

DO REGIONAL FACTORS INFLUENCE MIGRAINE OUTCOME? - 'YES'

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It is a well established fact that based on many variable factors that have an impact on migraine recognition, diagnosis, treatment and follow-up, Management outcomes differ across regions of the world. Some of these factors are modifiable and some are non-modifiable. It is important to address these factors when we are looking at improving outcome. These have been discussed in this presentation.

The word 'Regional' can be interpreted in different ways. For my talk today I have looked at 'Regional' in a geographic perspective and divided it into 2 main regions - the Tropics and the Temperate. Most of the countries in the Temperate zones are in the West and have colder climatic conditions and most of the countries in the Tropics are in the East and have warmer weather. This regional division therefore could also be looked at as a comparison between The East and The West. It is important to note that a larger percentage of the world population lives in the Tropics or in The East than in the Temperate or The West. To convert this geographical divide into practical terms for this talk - North America and Europe have been included under The Temperate zone or The West and the rest of the world - The Far East, Asia, the Middle East and large parts of Africa are included in the Tropics or The East.

Against this backdrop, some of the factors that are regionally different and that can impact the outcome of Migraine Management have been detailed. They can be grouped under 2 broad headings – the non-modifiable and the modifiable. Genes, geography and environment are some of the non-modifiable factors that vary regionally. We still do not have genetic mutations identified for all migraine subtypes but there is evidence to show that there are racial variations that influence the prevalence of migraine. Geographic factors such as climate, temperature, humidity and wind can trigger off some migraines. Overcrowding, congestion and pollution in an urban overpopulated environment can also increase the incidence of a trigger-linked disorder like migraine.

Then there are the modifiable factors where we can intervene and change the scenario to make a difference. These can be subdivided into those that are patient-relevant, those that are physician-relevant and some that are state-relevant such as population overload, literacy levels and health-care system and these vary from country to country. There are also regional variations in the approach and aggression with which migraine is addressed.

In conclusion therefore I would like to state that though pharmacological + non- pharmacological methods of managing migraine are uniform across the world, there are other local regional issues that are not the same globally and these can impact the outcome of migraine management. "Migraine management is therefore more than just a Prescription" and regional factors do have an important role to play in Migraine Management Outcome.