Breaking the Stigma: Changing the Perception of Migraine

Understanding Migraine Through Science, Experience, and Empathy

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The Myth

“Symptom of a disease”

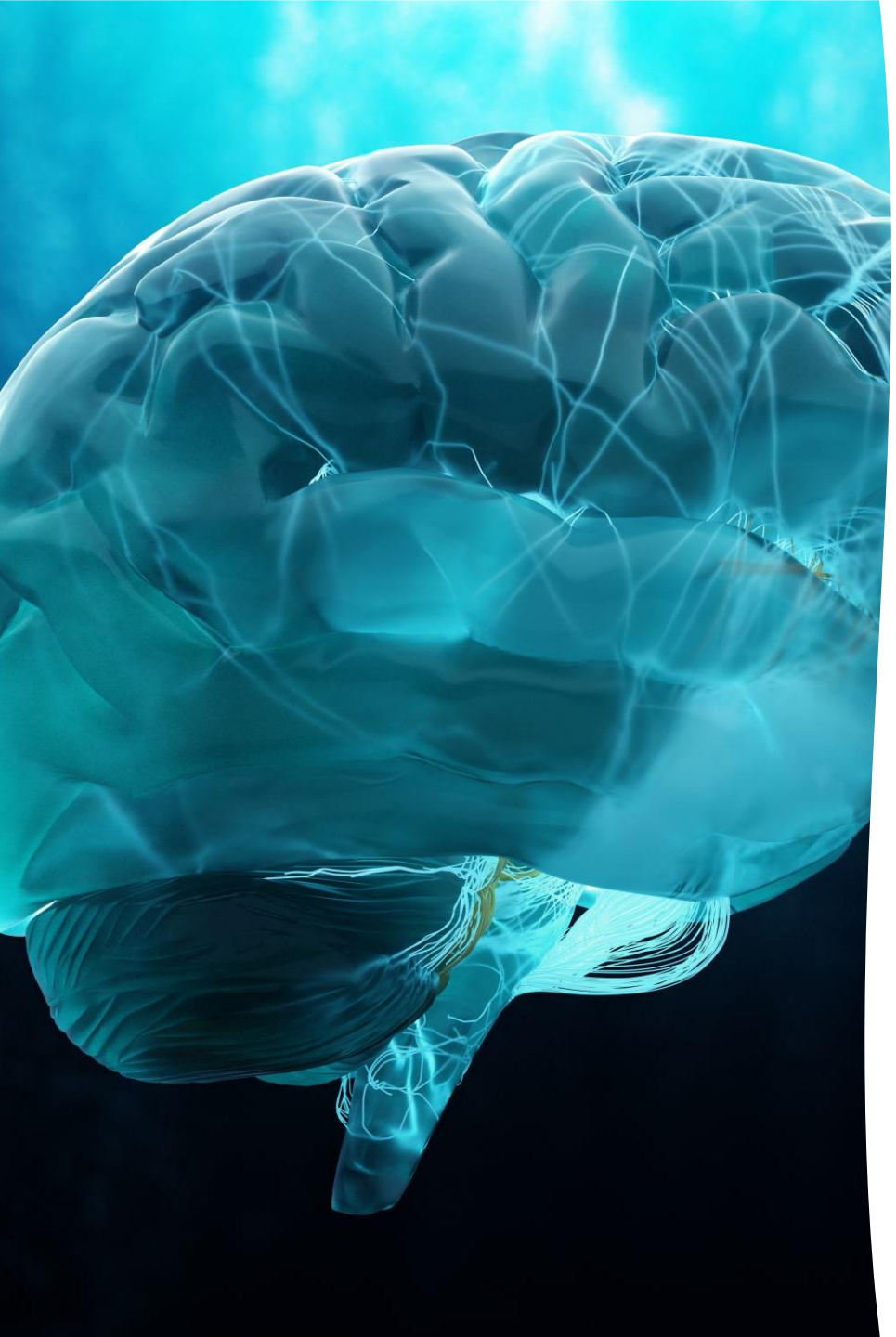
“Tumour or infection”

Pain = Damage

“Fracture”

“Post-surgical pain”

Research has shown us that the experience of pain is so much more complex!



