

## **DO REGIONAL FACTORS INFLUENCE THE OUTCOME OF HEADACHE MANAGEMENT? NO**

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Actually we have data about the prevalence of headache disorders around the world. When we compare rates of prevalence of the primary headaches (migraine, tension type headache..) there are not important differences if the studies are well conducted.

In the *Atlas of Headache Disorders* recently published by the World Health Organization (WHO) is the most comprehensive compilation of resources for headache in the world ever attempted? They have obtained data about the situation of the primary headaches and its treatment from countries representing a large majority (86 %) of the world's population, although some bias was possible, particularly in low-income countries it was difficult to identify

When we compare health-care utilization in the different world regions, about 50 % of people with headache are estimated to be primarily self-treating, without contact with health professionals worldwide with not substantial differences in the different regions. Only 10 % are reportedly treated by neurologists, although fewer, as might be expected, in Africa and South-East Asia Diagnostic rates

Looking at diagnosis and assessment globally, health professionals diagnose migraine and tension type headache in only about 40 % of people with these disorders with small regional variations.

In relation with the use of investigations (MRI, CT scan, sinus examinations, EEG, CSF, refractory errors), there was important regional variations, but the role of the examinations is absolutely secondary in the treatment of primary headaches and they are important in only a few number of cases.

When we compare the recommendations of the guidelines published in different countries around the world, there are not differences between them. The same recommendations about acute and prophylactic medication are in the content of the guidelines of each country, independently of the geographical situation.

Worldwide the most preferred drugs for the treatment of acute episodic migraine were NSAID (86 % of countries that responded) followed by Paracetamol (69 %) and aspirin (52 %). Both these drugs are listed by WHO as essential medicines for migraine and probably are the leading preferred single drugs in all regions and income categories. Triptans are not available worldwide, but NSAID could control a big number of patients. Beta-blockers are the preferred migraine prophylactic drugs worldwide (85 % of countries) and in every region with Tricyclic antidepressants (56 %) follow and both are available in all countries. Alternative therapies as acupuncture are available in most countries and could be also effective in the treatment of primary headaches.

We discuss the role of education of patients and doctors in the management of migraine and other primary headaches

In summary, primary headache disorders are worldwide presented and could be treated in every country