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SPECIAL REPORT

RECOGNIZING THE IMPACT OF MIGRAINE ON THE WORKPLACE

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By Anita M. Holloway, MD, MBA

WHY CONSIDER THE IMPACT OF MIGRAINE AT WORK?

In a multiemployer study conducted by Ron Loeppke and colleagues, researchers identified chronic health conditions as healthcare cost drivers, with health-related lost productivity costs on average 2.3 times greater than the medical and pharmacy costs alone.¹ Chronic conditions are defined by the Improving Chronic Illness Care program of the Robert Wood Johnson Foundation as “any condition that requires ongoing adjustments by the affected person and interactions with the health care system.”² For many sufferers, Migraine is a chronic condition; and similar to other chronic conditions, such as diabetes, accurate diagnosis and self-management support tools can provide strategies for employers trying to manage health and productivity costs.^{2,3} However, Migraine differs from other chronic conditions in that more than 90% of Migraineurs experienced functional impairment during severe headache attacks.⁴

Most of us at some point have had to go through the workday while experiencing headache. In fact, there are many types of headache, such as tension, sinus, chronic daily, and cluster headaches.⁵⁻⁸ Migraine, however, is not just a bad headache. It is a medically recognized neurological disorder that can cause significant pain and disability for hours or even days. It can be characterized as a chronic disorder with episodic attacks that have the potential to become more frequent and severe over time.³ Many

researchers agree that Migraine occurs when swollen blood vessels around the brain press on nearby nerves, causing pain. But it is not clear what causes this to happen.⁹

Migraine affects approximately 30 million people in the United States, predominantly women of childbearing age (20 to 45 years old).⁹ It affects roughly 18% of American women and 6% of American men. Migraine prevalence peaks between the ages of 25 and 55 years. Migraineurs experience high levels of pain and substantial disability. In fact, less than 10% of Migraineurs report that they are able to function normally during severe headaches.⁴

Warning signs and symptoms of Migraine may include^{10,11}

- Throbbing pain
- Sensitivity to light and sound
- Nausea with or without vomiting
- Feeling tired or energetic
- Irritability or depression
- Craving for sweets
- Weakness in the arms or legs

Another common sign of Migraine is aura. About 2 out of 10 Migraine sufferers also have aura. Symptoms of aura include⁹

- Seeing flashing lights, zigzag lines, or blind spots
- Numbness or tingling in the face or hands
- A disturbed sense of smell, taste, or touch
- Feeling mentally “fuzzy”

In addition to knowing warning signs and symptoms, it is also important for Migraine sufferers to identify their Migraine triggers. At work, recognizing personal triggers and implementing self-management strategies may decrease the chances of experiencing Migraine. By educating your employees about how to minimize certain triggers, you are taking action to help them prevent Migraine. Remember, not all triggers are avoidable, such as changes in the weather or hormonal changes. Common Migraine triggers may include, but are not limited to, the following^{9,12}:

Internal Triggers¹²

- Stress
 - Both at work and at home
- Changes in sleep patterns
 - Getting too much or not enough sleep
- Physical factors
 - Intense physical exertion, including sexual activity
- Hormonal changes
 - Menstruation, pregnancy, menopause, effects of oral contraceptives

External Triggers¹²

- Foods
 - Alcohol, chocolate, aged cheeses, aspartame, overuse of caffeine, monosodium glutamate (MSG), salty foods, processed foods
- Sensory stimuli
 - Bright lights/sun glare, loud noises, unusual smells, unpleasant odors

- Environmental changes
 - Weather changes, changes in barometric pressure
- Medications

Unrecognized Triggers for Long-term Sufferers⁹

- In addition to the classic internal and external triggers listed above, there are other lifestyle changes that may trigger Migraine. These triggers may be more difficult to recognize, even for experienced Migraineurs. They may include:
 - Changes in career, work environment and culture, or job responsibilities
 - Changes in commutes
 - Increased mobile environment

WHAT IS THE BURDEN MIGRAINE PUTS ON EMPLOYERS?