Pain and the Brain

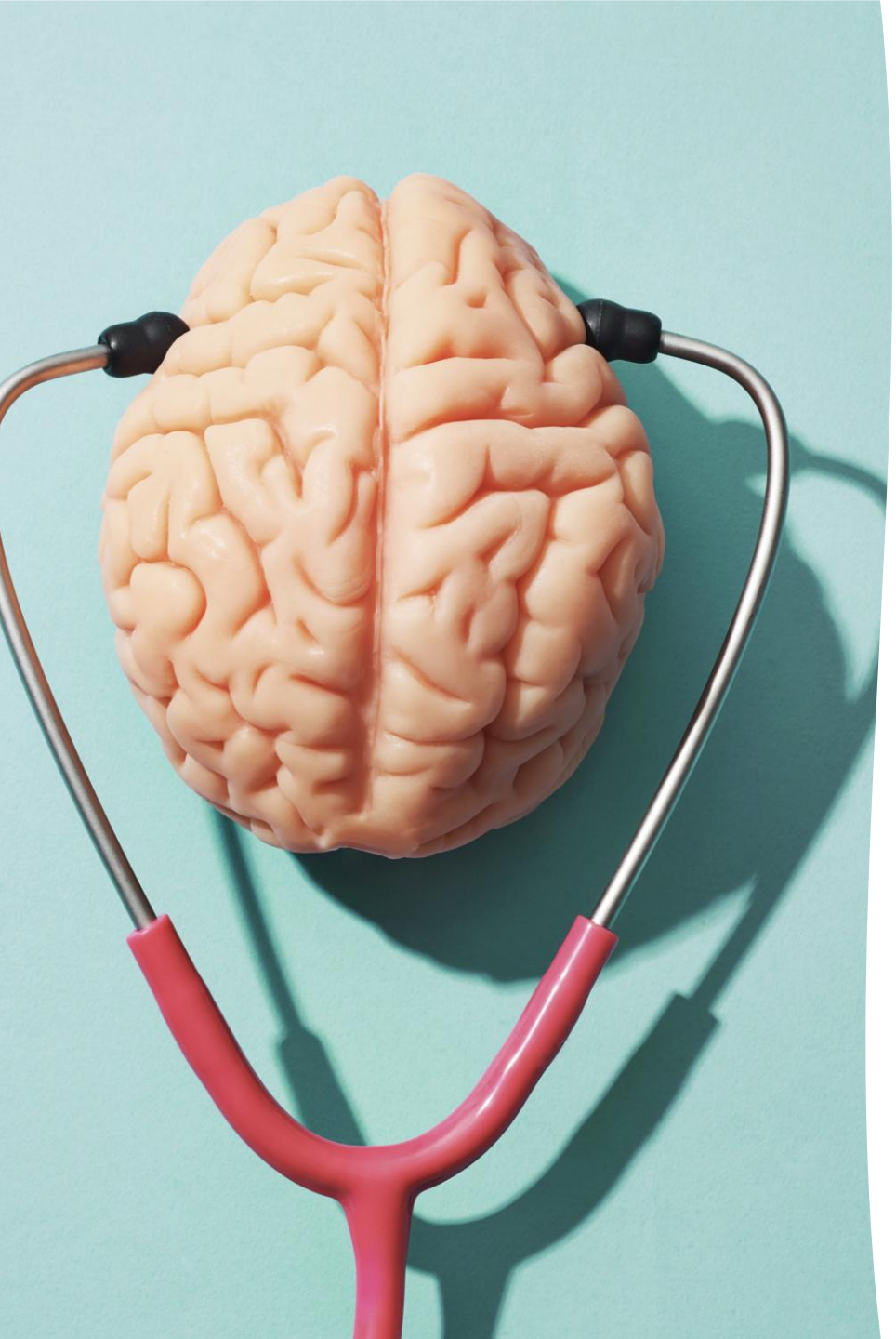
- The brain can **create pain** even when there's no tissue damage.

