Why prioritise migraine?
a discussion paper
About our ‘State of the Migraine Nation’ project

For the past 54 years, The Migraine Trust has worked to make sure that people affected by migraine are heard. We’re extremely proud of the work we’ve done to advance migraine research and understanding, and the progress our community has made. But we also know that we still have a long way to go to make sure that every person with migraine has the best life chances possible.

That’s why we’ve started work on a ‘State of the Migraine Nation’ report. Our report will map the progress our community has made, identify the emerging issues that matter most to people with migraine today, and seek to draw our community together around a series of campaigning priorities for the future. We hope the report will be of interest to policy makers, employers, NHS leaders, and the whole migraine community.

The report will be launched at our 18th Migraine Trust International Symposium (MTIS) Public Day in London on 13 September 2020 and will form the basis of our organisation’s campaigning agenda for the next decade. Between now and then we’ll be carrying forward a varied programme of evidence-gathering and engagement to inform the report’s final recommendations.

We are keen to involve people affected by migraine in every stage of the development of this report. If you are interested in being more involved, please consider joining our ‘informal sounding board’ of experts and people affected by migraine. To learn more about what this entails or to join, visit our project webpage here or email policy@migrainetrust.org
About this discussion paper

This is the second in a series of discussion papers that we are publishing as part of our ‘State of the Migraine Nation’ programme.

This paper follows months of conversations with key stakeholders, including people affected by migraine and headache and migraine professionals, about how to articulate the scale of the challenge our community faces and the greatest opportunities for change. It also draws on the latest evidence we’ve gathered and generated including through surveys, our evidence review series, interviews and workshops.

This is our first attempt at summarising what we think we’ve heard and learned so far. It lays out five main arguments for why The Migraine Trust thinks migraine should be prioritised now across the UK. It also highlights some key evidence gaps that we think we still need to fill and poses a series of questions for the whole migraine community to answer to enable us to make the most compelling case possible for greater prioritisation.

Once we’ve got what we think is the best argument we can make, The Migraine Trust will start to make it to governments and parliaments across the UK; decision-makers across the NHS and in public health bodies; business leaders, funding bodies, researchers, charities and others. While at the same time we will also encourage – and work in partnership with – our whole community to make the case as well.

Please do get involved by telling us what you think about the arguments laid out in this paper, what you think is missing, what you think could be improved, and what you think are the answers to the questions we’ve posed. You can respond by emailing policy@migrainetrust.org or by tweeting us using the hashtag #MigraineNation.

Thank you so much in advance.
What is it like to have migraine?

Migraine is very complex and individualised, but there are commonalities that most people with migraine experience. For example, if you have migraine you are likely to have regular migraine ‘attacks’ that can last anywhere from four hours to four days. More than 75% of people living with migraine will experience at least one attack every month, and more than half experience severe impairment during their attacks.

People with ‘chronic migraine’ have at least eight migraine attacks per month. It is estimated that between 660,000 and 1.3 million people in the UK are living with chronic migraine right now. The World Health Organization (WHO) categorises chronic migraine as causing the same level of disability as dementia.

People with migraine can experience an incredible range of debilitating symptoms that significantly impact their quality of life during and between attacks. According to the findings from our largest ever survey of people affected by migraine, the ten most common symptoms are fatigue, severe head pain, light sensitivity, difficulty concentrating, nausea, stiff neck or back, feeling down, sound sensitivity, ‘background’ headache, and visual aura. But people affected by migraine who responded to our survey cited more than 30 different symptoms in total.

Migraine can also exact a large toll on people’s personal lives. Published research shows that migraine limits daily activity and the ability to work and socialise, negatively impacts mental health, and is strongly associated with depression, anxiety, feelings of hopelessness, and difficulty sleeping.
For children with migraine, it can mean the chance for a great life being missed. In particular, migraine can impact on a child’s ability to excel in school and socialise with their peers. And, if not treated properly, the disease can escalate as children grow older.

Our latest research of 114 parents of children and young people with migraine shows just how stark this impact for children can be:

- Two-thirds agree that their child misses classes due to migraine
- Nearly half (47%) agree that their child finds it hard to learn new things due to their migraine
- 42% agree that their child worries about sitting exams due to their migraine
- Only a third (34%) agree that their child is able to manage their migraine well at school
- Only 11% feel that their child is well supported by teachers and staff to manage their migraine well at school and 26% feel their child is ‘not at all’ supported

At the moment there is no cure for migraine.

