

Challenges in treating people with migraine in Aotearoa New Zealand

Fiona Imlach

MBChB, MPH, PhD

Co-founder of Migraine Foundation Aotearoa New Zealand



The survey

Migraine disease is a debilitating condition estimated to affect 642,000 people in New Zealand, of whom 7-12% have chronic migraine (headache on 15 or more days per month). Little is known about migraine in New Zealand, including use of acute and preventive treatment, acute medication overuse and access to healthcare.

The [Migraine in Aotearoa New Zealand Survey](#) attempted to address these knowledge gaps. The survey ran online from August-October in 2022, and collected responses from 530 participants with migraine disease, of whom 22% had chronic migraine.

Key findings

- Almost all (96%) had seen a GP for migraine, most (70%) within the last 12 months. However, 31% had been unable to see a GP for migraine on at least one occasion, most commonly because of long waiting times or being unable to get an appointment.
- Over half of respondents had been unable to see a neurologist, most commonly due to cost or being unable to get an appointment.
- Around half of respondents were taking migraine preventive medication, but at least 74% were eligible for preventive treatment, based on frequency and disability from migraine attacks. Of those eligible, only 57% were currently taking a preventive. 28% had previously taken one (or more) but stopped, mostly because of side effects or lack of efficacy.
- People with chronic migraine had previously used an average of four preventives (range 0-12). 28% of those with chronic migraine were not currently taking a preventive.
- Overall, 27% of survey respondents were at risk of medication overuse headache (70% of those with chronic migraine), overusing one or more acute medications in the past month. Around half of those with chronic migraine had overused opioids (on 10 or more days) or NSAIDs (15 or more days), and 71% had overused triptans (10 or more days) in the last month.

Fiona Imlach is a public health physician with a PhD in epidemiology from the University of Otago, Wellington. She has worked as a researcher in various settings and on a range of topics, including primary health care, inequalities, child poverty, mental health, alcohol and cancer. With two others, Fiona co-founded [Migraine Foundation Aotearoa New Zealand](#) in 2022, a charity formed to raise awareness of the impact of migraine disease and support people living with migraine in Aotearoa New Zealand.



What this means for GPs

GPs are the first point of call for the vast majority of people with migraine. Most cases of migraine can be managed in primary care, with specialist referral reserved for those with diagnostic ambiguity or migraine that is difficult to treat or complicated by other conditions. In this survey, respondents had a high level of migraine-related disability, and many had signs of refractory or difficult-to-treat migraine, such as medication overuse and failure of preventive medications.

However, many survey respondents were unable to receive neurologist care. This means that GPs may have to accommodate the unmet need of people with disabling migraine who cannot afford or access private neurologists.

Appropriate [acute treatment](#) is important to reduce the risk of [medication overuse headache](#) and the progression of episodic to chronic migraine. All patients with migraine need to be warned about acute medication overuse and the recommended limits on these medications. Opioids for migraine attacks should be avoided and used sparingly (e.g. as 'rescue' treatment in severe attacks not responsive to other medications).

[Preventive medication](#) should be considered in all patients with four or more attacks a month or severe, uncontrolled attacks but it can take eight weeks or more (at the maximally tolerated dose) to see an effect. Botox can be an effective treatment for chronic migraine but is rarely accessible in the public system. Several migraine-specific preventives (CGRP antagonists) are available in New Zealand which have fewer side effects and are effective even with medication overuse, but are not funded.

This survey did not capture experiences of people with migraine disease who have not been diagnosed. Respondents reported an average of six years from first symptoms to diagnosis. There is likely much more unmet need in patients who do not yet know they have migraine disease.

“

GPs may have to accommodate the unmet need of people with disabling migraine who cannot afford or access private neurologists.

Space for your advertisement

To advertise with us, contact the Editorial team:

communications@rnzcgp.org.nz