- In migraine, pain occurs **without structural harm** to the brain.

- Pain can be influenced by **sensitivity of the nervous system**, past experiences, and context

- Pain is a **protective alarm system**, not always a sign of injury.

- Understanding this may help reduce **fear and stigma**.



Migraine

- Head pain can be so severe
- There is no initial injury
- No lasting damage
- Within a few hours the person is usually completely recovered
- So…. what was all that pain about?

Migraine

- In migraine, severe pain can occur **without any structural damage** to the brain or surrounding tissues.

- A result from **increased excitability of brain networks** and dysregulation of pain pathways involving the trigeminovascular system, brainstem, and cortical areas.

Why Does the Brain Choose Pain?

- Normally, pain protects the body from harm.
- The brain can mask pain in life-threatening situations but in migraine, pain arises without this tissue damage or external threat.
- Modern neuroscience shows a ‘pain matrix’ involving: Thalamus, cortex, memory, emotion, autonomic regulation, homeostasis
- The paradox: the brain’s protective system becomes self-destructive.
- Understanding why this happens is one of the greatest unanswered questions in headache science.

What is Migraine?

- A complex neurological disorder
- Symptoms: pain, nausea, aura, sensitivity to light/sound
- Affects over 1 billion globally
- WHO: among top disabling conditions

Myths vs Facts

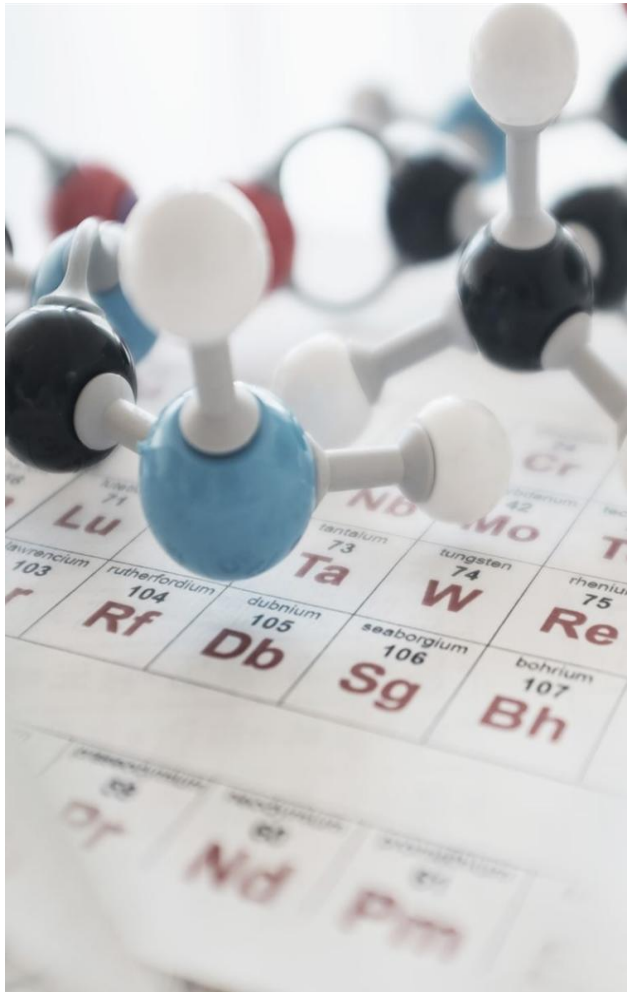
Myth 1: It’s just a headache

→ Fact: It’s a neurological disease

Migraine is not “just a headache” — it is a complex neurological condition.

Symptoms include nausea, aura, sensory sensitivity, fatigue, and cognitive impairment.

WHO ranks migraine among the top disabling diseases worldwide.



