

# Disease Backgrounder

---

## WHAT IS CHRONIC MIGRAINE?

Chronic Migraine is a distinct and severe neurological disorder characterized by patients who have a history of migraine and suffer from headaches on 15 days or more per month for at least three months, with at least eight headache days being migraine.<sup>1</sup>

It is estimated that approximately 80 per cent of patients who meet the definition of Chronic Migraine have not received an accurate diagnosis<sup>2</sup> and, as a result, may be unaware of their treatment options. This may be due to mischaracterization of Chronic Migraine as a less severe headache disorder.

The World Health Organization (WHO) ranks migraine as one of the top 20 most disabling disease and notes that a day lived with severe migraine can be more disabling than blindness, paraplegia, angina (after walking 50 meters) or rheumatoid arthritis.<sup>3,4</sup>

Although Chronic Migraine occurs in both men and women, women are three times more likely than men to suffer from migraines. Chronic Migraine can also be influenced by life stress, sleep habits, diet and overuse of acute medications that relieve pain associated with symptoms of headache.<sup>5</sup>

## HOW PREVALENT IS CHRONIC MIGRAINE IN CANADA?

Global estimates suggest that roughly one per cent of the world's adult population suffers from Chronic Migraine.<sup>6</sup> Based on this estimate, over 270,000\* adult Canadians 18 years of age and older suffer from Chronic Migraine.<sup>7</sup>

## WHAT IS THE SOCIETAL IMPACT OF CHRONIC MIGRAINE?

Chronic Migraine costs the Canadian economy roughly \$1,800\*\* per patient, per year in healthcare spending towards healthcare provider visits, emergency department visits, diagnostic testing and headache-specific medications.<sup>1</sup>

In addition to direct healthcare costs, lost productivity and lost work days (absenteeism) account for major sources of indirect costs associated with migraine.<sup>8</sup> In a self-reported study of the impact of migraine on work, 28 per cent of migraine sufferers reported working fewer hours as a result of their headaches, 24 per cent chose less demanding work because of their headaches, and 8 per cent actually changed their employment as a result of their headaches.<sup>9</sup> In Canada, the cost of migraine in the workplace is approximately \$500 million annually.<sup>8</sup>

## WHAT IS THE DIFFERENCE BETWEEN CHRONIC MIGRAINE AND EPISODIC MIGRAINE?

Patients with Chronic Migraine often have a history of episodic migraine attacks originating in the early teens or twenties.<sup>10</sup> As the frequency, duration and intensity of the headaches grow over a period of months and years, the patient progresses from being an episodic migraine sufferer to meeting the definition for Chronic Migraine.<sup>10</sup>

Chronic Migraine is a distinct and severe neurological disorder characterized by patients who have a history of migraine and suffer from headaches on 15 days or more per month for at least three months, with at least eight headache days being migraine.<sup>1</sup>

Unlike episodic migraine sufferers, patients with Chronic Migraine have increased rates of medical and psychiatric co-morbidities, and are approximately twice as likely to have depression, anxiety and chronic pain conditions.<sup>1</sup>

Risk factors that may result in a patient's progression from an episodic migraine sufferer to a Chronic Migraine patient include:<sup>10</sup>

- Frequency of the attacks – having more than one headache attack per week increases a patient's risk of developing Chronic Migraine
- Overuse of acute, symptomatic medications – daily use of an analgesic, either prescription or over-the-counter, can place a patient at greater risk for the development of "Medication Overuse Headaches"
- Duration of disease – the longer a patient suffers from headaches, the more likely they are to suffer from Chronic Migraines
- Stressful life events such as a busy lifestyle or a difficult job can also increase the risk of Chronic Migraine
- Female gender
- Head injury

## HOW IS CHRONIC MIGRAINE TREATED?

Treatment options for Chronic Migraine either focus on the acute management of pain or prevention of headache occurrence altogether.<sup>11</sup>