We think the size of the migraine population, the scale of the challenge, and the place we’re starting from means that even small improvements in care, support, and general understanding about the condition could make a huge difference to millions of people across the UK.
What is the public health impact of migraine?

People with migraine can and often do live full and active lives, but there is no getting around the fact that migraine to varying degrees makes them unwell. Evidence shows that people living with migraine report reduced health, wellbeing, and quality of life. People living with migraine are also more likely to live with other long-term health conditions, such as depression.

It’s not surprising then that migraine is a leading cause of workplace disability. Our evidence review into the impact of migraine shows that:

- Migraine is the third leading cause of ill-health in the UK, behind lower back pain and skin diseases.
- In the UK, migraine is the second most frequently identified cause of short-term absence for non-manual workers.
- Globally, migraine is the leading cause of disability for those aged under 50.
- Migraine-related lost productivity at work costs the UK economy up to an estimated £8.8 billion per year. This is greater than the indirect costs to our economy of all types of cancer (£7.6 billion) and about equivalent to the indirect cost of diabetes (£9 billion).
### What is being done to address this public health impact?

Despite its high prevalence and impact across society, it is not an overstatement to say that migraine is completely absent in the public health and NHS strategies across the UK.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Relevant headline commitments</th>
<th>What does it say about migraine?</th>
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</table>
| **UK Government’s Prevention Green Paper** | • Sets out a plan to turn attention from the ‘life span’ to the ‘health span’, e.g. from the things that kill us (such as cancer or heart disease) to the things that make us unwell (such as long-term health conditions)  
• Outlines the top leading causes of disability in the UK and recognises that ‘neurological disorders’ is the third leading cause of years lived with a disability | • The plan fails to mention migraine or headache. Instead focuses on addressing most of the other leading causes of years lived with a disability |
| **NHS England Long Term Plan**          | • Strengthen the NHS contribution to prevention and keeping people healthy for longer  
• Commit to boosting out of hospital care  
• Commits to personalised and holistic care | • The plan does not mention migraine, headache, or neurology once  
• Public health priorities are listed as smoking, poor diet, high blood pressure, obesity, alcohol, and drug use  
• Certain long-term health conditions are prioritised, including mental health, diabetes, respiratory conditions, and musculoskeletal conditions |
| **A Healthier Wales: our plan for health and social care** | • Greater emphasis on preventing illness and supporting people to manage their own health and wellbeing  
• Commits to shifting services from hospitals to communities | • The plan does not mention migraine, headache, or neurology once |
| **Public Health Priorities for Scotland** | • Improve the health of the population and reduce the unacceptable variation in life expectancy that exists in Scotland | • The plan does not mention migraine, headache or neurology once  
• Tackling long term conditions is a large part of the strategy, but migraine is not included  
• Other public health priorities include alcohol, tobacco, and drug use |
| **Making Life Better (Northern Ireland)** | • Long term goal: All people are enabled and supported in achieving their full health and wellbeing potential  
• Commits to improving the management of long-term health conditions in the community | • The plan does not mention migraine, headache or neurology once  
• Focus on mental health and wellbeing, smoking, obesity, alcohol, drugs, oral health |
Why it’s particularly surprising that the NHS Long Term Plan for England doesn’t include a focus on migraine

As shown in the table above, the NHS Long Term Plan for England doesn’t include specific commitments around improving migraine care and treatment. This is a huge missed opportunity, as many of its aspirations around prevention, reducing outpatient admissions, greater personalised care, and expanding the role of primary care and care in the community directly relate to the care and treatment of the millions of migraine patients that the NHS sees every year.

For example, the plan strives to reduce outpatient appointments in England by a third over the next five years by making better use of technology and virtual consultations and reducing unnecessary appointments. Migraine is a great place to start building towards this ambition as headache and migraine are responsible for one-third of all neurology referrals every year. In speaking to headache specialists, we hear that a large volume of these cases could be more appropriately treated in primary care.

And, now thanks to the work of NHS RightCare and the Elective Care Transformation Programme, we have a set of priorities and tools to better enable that shift and a better understanding of the benefits that prioritising migraine care can bring to this outpatient agenda. For example, the Elective Care Transformation Programme urges the establishment of community migraine clinics as a proven way for CCGs to reduce the number of their outpatient appointments.