Myths vs Facts

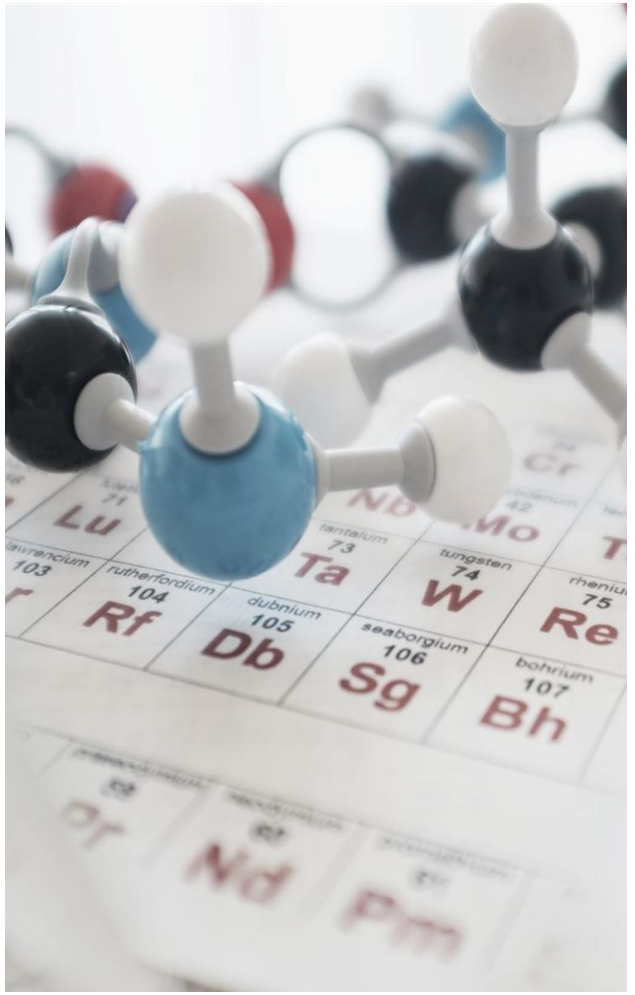
Myth 2: It’s an excuse to miss work

→ Fact: It’s unpredictable and disabling

Migraine is a leading cause of work and school absence.

Attacks are sudden, severe, and unpredictable.

Migraine costs the UK economy billions annually in lost productivity.



