving his/her full potential in work, social relationships and leisure.

As editor of the Public Health Section of *The Journal of Headache* and Pain, I think that this Journal should contribute to increase general awareness of the burden of brain diseases such as headache, as well as on the burden induced by pain on millions of people worldwide. For this reason, I invited the European Dana Alliance for the Brain (EDAB), the organiser of Brain Awareness Week 2005, to present their initiative.

I think that, although headache disorders have their awareness week in September, as well as the WHA/IHS/WHO "Lifting the Burden Campaign", it is important for this Journal to invite its readers to implement awareness of brain disorders in general. More attention, more support and more funds for research on brain disorders will be useful to contribute

to relief of the burden of headache sufferers as well as all those affected by pain.

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## **Suggested readings**

Jonsson B, Olesen J (2004) A review of European studies on the economic burden of brain diseases. Eur J Health Econ 5[Suppl 1]:S1–S91

Leonardi M (2003) Migraine and disability: WHO's work to measure functioning, disability and health and the Global Burden of Diseases Study. J Headache Pain 4[Suppl 1]:S12–S18 Martelletti P, Leonardi M (2003) The global impact of migraine. J Headache Pain 4[Suppl 1]:S1–S3

Murray CJL, Lopez AD, Mathers CD, Stein C (2000) WHO Burden Series paper 36: The Global Burden of Disease 2000 project: aims, methods and data sources. WHO Olesen J, Leonardi M (2003) The burden of brain diseases in Europe. Eur J Neurol 10:471–477