

Headache UK Recommendations

There needs to be a change in attitudes to the commissioning of headache services in the NHS. This would follow greater availability of headache specialists in primary and secondary care, training for primary health care teams in diagnosing and managing chronic episodic headache conditions. And not forgetting occupational health services that can do much to keep people in employment, which also helps to avoid the problems of isolation.

Together with the efforts of relevant patient and healthcare professional groups, much can be achieved to address the issue of the stigma and lack of support associated with chronic episodic disabling headache. In the short, medium and long-term, many benefits will be seen if existing services are improved and expanded.

Increased public research funding could transform the field of headache medicine, and this type of funding - whilst complementing existing pharmaceutical research - could increase its profile. This in turn could lead to the training of an expanded new generation of headache specialists across all sectors and professions within the NHS, creating improvement in patient access to headache care.

Headache UK's members are The Migraine Trust, The Migraine Action Association, The Organisation For The Understanding Of Cluster Headaches In The UK, The British Association For The Study Of Headache, and Migraine In Primary Care Advisors.

References and further information available from info@headacheuk.org or (0044) 207 462 6607 or www.headacheuk.org.



Time To Take Headache Seriously

A Headache UK Briefing Paper 2008

The Impact Of Migraine And Other Headaches In The UK

Across Europe studies suggest that up to 15% of people suffer from headache disorders, and headache affects the majority of the population. Generally, migraine, and to a lesser degree other headache types, are most prevalent during the most productive years of adulthood, between the ages of 20 and 50. Several European studies document the negative influence of headache disorders on the quality of life, and health-economic studies indicate that 15% of adults were absent from work during the last year because of headache.

More than 10 million people around the UK suffer regularly from migraine or other headaches, with headaches accounting for approximately 20% of absenteeism from the workplace. An estimated 190,000 people have a migraine attack every day around the UK, and more than 100,000 people are absent from work or school every day as a result of migraine. The cost to the economy of this absenteeism may exceed £1.5 billion a year.

On average, each person who suffers from migraine will be absent from work for more than half a day every four weeks. Additionally, he or she will probably work for 12 hours a month while suffering from migraine, during which time they may well be much less effective and engaged than usual. The hours of work time affected by migraine is dwarfed by the impact across homelife and social activities.

Services And Support

Migraine and other headaches are generally under-estimated, under-diagnosed and inadequately treated. NHS spending on the management of headache disorders is unevenly distributed, and access to services is patchy and by no means optimal.

Despite headache disorders being the most prevalent of neurological conditions, there are very few headache specialists, specialist headache clinics, and specialist headache nurses in the UK. There are only 23 specialist headache clinics around the UK (five of which are in London), and just 12 specially trained headache nurses. Trainee doctors receive between one and five hours of education in treating headache.

GPs should be able to diagnose and treat uncomplicated migraine but specialists should be available for refractory migraine and other difficult to diagnose and treat headache. Many sufferers regularly cope as best they can without treatment, or end up self-medicating with over the counter painkillers. Some people with Cluster Headache wait for years before accurate diagnosis.

Despite strategies such as a National Service Framework For Long Term Conditions that focuses on neurological conditions, and efforts by GPs with special interest in headaches, there is an obvious need for more and better service provision throughout the UK– from diagnosis through to long term treatment and pain management.

Many factors contribute to poor patient outcomes but foremost is the fact that headaches are trivialized and misunderstood. The near-universal prevalence of occasional mild headaches – over 90% of the population have had a headache of some sort – may lead to a lack of appreciation of the effects of severe disabling headaches by those who do not experience them.

Those who do experience severe disabling headache may be regarded as unreliable in and around the workplace. This stigmatisation may threaten their employment opportunities, and also other professional and personal relationships. Sufferers tend to hide or deny their condition, resulting in further under-diagnosis and under-treatment. Many people with disabling headache conditions can become demoralised and cease to seek medical help, believing that nothing can be done to help them.

Limited Research

There is a lack of good quality independent research on headache resulting from a lack of public funding. General medical journals may view headache as of low priority leading to research appearing in specialised journals only. Thus professionals may not realise that headache is a field worthy of research or feel that headache research is a career limiting move.

In 2004, 308 million euros was invested in migraine research by the pharmaceutical industry in Europe, compared to seven million euros (approx five million sterling) of public funding. No funding at all was identified for non-migraine headache disorders. Compared with societal costs, migraine receives the least public funds for research amongst all brain disorders (0.025%). In 2006/2007, there was no public funding for research in the UK.