

Migraine Myth of the Month

Every migraineur needs to see a healthcare provider?

For a number of reasons I've long have had a problem reading papers published in the medical literature and listening to presentations which have lamented the high prevalence of migraine the in general population and the relatively low frequency with which these upwards of 40 million American migraineurs seek medical attention for their headache disorder.

Part of my reluctance to join in the lamentation results from the fact that my wife, our three sons and I all have some form of migraine, and none of us has sought medical attention for our migraine or taken much in the way of prescription medication for headache. Full disclosure: I'm a neurologist with subspecialty certification, training and experience in headache medicine, but even without that

I would not be inclined to make the effort to see a healthcare provider (HCP) for headaches that occur so infrequently or the visual aura symptoms that I experience more often than headache itself. On the few occasions in my life that I've experienced a severe, high intensity migraine headache, most often following an obvious trigger such as dehydration, ingestion of alcohol or a combination of the two, I treated myself with a non-specific prescription medication or simply hydration and rest. My wife also has migraine with visual aura, and her only experience with a "migraine specific" medication, rizatriptan, one which I assisted in developing clinically, was so unpleasant that she otherwise has treated her infrequent migraine episodes with 3 aspirin, a Diet Coke and a 6 mile run.

In other words, there are an awful lot of migraineurs out there who, yes, have "active" migraine and will be identified as such by a general population survey but are not experiencing any significant reduction in quality of life consequent to their infrequent migraine episodes. A general population study will identify them as migraineurs who have not sought medical attention, but the fact they have not done so hardly represents a deficit in the understanding, diagnosis and management of headache at the HCP level.

That sub-population is doing just fine. As is emphasized in another article from this issue (page 7: "Migraine's 'Supply: Demand' Problem"), there are, however, a large number of migraineurs out there who do require and deserve accurate diagnosis and appropriate therapeutic intervention, and in particular this includes the many millions of Americans suffering from either *chronic migraine*, *high frequency episodic migraine* or episodic migraine with frequent attacks of functionally incapacitating headache not responding to home-grown treatments (Diet Coke is not a universally effective remedy for acute migraine headache). These are the individuals who deserve our attention and our assistance. Forget me. Forget my wife and our 3 tremendously healthy (thankfully) sons. There are legions of other migraineurs in need of a capable HCP. **■**