Myths vs Facts

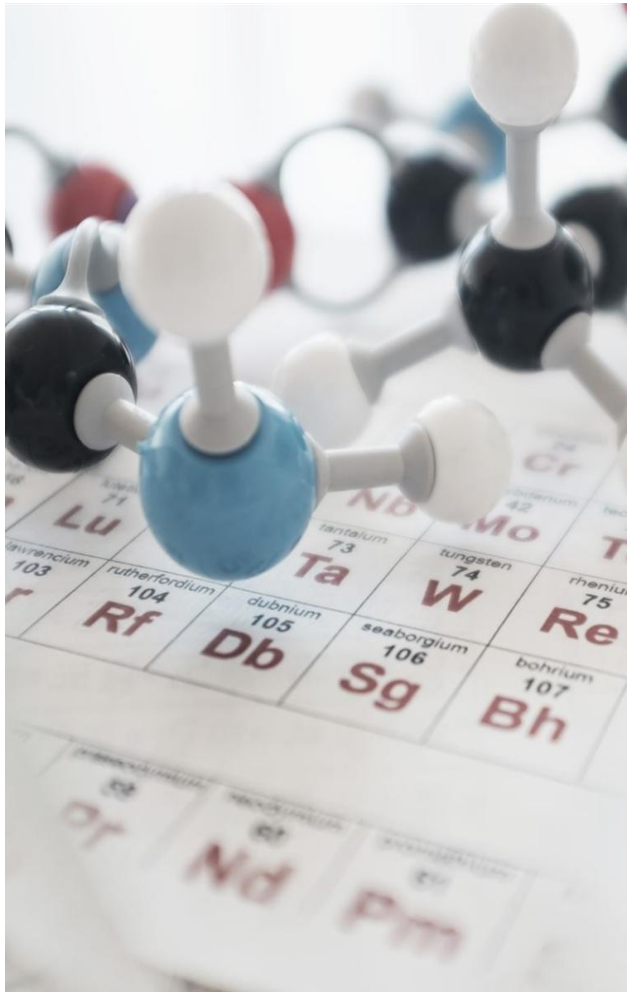
Myth 3: Caused by stress

→ Fact: Rooted in biology

Stress may *trigger* migraine but does not cause it.

Migraine is a biological brain disorder with strong genetic links.

Neurotransmitter imbalances (serotonin, CGRP) drive attacks.



Patient Quotes

“I felt invisible at work — people thought I was lazy.”

“I lose days every month to pain, but on the outside, I look fine.”

“I plan my life around avoiding triggers — migraine controls everything.”

Perspective

We often focus on the clinical aspects of migraine — diagnostic criteria, treatments, service delivery. But behind every number is a person whose life is affected. Migraine is an invisible condition: patients may look ‘fine’ but live with debilitating pain, fatigue, and unpredictability.

The Impact of Stigma

- Delayed diagnosis
- Poor treatment access
- Emotional toll: isolation, anxiety

The Impact of Stigma

About **1 in 9** people with migraine who need medical care receive consultation, accurate diagnosis, and appropriate treatment.

(CaMEO-I) tracked individuals through three key healthcare steps:

- seeking consultation
- receiving an accurate diagnosis,
- getting appropriate treatment.

Alarmingly, only 11.5% navigated all three successfully.

This highlights the huge unmet need in migraine care worldwide.

Changing perceptions can directly improve outcomes

Chronic Migraine Epidemiology and Outcomes - International (CaMEO-I) Study: Methods and multi-country baseline findings for diagnosis rates and care. (2023) Cephalalgia

Migraine in Healthcare Systems

- Gaps in access to specialists

- Vital role of Headache Nurses

- Local services and patient support matter

How can we change perceptions?

- Educate the public → Increase understanding that migraine is a neurological disease, not “just a headache.”
- Challenge stigma in workplaces → Promote policies for flexible working, rest spaces, and reasonable adjustments.
- Train healthcare professionals → Early recognition, accurate diagnosis, and evidence-based management.
- Empower patients → Teach self-management skills, interoceptive awareness, pacing, and personalised action plans.
- Raise awareness through campaigns → Support initiatives by Migraine Trust, National Migraine Centre, and WHO.
- Integrate migraine into policy → Advocate for service development and inclusion in NHS priorities.

