Prevalence of Chronic Migraine, Headache-Related Disability and Sociodemographic Factors in the US Population: Results from the American Migraine Prevalence and Prevention (AMPP) Study

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BACKGROUND

• Chronic migraine (CM) is broadly defined by the presence of migraine with ≥15 days per month.
• A systematic review of population-based studies utilizing various criteria reported the majority of CM prevalence estimates ranged from 1.4% to 2.2% (Natali et al. Cephalalgia 2010;30:599-609).

OBJECTIVES

1. To estimate the prevalence of CM in the US population.
2. To characterize persons with CM by sociodemographics and headache-related disability.

METHODS

• In 2004, we mailed surveys to a sample of 120,000 US households stratified to represent US Census data.
• Headache frequency, symptoms, sociodemographics and headache-related disability (MIDAS) data were obtained. Surveys were returned by 162,756 individuals aged ≥12. 28,621 reported severe headaches.
• In crude and adjusted models, CM prevalence increased throughout adolescence and mid-life, peaked between age 18-29, and declined after age 50 (Figure 1).
• Headache-related disability (MIDAS grade) were done using ordinal logistic regression adjusting for sociodemographics (age, gender, race, household income and size, census region, population density).

RESULTS

• CM prevalence was highest among females, in mid-life, and in lower income households (Figure 2).
• In this US population sample, prevalence of CM was approximately 1% which is lower than previous estimates, perhaps because our case definition required self-reported “severe headache” for inclusion.
• CM prevalence was highest among females, in mid-life, and in lower income households.
• CM represented an increasing proportion of all migraine with increasing age, suggesting that the prevalence of EM declines more quickly with age than CM.
• Among persons with CM, females reported significantly greater headache-related disability than males.
• As reported in prior research, persons with CM reported significantly more headache-related disability than persons with EM.

CONCLUSIONS

• Additional analyses and poster preparation were supported by Allergan Inc., Irvine, CA.