Similarly, ‘good’ migraine care can serve as an exemplar for the plan’s personalised care agenda. The plan aims to roll out personalised care to reach 2.5 million people by 2023/24 and then aims to double that again within a decade. Research into migraine management has identified most of the personalised care commitments outlined in the plan – from supporting self-management, to increasing social prescribing, and facilitating shared decision-making between patients and healthcare professionals – as necessary for optimal care for migraine patients.
Researchers are also neglecting to explore public health interventions to prevent migraine

We recently published an evidence review looking into the evidence base around public health interventions to prevent migraine – the first review on this topic published in the UK.

We expected to find that migraine was – to some extent – being tackled through a combination of ‘tried and tested’ public health interventions, such as screening programmes or health promotion campaigns, and/or more innovative approaches, such as ‘migraine friendly’ town planning.

But we instead found that the UK and international research communities are entirely neglecting to explore ‘upstream’ solutions to prevent migraine from occurring in the first place. This is particularly surprising given that public health interventions to prevent other (and often far less prevalent) non-communicable chronic diseases, such as diabetes, are widely researched. This begs the question as to whether while many other chronic diseases are viewed as preventable, migraine is viewed from a research or policy perspective as inevitable?

We think that better management and prevention of migraine is central to national aspirations around extending healthy life expectancy and boosting workplace productivity, but it seems to be missing from the conversation at every level. As a migraine community we have to ask ourselves why migraine isn’t considered as the serious public health issue that it clearly is, and what we can do now to try and change that perception.

Questions

1. Why do you think migraine isn’t seen as a significant public health issue?
2. How do you think migraine can better support or complement the public health or health strategies where you live?
Reason 3: The NHS systems across the UK aren’t working for migraine patients

Migraine is under-recognised, under diagnosed and under treated and people affected by migraine are feeling very let down. As new and very welcome advances in migraine treatments come into the NHS, the pressure on the system is only going to increase.

It doesn’t have to be this way. We already know a lot about ‘what works’ when it comes to migraine management and care. If we can turn the dial positively even a little on this agenda, we can improve hundreds of thousands of lives every year and save NHS resources.

What is the current state of care and treatment for people with migraine?

From October – November 2019, we surveyed over 1,800 people living with migraine about the care and treatment they receive.

Below are some of the headline findings:

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<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to access care whenever I feel I need it</td>
<td>7%</td>
<td>25%</td>
<td>18%</td>
<td>29%</td>
<td>18%</td>
</tr>
<tr>
<td>I am satisfied with the care I receive</td>
<td>7%</td>
<td>25%</td>
<td>26%</td>
<td>25%</td>
<td>14%</td>
</tr>
<tr>
<td>Health professionals understand migraine</td>
<td>4%</td>
<td>19%</td>
<td>26%</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>The NHS is able to manage migraine well</td>
<td>4%</td>
<td>12%</td>
<td>23%</td>
<td>30%</td>
<td>26%</td>
</tr>
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</table>
These findings show that a clear majority of the migraine patients we surveyed feel they are receiving poor care and treatment for their migraine. Despite the best endeavours of the amazing health professionals treating and caring for people living with migraine, the NHS system across the UK isn’t working for enough patients.

We’ve spent the past few months researching and speaking with members of our ‘informal sounding board’ of people affected by migraine and migraine and headache professionals to better understand what these findings are actually telling us about what is going wrong in the NHS when it comes to migraine care. We’ve consulted hundreds of people as part of this process.

A lot of different issues were raised, that broadly fall under the following five points:

1. It’s too difficult to get an accurate and timely diagnosis

Migraine is the most common neurological reason for consulting a GP and, according to NHS England, headache accounts for around 4.4% of all consultations in primary care every year – that is 2.5 million annual appointments. Migraine is not a niche health issue for GPs.

But despite how prevalent migraine is, we heard that receiving a correct diagnosis can be time-consuming, stressful, and very difficult for many – if they receive a formal diagnosis at all.

Our latest research shows that among our respondents, more than half of those with migraine waited more than a year before seeking professional help from their GP; only around a third were diagnosed on their first visit; and 29% had to see a health professional five or more times before they received a correct diagnosis.

This confusion and misunderstanding around migraine has consequences felt elsewhere in the health system. For example, although most migraine patients should be diagnosed in primary care, around 1 in 5 migraine patients we recently surveyed were diagnosed in secondary care. This is almost entirely avoidable.

