

Disparities in treatment persist for people with headache

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Disparities exist in the treatment of people with headache disorders because of race and ethnicity, socioeconomic status and geography,

according to a review article published in the June 9, 2021, online issue of *Neurology*.

The article, developed by 16 [headache](#) experts, reviews the existing research on headache and [health care disparities](#) and proposes solutions for addressing disparities.

"The research shows that headache disparities persist for people who are Black, Latino and Native American and Alaska Natives," said article author Jessica Kiarashi, MD, of UT Southwestern Medical Center in Dallas, Texas, and a member of the American Academy of Neurology. "Among racial and [ethnic groups](#), Native Americans and Alaska Natives have the highest prevalence of migraine and headache disorders, Latino people have the greatest headache and neurologic needs and Black men receive the least care. In addition, access to care is limited by low [socioeconomic status](#) and geographical barriers."

Kiarashi noted that while recent studies have found that the rate of migraine and severe headache is roughly the same among people who are white, Black and Latino, at around 15%, the rate among Native Americans and Alaska Natives is 19%. Latino people are 50% less likely to receive a migraine diagnosis than [white people](#). Black people who visit emergency departments with headache were 4.8 times less likely than white people with the same complaint to receive an imaging scan to diagnose the cause of the headache.

Factors contributing to these disparities include discrimination, the [social environment](#), insurance status, lack of headache specialists in some areas of the country and lack of representation of people of all racial and ethnic backgrounds in research, according to the review article.

"Race is a social construct that as a vehicle for systemic racism has profound impacts," Kiarashi said. "Abolishing these racial,

socioeconomic and geographic inequities would require major cultural shifts in our society. This is a call for reflection and action at the individual, community, institutional and societal level. This is a movement for long overdue change."

The article proposes numerous solutions that could improve equity and reduce disparities in headache treatment. These include clinical strategies such as using telemedicine to lessen geographic disparities and screening for issues such as trauma, housing stability and income to better determine unmet needs; professional training strategies such as better education on headache in medical school and working to recruit and retain headache specialists from groups that are underrepresented in medicine; and strategies to address disparities in research, such as working to recruit people from underrepresented groups in research studies and increasing funding support for headache research.

Provided by American Academy of Neurology

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