

Editorial for ‘migraine care around the world’ topical collection for *Cephalalgia Reports*

Cephalalgia Reports

Volume 8: 1–2

© The Author(s) 2025

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/25158163251339440

journals.sagepub.com/home/rep

Keywords

migraine, migraine management, global health inequities

Date received: 4 April 2025; accepted: 17 April 2025

Migraine is a lifelong neurological disorder that is estimated to affect over 1 billion people worldwide, and represents a leading cause of disability common to otherwise diverse geographical areas, cultural groups and socioeconomic conditions.¹ Migraine alone accounts for 5.6% of the global disease burden, surpassing the combined impact of all other neurological disorders.² Further, migraine disproportionately affects younger adults, and in particular women, representing the leading cause of disability in this demographic worldwide.³ The impact of migraine is also determined by the huge economic losses it causes on health systems, with yearly costs estimates of around €50 billion for Europe alone.⁴ Less is known about the economic impact across regions of the world.

Despite its enormous impact, migraine as a public health priority is highly variable and remains often underdiagnosed and undertreated.⁵ While high-income countries are experiencing an unprecedented shift in treatment paradigms with the introduction of novel medications targeting disease-specific pathways, low- and middle-income economies often face a lack of resources needed to tackle the issue.⁶ This disparity exacerbates the gap in access to care, contributing to significant health inequities across different regions of the world.⁷

One key factor contributing to this disparity also lies in the lack of consistency in migraine management. The International Headache Society has recently addressed this issue by creating the global recommendations for the pharmacological treatment of migraine, meant to standardize practices and offer treatment alternatives even in regions with significantly limited resources.^{8,9}

Another important step in advancing migraine care across countries is to better understand and account for country-specific needs. By assessing regional policies and access to treatment for migraine, we can compare the

effectiveness of different healthcare models and more accurately identify the barriers impeding adequate access to migraine care.

In light of this, *Cephalalgia Reports* will be launching a topical collection, part of the recently introduced ‘Global & Community Health’ series in which we will welcome papers exploring the unique aspects of migraine care across various regions of the world, including and not limited to: Latin America, the Indian subcontinent, Central Asia, Eastern Europe, the Middle East and North Africa, and sub-Saharan Africa. This collection will provide a platform to highlight diverse approaches, socio-economic and healthcare challenges and innovations, while addressing regional differences in the burden of migraine, as well as disparities in knowledge, diagnosis, and management.

The articles will examine the local burden and epidemiology of migraine, offering detailed insights into how healthcare services for migraine are structured and managed in different regions. They will describe the key providers of headache care, the main barriers that are faced – including disparities, health inequities, cultural or societal perceptions and underserved populations – and the availability of different migraine treatments. Further, the collection will address the implementation of evidence-based management practices, pharmacological and non-pharmacological approaches, differing access to treatment, and reimbursement strategies. Finally, the papers will also delve into migraine training practices, including the level of education on migraine received in medical schools, and highlight any advocacy efforts and public awareness campaigns aimed at implementing positive change.

We believe that through this collection, we will collectively gain insights into best practices and lessons learned to reduce inequities. By enhancing the global understanding



Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (<https://creativecommons.org/licenses/by-nc/4.0/>) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access page (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

of migraine care, its strengths, as well as its shortcomings, we hope to elevate the voices and expertise from underrepresented countries, ultimately improving migraine care around the world.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

ORCID iDs

Francesca Puledda  <https://orcid.org/0000-0002-1933-4049>

Teshamae S. Monteith  <https://orcid.org/0000-0001-8912-252X>

Mario F. P. Peres  <https://orcid.org/0000-0002-0068-1905>

References

1. GBD 2016 Headache Collaborators. Global, regional, and national burden of migraine and tension-type headache, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Neurol* 2018; 17: 954–976.
2. Vos T, Abajobir AA, Abate KH, et al. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2017; 390: 1211–1259.
3. Ashina M, Katsarava Z, Do TP, et al. Migraine: epidemiology and systems of care. *Lancet* 2021; 397: 1485–1495.
4. Linde M, Gustavsson A, Stovner LJ, et al. The cost of headache disorders in Europe: the Eurolight project. *Euro J Neurol* 2012; 19: 703–711.
5. Sacco S, Peres MMF, Tassorelli C, et al. Cephalalgia reports: advancing science while bridging global disparities in headache research and care. *Cephalalgia Reports* 2025; 8: 25158163251316840.
6. Puledda F, de Boer I, Messina R, et al. Worldwide availability of medications for migraine and tension-type headache: a survey of the International Headache Society. *Cephalalgia* 2024; 44: 3331024241297688.
7. Raffaelli B, Rubio-Beltrán E, Cho S-J, et al. Health equity, care access and quality in headache – part 2. *J Headache Pain* 2023; 24: 167.
8. Puledda F, Sacco S, Diener HC, et al. International Headache Society global practice recommendations for the acute pharmacological treatment of migraine. *Cephalalgia* 2024; 44: 3331024241252666.
9. Puledda F, Sacco S, Diener H-C, et al. International Headache Society Global Practice Recommendations for preventive pharmacological treatment of migraine. *Cephalalgia* 2024; 44: 03331024241269735.

Francesca Puledda¹ , Teshamae S Monteith²  and Mario FP Peres³ 

¹Headache group Headache Group, Wolfson SPaRC, Institute of Psychiatry, Psychology and Neuroscience, 4616King's College London, London, UK

²Department of Neurology-Headache Division, University of Miami, Miller School of Medicine, Miami, USA

³Institute of Psychiatry, HCFMUSP, Sao Paulo, Brazil

Corresponding author:

Francesca Puledda, Headache group Headache Group, Wolfson SPaRC, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK.
Email: francesca.puledda@kcl.ac.uk