

THE WAY FORWARD

Headache disorders are ubiquitous, prevalent, disabling and largely treatable, but under-recognized, under-diagnosed and under-treated. Illness that could be relieved is not, and burdens, both individual and societal, persist. Financial costs to society through lost productivity are enormous – far greater than the health-care expenditure on headache in any country.

The following messages, offering guides to the way forward, emerge from the survey reported here.

POLITICAL WILL IS NEEDED

There is an urgent need for political recognition that the problem exists, and that it demands remedial action. This *Atlas of Headache Disorders* is intended to have this effect.

KNOWLEDGE GAPS MUST BE FILLED

Knowledge to inform policy is still incomplete. Further well-conducted epidemiological studies, incorporating population-based measures of individual and societal burdens, are needed in many countries, and especially in resource-poor countries.

HEALTH CARE FOR HEADACHE MUST BE IMPROVED

It is reasonable that, worldwide, about 50% of people with headache are primarily self-treating, without contact with health professionals: much tension-type headache and some migraine manifests only as infrequent and/or mild attacks.

On the other hand, if diagnosis rate reflects quality and reach of headache services, which is likely, there is much room for improvement in all regions. As an example, medication-overuse headache is a high cause of disability, and both preventable and remediable, but unlikely to resolve without medical care. The low diagnosis rate (10%) is a failure of health care that has important adverse health and economic consequences.

Guidelines for diagnosis and treatment will support better management, particularly by non-experts in primary care. Many exist already; countries that lack them – especially low-income countries – need only adapt these to be suitable locally. This is a low-cost opportunity for substantial service improvement.

The high rate of investigations to support diagnosis is not expected, since headache disorders mostly do not require investigations, either for diagnosis or assessment. Substantial reductions are possible, with resource savings.

Assessment of impact of headache is part of management, needed especially where resources are limited in order to direct them efficiently. Existing assessment instruments are easy to use. There is a large and low-cost opportunity for improvement through their wider usage, particularly in resource-poor countries.

Diagnosis is likely to be improved if effective drugs are available and affordable since, arguably, there is little point in diagnosing when the appropriate treatment cannot be offered. In fact, many effective drugs exist, but countries in all income categories identify lack of access to them as a barrier to best management. In particular, triptans need to be more widely available, and used in preference to ergotamine, which not only has inferior efficacy but also raises concerns over toxicity, accumulation and overuse potential (see p 53).

Reimbursement is, for many people, the key to better access to drugs. Reimbursement has obvious cost implications, but these must be considered in full. Given the cost-effectiveness of most drugs for headache, policies of wider reimbursement appear sensible from a societal perspective.

HEADACHE SERVICES MUST BE ORGANIZED

The disorders that cause most population ill-health are migraine, tension-type headache and medication-overuse headache. It is primarily for these disorders that headache services throughout the world must cater.

Headache services need to be delivered countrywide, efficiently and equitably to very large numbers of people who stand to benefit from them. Organization of services to achieve this is clearly a challenge, perhaps with no single, complete and universally-appropriate solution, but always their basis must be in primary care. This is where the great majority of people with headache are and should be managed. The proportion of 10% currently seen by specialists is far too great: specialist services are required by and should be reserved for only the very small minority who need them.

A strong efficiency-based argument therefore exists for expanding primary-care management of headache, and this is particularly so in countries where health-service reforms are, generally, shifting priority towards primary care.

EDUCATION IS CENTRAL TO REMEDIAL ACTION

Accordance of low priority to headache means it is given little educational emphasis, which translates later into ineffective management and poor outcomes. Change can only follow recognition of the amount of ill-health these disorders cause, and reassessment of priority accordingly.

Education is required at multiple levels. Most importantly, health-care providers need better knowledge of how to diagnose and treat the small number of headache disorders that are of public-health importance. This better knowledge will improve usage of available treatments, produce better outcomes, avoid wastage and reduce overall costs.

Because most headache should be treated in primary care, emphasis should first be on undergraduate training, in medical schools, requiring changes to the undergraduate curriculum. Second, it should be on continuing medical education for general practitioners.

Worldwide, about 50 % of people with headache are primarily self-treating, without contact with health professionals. Therefore, education of people with headache about how to treat their headaches effectively and efficiently is of considerable public-health importance. In better-resourced countries especially, one focus of education should be the avoidance of medication overuse and its consequence of medication-overuse headache, itself a high cause of disability.

NATIONAL PROFESSIONAL ORGANIZATIONS SHOULD BE SUPPORTED

National professional headache organizations, where they exist, have clear roles in promoting education, producing locally-relevant management aids, including guidelines, and importing knowledge and international standards through links to international groups.

Support for the establishment and maintenance of national professional organizations appears highly worthwhile.

GREATER INVESTMENT IN HEADACHE SERVICES IS SENSIBLE

Given the very high indirect costs of headache, greater investment in health care that treats headache effectively, through well-organized health services and supported by education, may well be cost-saving overall.

KEY MESSAGES

- Headache disorders are ubiquitous, prevalent and disabling. Yet they are under-recognized, under-diagnosed and under-treated worldwide:
 - a minority of people with headache disorders are professionally diagnosed;
 - management guidelines are used routinely in 55 % of responding countries, but much less commonly in low-income countries;
 - despite there being a range of drugs with efficacy against headache, countries in all income categories identify non-availability of appropriate medication as a barrier to best management;
 - worldwide, only four hours are committed to headache disorders in formal undergraduate medical training, and lack of education is seen as the key issue impeding good management of headache;
- illness that could be relieved is not, and burdens, both individual and societal, persist unnecessarily;
- financial costs to society through lost productivity are enormous.
- Among proposals for change:
 - better professional education ranks far above all others;
 - a third of responding countries also recommend improved organization and delivery of health care for headache.
- Given the very high indirect costs of headache, greater investment in health care that treats headache effectively may well be cost-saving overall.

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