Additionally, 1 in 20 migraine patients nationally are being diagnosed in A&E – making headache the most common neurological reason for A&E attendance. This has undoubtedly contributed to the 14% increase in A&E attendance for migraine and headache that we’ve seen over the last five years. According to NHS Digital, there are now more than 100,000 emergency admissions to hospital for migraine every year.
2. There is a lack of GP knowledge about migraine

Migraine professionals we spoke with agree that the greatest opportunity to support migraine patients more effectively is in primary care. Headache nurses we’ve consulted have stressed that around half of the patients they see in secondary or tertiary care probably could have been better managed in primary care.

But people affected by migraine have told us that the lack of GP knowledge about migraine is one of top barriers they have faced as they’ve sought to manage their condition. This lack of understanding can lead to delayed or incorrect diagnosis, inadequate long-term management of the condition, the development of ‘medication overuse headache’, and many other issues. It’s clear we won’t make progress on this agenda until we better understand the barriers GPs face in primary care when helping patients manage their migraine.

3. There is a lack of access to specialist care and a specialist workforce shortage

People affected by migraine we’ve spoken to have identified a lack of access to specialist care as one of the top barriers they’ve faced as they have sought to better manage their migraine. The UK’s neurologist shortage is undoubtedly a part of this problem. According to the Association of British Neurologists, the UK has among the lowest number of neurologists for its population size, with just one neurologist per 150,000 people compared to one per 40,000 in the rest of Europe.

But there is also a lack of migraine specialist expertise within the UK’s neurology community. For instance, despite migraine being twenty times more prevalent in the UK than epilepsy, there are three times the number of neurologists specialising in epilepsy (84) than there are in headache (28). Similarly, there are only 60 headache nurses working in the UK, compared to an estimated 400 epilepsy nurses and 300 MS nurses.

Shortages of migraine professionals within neurology directly feeds into the quality and timeliness of migraine care. In their latest survey of over ten thousand neurology patients, the Neurological Alliance found stark disparities between the experiences of migraine patients and patients living with other neurological conditions:
<table>
<thead>
<tr>
<th>Question:</th>
<th>People with migraine (n= 717 )</th>
<th>People living with neurological conditions (n=10,339)</th>
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<tbody>
<tr>
<td>How many times did you see your GP before being referred to a neurologist</td>
<td>73% saw their GP five or more times before being referred to a neurologist</td>
<td>39% saw their GP five or more times before being referred to a neurologist</td>
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<tr>
<td>Have you experienced delays in accessing healthcare?</td>
<td>Yes: 68%</td>
<td>Yes: 55%</td>
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<tr>
<td>Are you seen enough by specialists for your needs?</td>
<td>Yes: 36%</td>
<td>Yes: 49%</td>
</tr>
<tr>
<td>Do you see a specialist nurse for your condition?</td>
<td>No, but I would have liked this: 48%</td>
<td>No, but I would have liked this: 38%</td>
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4. Migraine health professionals are worried about new additional pressures on their time

It’s clear that as things currently stand, the system isn’t working for people with migraine. And there are some indications that it is about to get even more challenging. The arrival of new CGRP drugs to treat migraine on the NHS is warmly welcomed by patients and migraine professionals. However, we are hearing concerns from the workforce that increased public awareness of the condition and new patient expectations, may spur further demand for specialist support.

5. We know a lot about ‘what works’ for migraine care

Headache and migraine professionals told us that in order to better understand what may need to change for migraine care, we first need to better understand what is working well. In seeking to reform the system for migraine patients, there is also a huge desire amongst health professionals to not reinvent the wheel.

The work of the British Association for the Study of Headache (BASH), NHS RightCare, and others means that we already know a lot about what works for patients and for the NHS.

Many of the interventions or approaches that work well are straightforward. For example, as the recently published NHS RightCare Migraine and Headache Toolkit explains, relatively simple changes – such as encouraging patients to keep a headache diary – could help prevent thousands of emergency admissions to hospital every year. This is not only better for patients, but better for the NHS as well.
Questions

1. What do you think are the top enablers of ‘good’ migraine care in the NHS? Are there examples you can point to of where good care and treatment is happening in primary or secondary care?

2. What do you think are the main barriers to ‘good’ care?

3. If you’re a GP or other health professional, what do you think are the top three barriers that primary care is facing when it comes to migraine care?

