

Migraine: it's more than a woman's disorder

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Migraine articles often focus on women's issues because women are twice as likely as men to experience common types of chronically recurring headache, including migraine, tension-type, and post-traumatic headache. Interestingly, the male-to-female ratio for moderate-to-severe headache is more similar between the sexes at 1 to 1.2. This reflects the superior defense mechanisms that men have for mild pain. Experimental pain studies in both humans and animals show that men are less susceptible to pain than women. Men have a higher pain tolerance, pain threshold, and response to pain-killing medications.

Not only are men less susceptible to pain than women, they are also less likely to seek medical treatment for headaches. Men typically do not seek healthcare for medical problems until symptoms become severe and disabling. Therefore, men often miss the advantages of obtaining early interventions that may prevent symptoms from becoming more troublesome.

Most research studies evaluating chronic headaches recruit primarily women, who are more likely to report chronic headaches to their doctors. Most migraine medication trials occur with over 90% female patients. Some other health conditions, such as heart disease, have been studied almost exclusively in men, even though they also occur commonly in both men and women. Research studies are now trying to investigate new drugs in both genders.

Studies of headache frequency and associated symptoms in community populations have shown more frequent headaches and more comorbid illness, such as depression and anxiety, in women. A recent study of treatment-seeking headache patients published in the journal *Headache* showed remarkable similarity between men and women for headache symptoms, frequency, severity, and duration. Headache triggers were gender-specific, with men more likely to have headaches triggered by exercise and women more likely to have headaches triggered by stress and exposure to odors. Both men and women were equally likely to report symptoms of depression (40%) or anxiety (45%). Men were also more likely to have significant headache-related disability. Activities were restricted more than 3 days per week for 46% of men, but only 29% of women. In addition, men were less likely to believe that they could control their own headaches than women. Therefore, treatment, including headache education and development of self-management skills (e.g., relaxation and biofeedback), should also target men.

In summary, men are just as likely to report moderate-to-severe headaches as women. Doctors need to be aware that men seeking treatment for their headaches are more likely to have significant headache-related disability than women. Men need to follow the example of women and report headaches to doctors before symptoms become severe and associated with disability, depression, and anxiety.