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The global impact of migraine

The recognition that headache disorders are a public health problem is changing the overall approach towards these burdening disorders. These common neurological complaints impose a significant health burden, with nearly all migraine sufferers, and 60% of those with tension-type headache, experiencing reductions in social activities and work capacity. Despite this, both the public and the majority of healthcare professionals still perceive headache disorders as a minor or trivial complaint. As a result, the physical, emotional, social and economic burdens of headaches are poorly acknowledged in comparison with those of other, less prevalent neurological disorders. In March 2000, the World Health Organization organized a consensus conference on the public health impact of headache. Several recommendations were produced and, among them, the need to evaluate the burden of these disorders has been underlined [1].

The World Health Report 2001, publishing data about the years lived with disability (YLDs), reported that migraine ranks among the first 20 causes of disability worldwide [2]. It is right to consider the impact of migraine on public health from the humanistic perspective of suffering rather than limit the discussion to one focused on cost. Using the WHO criteria for measuring burden of dis-

ease in disability-adjusted life years (DALYs), migraine, and headache disorders in general, can be evaluated and placed correctly in context with other neurological disorders and chronic illnesses.

Since the beginning of the 1990s, several experts in the field of headache disorders started to look at the impact of migraine, moving from a purely pathophysiological approach to a more broad perspective [3–5]. Without any doubts, the introduction of economic studies done also by pharmaceutical companies, which had to explore the market for their new drugs, played a good role [3]. The introduction of triptans, for example, in the early 1990s in several countries had then a double role, from one side it allowed the experts in the area of headache to feel that they had an instrument to use (the drugs) that could relieve part of the burden of their patients [4]. A second achievement has been that major companies have revealed, for their interests, how relevant was the need to relieve this burden, because they could prove that the number of sufferers was significant [5].

Epidemiology is essential in assessing the burden of a disease. The epidemiology of headache is only partly documented; for example, migraine is the most extensively studied headache disorder, while the more common tension-type

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headache and the more disabling cluster headache and sub-types of chronic daily headache have been less well investigated. In addition, because of the high cost of conducting large-scale studies, because of obstacles in the way of access to the general population and because headache is accorded low priority in regions where communicable diseases pose a greater threat to public health, definitive epidemiological data for most developing countries is lacking across all headache types. Against the background of escalating health care costs, outcomes research principles have been developed. Together, these estimate the clinical, economic and humanistic impact on people and society of a particular disease [1].

For the past fifteen years, epidemiologists published important epidemiological papers [6] and this culture of the public health importance of headaches started to grow, joining the immense work done at the research and pathophysiological levels [7].

The contemporary appearance at an international level of the concept of “sustainable medicine”, in terms of allocation of the available health resources, unfortunately not matched

with the boosting of health demand, led headache research groups to involve and work closely with health economists, public health administrators and lay organizations to co-operate for a new setting of migraine disease and migraine research priorities.

In order to know the full impact of headache disorders, further work must be conducted around the world to establish the epidemiology and the clinical, economic and humanistic dimensions. These are some of the important reasons that have lead the Italian League of Headache Patients (LIC) to evaluate the burden of migraine and to host the “Forum on Global Impact of Migraine”. One of the main outcomes of the Forum is the clear indication that research should also focus on the socioeconomic impact of headache disorders and on the pharmacoeconomics of migraine [8] and that whoever works in the field of headache disorders should accomplish a sort of ideal link between an exclusively deep-rooted laboratory-based approach with this innovative view [9]. We are now perfectly aware of this choice and thus this is the direction in which we are moving and we will continue to move.

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