

Speeding progress in migraine requires unraveling sex differences

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Credit: Sasha Wolff/Wikipedia

To decrease the substantial health and economic burden of migraine on individuals and society, researchers need to examine and address how

the disease differs between women and men, according to a report from the Society for Women's Health Research published in the August issue of the *Journal of Women's Health*.

Women shoulder a significant amount of the migraine burden. Migraine is three times more common in women than men, reaching peak prevalence between ages 30-39, at a time when many women are balancing work, family, and social obligations. Women are more likely to experience longer and more intense migraine attacks and report more migraine-associated symptoms and comorbid conditions. Migraine costs the U.S. an estimated \$78 billion per year, with women accounting for about 80 percent of direct medical and lost labor costs.

SWHR's report summarizes current research on sex and [gender differences](#) in migraine based on a roundtable discussion hosted by SWHR with expert researchers, clinicians, and patients. The review outlines growing evidence that sex influences migraine risk, presentation, diagnosis, treatment, and management.

For example, sex hormones like estrogen play a large role in the development of migraine and are likely contributors to observed sex differences in the disease, but a better understanding of these differences and the mechanisms behind them will lead to more targeted, effective treatments.

In addition, women and men seek and receive treatment for migraine differently, with women more likely to consult a [health care](#) provider. This could be because women typically experience worse symptoms or because the feminization of the migraine makes men hesitant to seek help. Recognizing these gender differences can help overcome patient and provider bias in the diagnosis and treatment of migraine.

Despite the clear differences in migraine between women and men,

research exploring these differences has been limited. "To move migraine research forward more quickly and to greatly improve the lives of patients, sex and gender differences in migraine need to be taken into account across the entire health care spectrum—by researchers, clinicians, patients, policymakers, and other health care decision-makers," said Rebecca Nebel, Ph.D., SWHR's director of scientific programs and senior author on the paper.

Innovation in migraine has been slow. Until earlier this year, no treatments designed specifically to prevent migraine had come onto the market in more than 50 years. To promote advancement in migraine research and patient care, SWHR's report identifies gaps in knowledge and prioritizes areas that warrant further attention in order to improve [health](#) outcomes for both [women](#) and men. Priority areas include:

- Broadening clinical studies, including incorporating sex differences in study design and analysis, and conducting longitudinal studies on hormones—Increasing awareness of migraine to better identify and treat the disease—Enhancing quality-of-life measures by improving assessment of disability and understanding of migraine's impact on workplace productivity—Destigmatizing [migraine](#) to increase rates of those seeking and continuing care—Expanding current animal models, including increasing use of female animals, to learn more about [sex differences](#) at the basic research level

More information: Rachel A. Schroeder et al, Sex and Gender Differences in Migraine—Evaluating Knowledge Gaps, *Journal of Women's Health* (2018). [DOI: 10.1089/jwh.2018.7274](https://doi.org/10.1089/jwh.2018.7274)

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