

Study: People with no health insurance get substandard migraine care

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People with no health insurance are less likely than the privately insured to receive proper treatment for their migraines, according to a study published in the April 13, 2010, print issue of *Neurology*, the medical journal of the American Academy of Neurology.

Migraines, often characterized by excruciating headache and nausea, can cause significant distress. They can cause people affected by them to lose an average of four to six days of work each year. Study authors say [migraine](#) sufferers who lack private [health insurance](#) are twice as likely to get inadequate treatment for their condition as their insured counterparts. Migraine patients insured through Medicaid are one and a half times as likely to receive substandard treatment.

"The tragedy is that we know how to treat this disabling condition. But because they are uninsured or inadequately insured, millions of Americans suffer needlessly," said study author Rachel Nardin, MD, of Harvard Medical School and a member of the American Academy of Neurology. "Optimizing migraine care requires improvement in our health care systems as well as educating physicians to prescribe the best available drug and behavioral treatments."

[Neurologists](#) usually recommend one of two types of drugs when a moderate-to-severe migraine strikes: "triptans" (such as sumatriptan) or dihydroergotamine. For the majority of people with migraine whose headaches are frequent or severe, neurologists also recommend a daily dose of one of several preventive medications. The researchers used

these recommendations from the American Academy of Neurology to define standard migraine treatment.

For the study, the researchers analyzed data from two federal surveys, the National Hospital Ambulatory Medical Care Survey and the National Ambulatory Medical Care Survey, which provide a nationally representative sample of all US visits to doctors' offices, hospital clinics and emergency rooms. They analyzed the 6,814 visits for migraine between 1997 and 2007.

The study found that people with no insurance were twice as likely to receive substandard migraine care as people with [private health insurance](#). Medicaid enrollees were 50 percent more likely to receive substandard treatment, suggesting that "access to some forms of insurance is not the same as access to adequate care," according to Nardin.

The uninsured and those on Medicaid were more likely to receive their migraine care in an emergency department than in a doctor's office, which explained some, though not all, of their substandard care. People were one-fifth as likely to receive standard acute treatment to stop a migraine and 10 percent as likely to receive standard treatment to prevent migraine in emergency rooms than in doctor's offices.

"This was a nationally representative sample of people, so our results give a comprehensive picture of migraine care in the entire US," Nardin said. "With approximately 15 percent of the US population currently uninsured and migraine affecting 12 percent of the population, we estimate that 5.5 million Americans are at risk of substandard treatment of their migraines and of suffering and disability that could be avoided."

Provided by American Academy of Neurology

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