Our evidence review examining migraine care and treatment has also uncovered some key enablers when it comes to ‘optimal’ migraine care within the NHS:

<table>
<thead>
<tr>
<th>Enablers of optimal migraine care</th>
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<tbody>
<tr>
<td>• Prompt diagnosis</td>
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<tr>
<td>• Empathetic and well-informed health professionals</td>
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<tr>
<td>• Involving people in co-producing their own care</td>
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<tr>
<td>• Supporting self-management</td>
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<tr>
<td>• A pathway which provides holistic support in primary care, with access to specialist support when needed</td>
</tr>
<tr>
<td>• Continuity of care</td>
</tr>
<tr>
<td>• Speed of access to test results, such as scans</td>
</tr>
<tr>
<td>• Easy to understand explanations of the condition and the care and treatment options</td>
</tr>
<tr>
<td>• Nurses providing care</td>
</tr>
<tr>
<td>• Being supported to trial different approaches to find what works best</td>
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We’ll be looking to further explore these enablers in more detail with people affected by migraine and health professionals as part of this project. We’re also mindful that the impact of coronavirus (Covid-19) on how the NHS delivers some of its services will most likely outlast the duration of the pandemic. We’re keen that this project incorporates some of that learning and informs our thinking moving forward.
Reason 4: Migraine research is vastly underfunded in the UK and around the world

Right now is one of the most exciting times for migraine research. While there is currently no cure for the condition, there are new drug treatments – called CGRPs – coming into the NHS that are the first drug treatments specifically designed to prevent migraine. They represent a genuine breakthrough for migraine patients.

However, despite this progress, migraine remains a critically underfunded topic of research. This means that we’re missing a huge opportunity to capitalise on recent successes to deliver a cure for migraine and better understand how to support the NHS and patients to manage the condition effectively.

The state of funding for migraine research

Research into migraine is significantly underfunded in the UK and globally.

1. The National Institutes of Health (NIH) in the United States is the largest public funder of research in the world, with an annual budget of over $30 billion. In 2017 the NIH spent only 51 cents per patient for migraine, compared to $58.33 for epilepsy and $252.50 for multiple sclerosis.

2. The large public funders in the UK are also not funding significant research into migraine:
   
i. The National Institute for Health Research (NIHR) is the UK’s largest public funder of healthcare research. It provides over £1 billion to support research for the NHS every year. However, since 2009 it has funded only eight studies of migraine in the UK – less than one new study per year. In contrast, since 2009 the NIHR has funded 55 studies into epilepsy.
   
   ii. The Medical Research Council (MRC), the UK’s largest funder of medical research to improve human health, spends over £750 million annually. Since 2009 the MRC has only funded or co-funded 14 migraine related studies. In contrast it has funded or co-founded 117 studies into epilepsy.

3. The large private funders in the UK are also not funding significant research into migraine. The Wellcome Trust, the UK’s largest provider of non-governmental medical and scientific research, has funded 16,915 projects over the past 15 years. Only six were about migraine.
What are the big evidence gaps when it comes to living with migraine?

Recent evidence reviews that we’ve commissioned show considerable evidence gaps in our understanding of what living with migraine is like. For example, we know very little about:

- The types of migraine people experience
- The demographics of the UK’s migraine population, e.g. where people live, their socioeconomic background, etc.
- The industries people with migraine are most likely to be working in
- The best interventions to prevent migraine from occurring in the first place
- What ‘good’ and ‘best’ migraine care looks like in the NHS and which approaches are most commonly being used
- The institutional or systemic barriers that NHS organisations face in caring for migraine patients

There is a huge opportunity to dramatically improve the life chances and care and treatment of millions of people affected by migraine, improve our national productivity, improve the way the NHS manages millions of its patients every year, and ultimately find a cure for migraine. But that won’t happen without increased funding and prioritisation of migraine research and a wider-ranging migraine research agenda that is championed by major funders.

Questions

1. What do you think are the three main barriers standing in the way of migraine research receiving more attention and funding in the UK and around the world?

2. Are there particular migraine researchers working at the moment who are successfully navigating their system and securing funding for major new migraine research studies? What can the wider community learn from them and how can we better share good practice?

3. What do you think are the top three priorities for migraine research over the next decade?
Reason 5: We have an opportunity to significantly improve productivity across our UK workforce

There is ample evidence that supporting ‘migraine positive’ workplaces will be good for employees with migraine, good for individual employers, and good for our economy overall.

If we can encourage and support more employers to champion this agenda, there is real potential to help millions more people manage their migraine better, stay and thrive at work, and reduce one of the leading causes of workplace absences in the UK. Due to the impact of the coronavirus on our economy, this agenda matters now more than ever.

