



# The Headache & Migraine

POLICY FORUM

JUNE 2019

## Myths, Facts & How Migraine Disease Impacts Women in the Workplace

Think of your grandmother, your mother, your sister and your wife. Statistically, one of these four women will experience migraine attacks in the course of her lifetime.<sup>1</sup>

Women are more likely than men to have migraine attacks, and their attacks tend to be longer and more intense. Women also report more severe symptoms, including nausea, vomiting and visual aura, as well as co-morbid conditions such as anxiety and depression.<sup>2</sup> Further complicating matters, migraine disease is more common and more severe during child-rearing and prime earning years.

The condition has a far-reaching societal impact and significant economic consequences. In fact, it is one of many factors contributing to the gender

wage gap in America. But it doesn't have to be this way. Learning the facts about migraine disease and how employers can improve conditions for persons living with migraine can have a profound impact on women and workplaces across America.



**Myth:** Women living with migraine disease aren't able to work.

**Fact:** For some women, migraine attacks become so severe that they stop working. But that's not the case for most people living with the disease. And all women with migraine disease want to be able to manage their condition so they can keep working and can support themselves and their families.

But migraine disease can impact a woman's professional success. Women are most likely to be struck by migraine between ages 35 and 55,<sup>3</sup> in their prime earning years. Migraine disease causes some employees to be overlooked for advancement opportunities because of absenteeism or the misconception that they cannot handle more duties. As a result, women may receive lower wages, fewer promotions and fewer opportunities in the workforce—further contributing to America's gender wage gap.



**Myth:** Migraine disease affects only the person living with the condition.

**Fact:** Direct expenses such as doctor's office visits and emergency room care cost migraine patients roughly \$1 billion annually.<sup>4</sup> But the condition's impact doesn't stop with the person experiencing it. The disabling disease adversely affects women's ability to care for their families, contribute to their community and remain productive at work.

Migraine disease also hurts employers in the form of lost productivity and absenteeism,<sup>4,5</sup> which account for a large portion of indirect economic losses. When totaling direct and indirect costs, migraine disease imposes an economic burden of roughly \$78 billion.<sup>6</sup>

**Myth:** If people living with migraine disease want to work, they will have to deal with triggers and disturbances in their workplace.

**Fact:** Women who live with migraine disease shouldn't have to choose between quitting work or experiencing migraine attacks because of their workplace environment.

Limiting noise and fluorescent lights or adopting a fragrance-free workplace are just a few of the many changes that can reduce migraine triggers, making a workplace accessible for people with migraine disease.<sup>7</sup> Most accommodations have little-to-no associated cost but can have a meaningful impact as they help employees remain present and productive at work.

People living with migraine disease should feel empowered to ask for workplace accommodations; employers are required by law to accommodate reasonable requests, some of which can have positive tax incentives. Though employers shouldn't wait before taking action, Congress is working on legislation to increase existing tax credit incentives for employers.

Providing accommodations can also build loyalty, because migraine patients appreciate their employers' understanding.

## Accommodations for People Living with Migraine Disease<sup>7</sup>



Filters On  
Fluorescent Lights



Noise Canceling  
Headset



Anti-Glare Computer  
Monitor Filter



Teleworking Or  
Flexible Schedules



Fragrance-Free  
Workplace



Dark Room

## Therapeutic Treatment Options



### Preventive Medication:

To stop migraine attacks before they start



### Pain Medication:

To cope during attacks



### Anti-Inflammatory Drugs:

To help end a migraine attack



### Combination Therapy:

Some combination of two or more of these options to reduce the number of headache days or migraine attacks

**Myth:** Employers don't have a say in what kinds of treatment is available for their employees.

**Fact:** Human resource managers can make informed decisions about which insurance policies they offer employees by inquiring with insurers about which plans provide access to migraine therapies. Selecting and offering plans that cover a wide range of treatment options is another way employers can support employees with migraine disease.

## Conclusion

Migraine disease is more than “just a headache.” Its debilitating pain and cascading impact on women’s health and quality of life is severe. Left untreated, it can lead to or worsen depression, anxiety and disability can also bring thriving careers to a screeching halt.

Supporting women who live with migraine disease helps them accomplish their personal and professional goals. In addition, it yields more productive workplaces where employers reap the full talents and capabilities of their employees.

# References

1. Migraine Research Foundation. About migraine. Retrieved from: <https://migraineresearchfoundation.org/about-migraine/migraine-facts/>
2. Buse D, Loder E, Gorman J, Stewart W et al. Sex differences in the prevalence, symptoms, and associated features of migraine, probable migraine and other severe headache: Results of the American Migraine Prevalence and Prevention (AMPP) study. *Headache*. 2013. Sep 28;53(8): 1278-99. doi: 10.1111/head.12150
3. Lipton RB, Stewart WF, von Korff M. Burden of migraine: Societal costs and therapeutic opportunities (Abstract). *Neurology*. 1997. 48(3 suppl 3):S4-S9. Retrieved from: <https://reference.medscape.com/medline/abstract/9071263>
4. Hu H, Markson L, Lipton R et al. Burden of migraine in the United States: Disability and economic costs. *Arch Intern Med*. 1999. Apr 26;159(8):813-818. doi: 10.1001/archinte.159.8.813
5. Messali A, Sanderson J, Blumenfield A et al. Direct and indirect costs of chronic and episodic migraine in the United States: A web-based survey. *Headache*. 2016. 56:306-322. <https://doi.org/10.1111/head.12755>
6. Gooch C, Pracht E, Borenstein A. The burden of neurological disease in the United States: A summary report and call to action. *Ann Neurol*. 2017;81:479-484. <https://doi.org/10.1002/ana.24897>
7. Aime Alliance. Women with migraines: Addressing discrimination in your workplace. 2017. Retrieved from: <https://aimedalliance.org/wp-content/uploads/2017/06/Women-with-Migraine-FINAL-ACCESSIBLE-170609.pdf>



**The Headache and Migraine Policy Forum** advances public policies and practices that promote accelerated innovation and improved treatments for persons living with headache disorders and migraine disease.



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