Use of acute treatment options should be limited to two or fewer days per week to minimize the risk for Medication Overuse Headaches that could complicate treatment and may require detoxification. Standard acute treatments for Chronic Migraine include: <sup>11</sup>

- Over-the-counter analgesics
- Prescription non-steroidal anti-inflammatory drugs (or NSAIDS)
- Triptans
- Ergotamines

Preventive therapies cover several different classes of medications, including: <sup>11</sup>

- Antidepressants
- Anticonvulsants
- Beta-blockers
- Calcium channel blockers
- BOTOX® (onabotulinumtoxinA) injections

Other lifestyle changes that may reduce the occurrence of Chronic Migraine include:<sup>11</sup>

- Changes in diet, sleep, exercise and psychological well-being
- Reduction in caffeine, alcohol, tobacco and select over-the-counter (OTC), as well as prescription medications that are known to increase the risk of headaches

For more information about Chronic Migraine, its symptoms and triggers visit: [www.MyChronicMigraine.ca](http://www.MyChronicMigraine.ca).

- 30 -

**For more information, please contact:**

Julie Holroyde

Cohn & Wolfe

[julie.holroyde@cohnwolfe.ca](mailto:julie.holroyde@cohnwolfe.ca)

+1-647-259-3330

**REFERENCES:**

- <sup>1</sup> Stokes M, et al. Cost of Health Care among Patients with Chronic Migraine and Episodic Migraine in Canada and the USA: Results from the International Burden of Migraine Study (IBMS). *Headache*. 2011 July;51(7):1058-1077.
- <sup>2</sup> Bigal ME, et al. Chronic Migraine in the Population. *Neurology*. 2008;71:559-566.
- <sup>3</sup> World Health Organization (WHO). Fact Sheet No 277: Headache Disorders. Available at <http://www.who.int/mediacentre/factsheets/fs277/en/>. Last accessed October 20, 2011.
- <sup>4</sup> Harwood RH, et al. Current and Future Worldwide Prevalence of Dependency, Its Relationship to Total Population, and Dependency Ratio. *Bulletin of the World Health Organization*. 2004;82(4):251-258.
- <sup>5</sup> Eross EJ. Chronic Migraine and Medication-Overuse Headache. *Neurology*. 2006;66:E43-E44.
- <sup>6</sup> Natoli JL et al. Global Prevalence of Chronic Migraine: A Systematic Review. *Cephalalgia*. 2010 May;30(5):599-609.
- <sup>7</sup> Statistics Canada. Table 051-0001 - Estimates of Population, by Age Group and Sex for July 1, Canada, Provinces and Territories, Annual (Persons Unless Otherwise Noted), CANSIM (database). Available at <http://www5.statcan.gc.ca/cansim/a01?lang=eng>. Last accessed August 16, 2011.
- <sup>8</sup> Shelagh R. The Astronomical Costs of Migraine. Help for Headaches: A Canadian Registered Headache Charity (Ontario). Available at <http://www.headache-help.org/astronomical-costs-of-migraine>. Last accessed August 16, 2011.
- <sup>9</sup> Lucas S. Chapter 1: Epidemiology of Primary Headache in Women. Decker Publishing. Available at <http://www.bcdecker.com/SampleOfChapter/1550091808.pdf>. Last accessed August 16, 2011.
- <sup>10</sup> National Headache Foundation. Headache Topic Sheets: Transformed Migraine. Available at [http://www.headaches.org/education/Headache\\_Topic\\_Sheets/Transformed\\_Migraine](http://www.headaches.org/education/Headache_Topic_Sheets/Transformed_Migraine). Last accessed October 21, 2011.
- <sup>11</sup> National Headache Foundation. Headache Topic Sheets: Chronic Migraine. Available at [http://www.headaches.org/education/Headache\\_Topic\\_Sheets/Chronic\\_Migraine](http://www.headaches.org/education/Headache_Topic_Sheets/Chronic_Migraine). Last accessed: August 30, 2011