The direct Migraine-related healthcare costs for the US workforce are approximately \$11 billion annually. These costs primarily consist of outpatient care (\$5.21 billion) and prescriptions (\$4.61 billion). Inpatient care and emergency department visits account for the remainder (\$730 million and \$520 million, respectively).¹³

The indirect Migraine-related healthcare costs for the US workforce, however, are higher. Indirect costs due to Migraine pain in the workplace are divided into two categories: absenteeism and presenteeism. Absenteeism refers to work time lost due to an employee's absence from the workplace. Presenteeism relates to the impact of reduced performance and productivity when an employee remains in the workplace while under the duress of Migraine pain.¹⁴ Absenteeism and presenteeism costs (ie, indirect costs of Migraine to employers in the US workforce) amount to more than \$13 billion annually.³ Of that total, absenteeism accounts for nearly \$8 billion and presenteeism, almost \$5.5 billion.¹⁵

Migraine is recognized under the Family and Medical Leave Act (FMLA) as a serious condition.¹⁶ This means

Migraine sufferers are entitled to frequent and intermittent leave on short notice, which could last anywhere from a few hours to days.^{3,16} Thus, in addition to absenteeism and presenteeism, there is an increase in administrative costs as a result of tracking intermittent time off and filling out FMLA paperwork.¹⁶

HOW CAN EMPLOYERS REDUCE THE BURDEN OF MIGRAINE?

Identifying the subset of persons with headache who have Migraine is a first step in managing and thus controlling Migraine-related productivity costs. Unfortunately, nearly 50% of Migraine sufferers remain undiagnosed.³ To address this problem, the ID Migraine™ Screening Tool was developed.¹⁷ In a recent study, the ID Migraine™ Screening Tool was sent to employees with 3 or more absences from work in the past year. The screening proved to be beneficial, as it indicated that employees with Migraine condition were often undiagnosed. Many Migraine sufferers believed they suffered from tension-type headaches instead. In addition, the study found that in-company screening can have a benefit for undertreated employees.¹⁸

HOW IS MIGRAINE DIAGNOSED?

The International Headache Society (IHS) diagnostic criteria for Migraine without aura are as follows¹⁹:

- At least 5 attacks that include the following:
 - Headache lasting 4 to 72 hours (untreated or unsuccessfully treated)
 - At least 2 of the following characteristics:
 - Unilateral location
 - Pulsating quality
 - Moderate-to-severe intensity
 - Aggravated by or leads to avoidance of routine physical activity (eg, walking or climbing stairs)
 - At least 1 of the following present during attack:
 - Nausea and/or vomiting
 - Photophobia and phonophobia
- Not attributable to other disorders

Please consider the following questions:

1. Do you have headaches that limit your ability to work, study, or enjoy life?
2. Do you want to talk to your doctor about your headaches?

If you answered YES to either or both questions, take...

The ID Migraine™ Screening Tool¹⁸

During the last 3 months, how often did you have the following with your headaches:

1. You felt nauseated or sick to your stomach.
2. Light bothered you (a lot more than when you don't have headaches).
3. Did your headaches limit your ability to work, study, or do what you needed to do for at least 1 day?

Answering the questions in the ID Migraine is not meant to make a medical diagnosis for Migraine. Because the quiz is self-reporting, a doctor should verify all answers. A diagnosis of Migraine should be made on clinical grounds (eg, the International Headache Society [IHS] criteria outlined at left), taking into account how well the employee understood the questions as well as other relevant information.

The IHS defines Migraine with aura as a "recurrent disorder manifesting in attacks of reversible focal neurological symptoms that usually develop gradually over 5-20 minutes and last for less than 60 minutes. Headache with the features of Migraine without aura usually follows the aura symptoms. Less commonly, headache lacks migrainous features or is completely absent."²⁰

WHAT ARE THE TREATMENTS FOR MIGRAINE?

There are a variety of Migraine treatments. They include some nontraditional therapies, such as massage, acupuncture, and vitamins.²¹ Pharmacotherapies include analgesics, antiemetics, ergots, NSAIDs, and triptans.²²

Employees who are currently being treated for Migraine can take the

Migraine Treatment Optimization Questionnaire (TOQ). This questionnaire is a self-assessment tool designed to help Migraine sufferers determine whether their current treatment is working well. Employees are encouraged to share their TOQ responses with their healthcare provider. Only your doctor can advise you if you should switch to a new medication.

YOU CAN HELP EMPLOYEES IDENTIFY AND MANAGE MIGRAINE

There are other resources available to you and your employees from Pfizer. They include:

- Migraine Triggers Workplace Poster
- Migraine Take-Away Tearpad
- ID Migraine™ Screener Tearpad
- Treatment Optimization Questionnaire Tearpad
- Educational Migraine Brochure

ABOUT THE AUTHOR



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These resources are available as PDFs for download by employees on www.Migrainesatwork.com. Migraines at Work is an interactive Web site with information about Migraine triggers, diagnosis, and management for use by employers as a link from their individual company's Web site. •

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Get the Facts About **MIGRAINES AT WORK**

- Migraine costs US employers **\$13 billion** each year due to absenteeism and presenteeism¹
- An estimated **18.5 million** Migraine sufferers are in the workforce²
- About **50%** of Migraine sufferers are undiagnosed³



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