Why does migraine matter to our national productivity?

Migraine is predominantly a disease that both impacts people of working age and has a very high prevalence rate. That’s why it shouldn’t be surprising that migraine is the second most frequently identifiable cause of short-term absence for non-manual workers (responsible for 47% of all short-term sick days) and is the third leading cause of ill health in the UK overall.

Migraine also goes hand in hand with several other long-term health conditions responsible for high levels of workplace absence, including poor mental health, fatigue, and musculoskeletal disorders.

In total we can attribute between up to 86 million workdays lost per year in the UK due to migraine related absenteeism or reduced productivity while at work, at a cost of up to £8.8 billion per year.

There is a large unmet support need for people with migraine at work. Our latest research shows that nearly half (45%) of people with migraine currently or recently employed who we surveyed feel unsupported to manage their migraine at work and only a third (36%) have received a reasonable adjustment to help them.
What is being done to address this?

In progressive workplaces across the UK there is already a really positive conversation going on about how to better support employees with ‘hidden’ disabilities (most notably people with mental health conditions) and a recognition that more diverse and inclusive workforces make good business sense.

Inclusive workplaces can help employers attract and retain their talent, innovate and grow, and create a more compelling and relevant brand, among other benefits.

But migraine is largely absent from this national conversation. For example, Public Health England’s ‘Health and Work’ resources include guidance on supporting employees with several types of long-term and chronic conditions, such as musculoskeletal and mental health problems, but includes nothing on migraine or headache.

How can we help employers get on the front foot of this agenda?

We think that employers have a significant opportunity to do more to support their employees with migraine to thrive at work. Based on the incredible initiatives of inclusive employers, we also suspect that most employers want to do more to champion this agenda, but just don’t know how. There is a knowledge and implementation gap that we need to bridge to enable this to happen.

We’ve started the thinking about what support employees with migraine need the most to i) stay in the workplace, ii) not be at a disadvantage when compared to other staff without migraine, and iii) thrive at work.

For example, respondents to our recent migraine community survey identified the ‘top 10’ most commonly used reasonable adjustments that they are currently using to help them in the workplace. They are:

1. Flexible working hours
2. Time off for medical appointments
3. Changes to overhead lighting
4. Flexible breaks
5. Technological changes, e.g. an anti-glare screen
6. Flexible working from home policy
7. Changes to the position of their desk
8. Changes to their chair
9. Access to drinking water
10. Access to a quiet or a rest room

All of these reasonable adjustments are simple and straightforward, relatively inexpensive to implement, and will benefit all employees, not just those with migraine.

There is also evidence to show that employers can make a real difference to the health and wellbeing of their employees with migraine and their overall productivity through inexpensive and simple support interventions. For example, studies have shown that when an employer proactively identifies their staff with migraine and then provides basic education about the condition, e.g. through leaflets or information resources on the company intranet, identified employees report improvements in migraine severity, workdays missed, and effectiveness at work.

These interventions in the workplace have the added benefit of helping to reduce the stigma and isolation that many people with migraine feel not just at work but in many areas of society. In this way, employers are extremely important partners in any strategy that seeks to improve the health outcomes, wellbeing, and life chances of people living with migraine as well as our economic productivity.

Questions

1. Are you aware of other workplace programmes that have proved effective in supporting employees with migraine?
2. Do you know of examples of employers (large or small) who are supporting people with migraine in the workplace well through specific programme or interventions?
3. What do you think are the main barriers standing in the way of employers doing more to support this agenda?
Next steps

This paper lays out our initial thinking around five key reasons why we think we need to prioritise migraine now. It follows months of discussion and engagement with people affected by migraine, health professionals, and researchers.

We think these arguments – and the evidence that supports them – start to paint a compelling picture for why migraine matters to us all. But we know by working together with the whole migraine community – in the UK and across the globe – we can make an even better case.

Please help us by answering the questions posed throughout this paper and providing any other feedback you think would help us. You can do that by emailing policy@migrainetrust.org or tweeting us @MigraineTrust using the hashtag #MigraineNation.

We’ll be posting regular updates about our ‘State of the Migraine Nation’ project as our thinking continues to develop about these arguments on our blogsite and project webpage – so please do check back regularly. Thank you again so much in advance for any feedback and help you can give.

Questions for the paper overall:

1. What do you think about our five main arguments?
2. How could we make the case even more effectively?
3. What big issues or compelling evidence are we missing?
4. Is there anything you can do to help us make the case?