

## Migraine in men: fact sheet. A publication to mark European Migraine Day of Action 2014

The European Headache Alliance (EHA) has chosen “Migraine in Men” as the theme for the European Migraine Day of Action 2014. This choice may seem surprising given that migraine tends to be considered a female complaint and, in any case, headache symptoms in men are basically no different from those in women. In addition, treatment for men is largely similar to treatment for women.

So why devote the EHA’s annual awareness-raising day and a fact sheet specifically to migraine in men? The answer to this question lies in five facts that justify the decision to make this theme the focus of an educational campaign.

### **Migraine is common in men – it is not just a female complaint.**

Many people dismiss migraine as a female complaint, and it is true that migraine prevalence is two to three times greater in women than in men (MacGregor et al., 2012). Hormonal fluctuations in women can affect the frequency and severity of migraine headache, causing higher levels of disability (MacGregor et al., 2012). Nevertheless, men, too, frequently experience migraine headache.

Migraine ranks as the third most common disease in the world, both in men and in women (Steiner et al., 2013). Prevalence studies estimate that in Europe 12% of adult men aged 18-65 years (and 9% of men of all ages) suffer from migraine (Stovner and Andree, 2010).

Almost 1% of men suffer a chronic form of migraine. These men experience an attack on more than 15 days per month and half of them overuse pain killers (Lanteri-Minet, 2014).

### **In men, as in women, migraine can be more than just a nuisance. It can entail widespread suffering and loss of opportunities both for patients and their families, as well as being very costly for society.**

Migraine is not just a headache. According to many studies, in men as in women, migraine leads to widespread suffering, reduced quality of life, and reduced or impaired participation both in work and in social activities (Stovner and Andree, 2008). Because migraine is most troublesome in the productive years, its financial cost to society (mainly from lost working hours and reduced productivity due to impaired working effectiveness) is estimated to be enormous (Stovner and Andree, 2008).

The Global Burden of Disease Survey 2010, recently published by the WHO, listed migraine as the thirteenth cause of disability in Europe for men, responsible for 2.2% of all years of life lost to disability (WHO health statistics, 2014).

Many migraine patients report a negative influence of migraine on their ability to pursue studies and on their finances: in men, low individual income seems to be associated with an increased risk of frequent or chronic headache (Manack et al., 2011).

In an analysis of work-related disability data from the USA, 38% of men experienced six or more lost workday equivalents per year due to migraine; on average migraineur men need four days of bed rest per year (Stewart et al., 1996). As in women, the impact of migraine extends to family, social and leisure activities; in a 2003 study (Lipton et al., 2003a), 83% of men reported a moderate or greater reduction in their ability to do housework or chores, 43.2% thought that without headache they would be a better parent, and almost 50% felt less able to engage with their children.

In men, head pain is the fifth leading reason for visiting an Emergency Room and accounts for almost 1% of medical office visits (Smitherman et al., 2013).

### **Men with migraine are less likely to consult health services than women (...leave my head alone...Othello, Act 3, Scene 3).**

Gender plays a role in how headache is experienced, treated and coped with. Men more often cope with their headaches without any medical support, simply “dealing with pain when they have to”.

One literature review found that men with migraine tend to utilize health resources less frequently than women, whereas men and women with back pain show comparable rates of doctor visits (Hunt et al., 2011). Also, in a recent survey, men and women were asked hypothetical questions about when they would seek medical assistance for symptoms such as a sore throat, serious headache, serious backache and serious sleeping problems. Only 40% of the men declared that they would seek medical help for headache, but 80% said they would seek professional help for backache or insomnia (Kluwer-Trotter and Lian, 2012).

In the USA male gender is a common barrier to obtaining a correct diagnosis of migraine and, therefore, good care (Lipton et al., 2003b). A recent US study found that migraine and other severe headaches are associated with lower healthcare resource use by males. Males with migraine were significantly less likely than females to use prescription medications and more likely than females to use only non-prescription medications for headache (Buse et al., 2013).

Although part of the problem is that migraine attacks in women are more disabling (MacGregor et al., 2012), a bigger part is sociocultural (Courtenay, 2000). Men may fall less readily into the “sick role” (seeing it as a sign of weakness), and in some cultures this role is indeed less acceptable for men. Furthermore it cannot be excluded that organizational barriers such as the lack of male-friendly health services, might play an important role.

The specific features of men’s health care use are known to the producers of OTC medications for headache. In fact, commercials for OTC medications target men and they always depict the same scenario: *an active man suddenly “impeded” by an inconvenient headache and saved by a miraculous pill*. This circumstance may contribute to reinforcing a self-care attitude in male headache sufferers.

Men’s reluctance to consult physicians means that many may not achieve adequate management of their headache. Men should be aware that migraine and other headaches are frequent and disabling brain disorders and that seeking help for these conditions is acceptable and beneficial, because the diagnosis is easy and there exist effective personalized treatment plans.

#### **Other forms of headache are as prevalent in men as in women, or even more so.**

Almost 50% of men have suffered some kind of headache in the last year (Stovner and Andree, 2010). Unlike what is seen in migraine, men are only slightly less affected than women by tension-type headache (TTH), the most common form of headache, which affects 80% of the population in Europe (13% having a frequent or chronic form). The male-female ratio for TTH is 4:5. Although TTH, in contrast with migraine with its disabling attacks, is often perceived as a “normal” type of headache, its prevalence means that it actually has a considerable economic impact in terms of absenteeism and expenditure for medical services and medications (Jensen and Stovner, 2008).

Cluster headache (CH) is an uncommon form of primary headache with a lifetime prevalence in Europe of 0.06-0.3%; CH is 3.5 to 7 times more frequent in men than in women. CH is considered the most excruciating form of pain existing in medicine. As documented by recent data (Jürgens et al., 2011), the burden related to CH is significant. In fact, patients with active CH were found to be more severely impaired than migraineurs in economic and non-economic domains such as working life, disability and psychiatric complaints.

Compared with migraine, these forms of primary headache are largely under-recognized, undertreated and underestimated and would benefit from increased attention, research, consultation, diagnosis and treatment.

#### **Men often have a spouse, mother, daughter, work colleague, friend or other significant other affected by headache. They should learn to be supportive, acknowledging that migraine can cause severe disability and pain.**

Migraine is ubiquitous, prevalent and disabling but it is often brushed off, especially by men, as a women’s complaint, a minor inconvenience, a hysterical habit, or an excuse to avoid responsibility.

Women are more likely than men to be inappropriately treated for their pain (Maserejian et al., 2009). Indeed, women who seek help for pain are less likely to be taken seriously than men; this is possibly because Western medicine relies predominantly on objective evidence of disease and pain is subjective, and also because women’s voices are less likely to be heard in a male-oriented health system (Hoffman and Tarzian, 2001). Women are more likely than men to have their headache attributed to psychological or emotional factors (Buse et al., 2013).

There needs to be greater awareness among men of the fact that migraine is a brain disorder that can cause severe disability. Only in this way may we hope to change the cultural stereotype that places migraineurs at risk of being underestimated and undertreated.

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