▪ Headache Medicine 2023, 14(4):174-175 ▪ p-ISSN 2178-7468, e-ISSN 2763-6178

Headache Medicine

▪ DOI: 10.48208/HeadacheMed.2023.31

Editorial

The challenges of migraine care in Brazil: from tertiary centers to public health realities

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Edited by:
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In this edition of Headache Medicine, Oliveira and colleagues[1] present a study concluding that patients first visiting a headache specialist in a Tertiary Center in Brazil exhibit a high frequency of non-response to treatment. This is associated with a greater migraine burden, indicated by chronicity, psychiatric comorbidity, inefficacy of acute and non-pharmacological treatments, and unnecessary exams. This sample may represent only the tip of the iceberg in understanding the percentage of the Brazilian population able to access specialized headache care in tertiary centers for accurate diagnosis and effective treatment. The number of patients receiving such care is likely minuscule compared to Brazil's population of over 200 million.

Rare specialized centers in Brazil, especially in public service, cater to headache patients; their exact number is unknown. Services are likely available in hospital outpatient clinics with medical residency programs in Neurology. However, the overwhelming patient demand means appointments, when available, are scheduled many months in advance.

Often, patients are seen by residents who may not be adequately trained to handle complex clinical cases where comorbidities like depression and anxiety accompany headache (e.g., migraine). The majority of these patients face unemployment, low wages, and other social consequences due to the impact of headaches on their lives, making it even more challenging to afford better effective preventive medications.

Another serious issue is the refractoriness to various pharmacological alternatives, often due to poor guidance, low medication doses, adverse effects, low treatment adherence, and lack of medication in public services, among other reasons. These patients with frequent and disabling headache attacks are treated in public emergency services but only receive acute abortive treatment.

A proposed solution is to train emergency physicians to treat patients requiring preventive treatment, such as the example of migraineurs, even in emergency settings. These patients would receive not only acute treatment for their headache crisis but also a prophylactic strategy prescription for migraine or other types of headaches requiring preventive treatment.[2,3] In such cases, the physician could consider associated diseases like hypertension, depression, anxiety, epilepsy, obesity, etc., and choose a drug that addresses both the migraine and the associated condition.

Considering the prevailing circumstances in our country, which mirror those in many parts of the world, we recognize the difficulty of planning an optimal solution for the widespread issue of headache afflictions among the general populace.

Submitted: December 29, 2023
Accepted: December 29, 2023
Published online: December 30, 2023

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