Changing Perceptions & Embracing Future Treatments

Current/Future treatments

Future treatments →

Gepants *(e.g. atogepant, rimegepant)* → rapid-acting acute treatments

Ditans *(e.g., lasmiditan)* → for patients who cannot take triptans

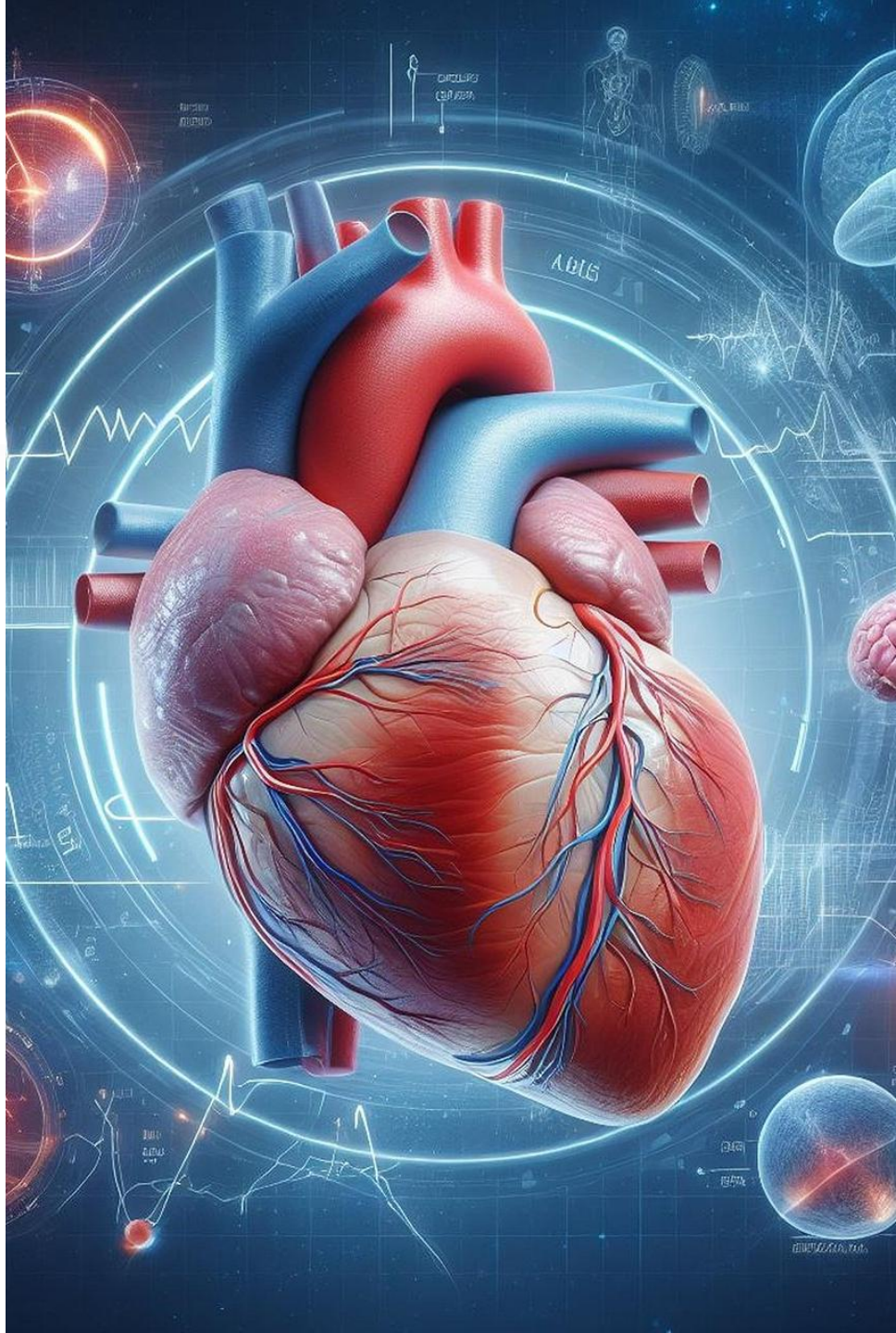
CGRP monoclonal antibodies *(erenumab, fremanezumab, galcanezumab, eptinezumab)* → preventive breakthroughs

Neuromodulation devices *(e.g., Nerivio®, gammaCore®)* → non-invasive pain modulation

Ongoing research → personalised care, genetic profiling, precision therapies

Interoception & Migraine

- Interoception = sensing internal body signals
- Guides behavioural and sensory interventions
- Poor awareness delays self-care
- Prediction Error → Early Signs → Migraine Attack → Early Treatment
- Pain Reprocessing Therapy for migraine?



Summary

Migraine is a **neurological disorder**, not just a headache.

Pain ≠ damage — migraine involves **network dysfunction**, not tissue injury.

Changing perceptions improves access, outcomes, and quality of life.

Interoception could be a powerful tool for early intervention and patient empowerment.

New and future treatments are **transforming migraine care**.

Listening to real patient stories drives empathy and **reduces stigma**.

Thank You

LET’S CHANGE THE WAY WE TALK ABOUT MIGRAINE.

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