



## Migraine in Brazil: Fast Facts

### Epidemiology

In Brazil, the estimated annual prevalence of migraine is 15.2% of the population, or approximately 20 million adults.<sup>1</sup>

Women are more than twice as likely to have migraine than men (prevalence: 20.9% vs 9.3%).<sup>1</sup>

Moderate to severe disability (Migraine Disability Assessment Score [MIDAS] Grade III/IV) has been reported in 26.5% of patients with migraine in Brazil.<sup>2</sup>

### Diagnosis and treatment

Episodic migraine (EM) is characterised by headaches that occur on fewer than 15 days per month.<sup>3</sup> Chronic migraine (CM) is defined as headaches on at least 15 days per month for at least three months, with features of migraine on at least eight days per month.<sup>4</sup>

Recent research showed that Brazilian patients with migraine seen at a tertiary headache centre typically wait many years before they see a headache specialist and undergo many examinations (eg. laboratory tests, cranial tomography and magnetic resonance imaging) that are not recommended by guidelines.<sup>5</sup> Use of unnecessary technologies is greatest in those with CM.<sup>5</sup>

In Brazil, the following agents are available to treat migraine under the Sistema Único de Saúde (SUS): beta-blockers, tricyclic agents, sodium valproate for prevention; acetaminophen, metamizole (dipyrone), non-steroidal anti-inflammatory drugs, and corticosteroids for acute treatment.

Agents approved for migraine treatment in Brazil but rarely available without additional payment are triptans (oral, nasal and subcutaneous sumatriptan and oral naratriptan, rizatriptan and zolmitriptan), topiramate, CGRP monoclonal antibodies (erenumab, fremanezumab, galcanezumab), and onabotulinumtoxinA.

### Guidelines

In 2019, the Brazilian Headache Society (SBCe) published a consensus on the treatment of CM, including evidence supporting pharmacological and non-pharmacological approaches for CM and medication overuse headache.<sup>6</sup> A national protocol for the diagnosis and management of headache at Brazilian emergency units was released by the Brazilian Academy of Neurology (ABN) and the Brazilian Headache Society.<sup>7</sup>

### Policy

In 2019, the SBCe and the Brazilian Association of Cluster Headache and Migraine (ABRACES) advocated:<sup>8</sup>

- Inclusion of primary headaches in the non-communicable disease surveillance agenda
- Improved public understanding and access to diagnosis and treatment
- Improvement of headache teaching in undergraduate and medical resident training
- Structured care networks, intervention models and clinical protocols
- Legislation supporting public policies in headache

### References

1. Queiroz LP, Peres MFP, Piovesan EJ, Kowacs F, Ciciarelli MC, Souza JA et al. A nationwide population-based study of migraine in Brazil. *Cephalalgia* 2009; 29:642–649
2. Queiroz LP, Silva AA Junior. The prevalence and impact of headache in Brazil. *Headache* 2015 Feb; 55 Suppl 1: 32-38
3. Lipton RB, Silberstein SD. Episodic and Chronic Migraine Headache: Breaking Down Barriers to Optimal Treatment and Prevention. *Headache* 2015;55;S2:103-122
4. Headache Classification Subcommittee of the International Headache Society. *The International Classification of Headache Disorders: 3rd edition (beta version)*. *Cephalalgia*. 2013;33:629-808.
5. Peres MFP, Swerts DB, de Oliveira AB, Silva-Neto RP. Migraine patients' journey until a tertiary headache center: an observational study. *J Headache and Pain* 2019; 20: 88
6. Kowacs F, Roesler CAP, Piovesan ÉJ et al. Consensus of the Brazilian Headache Society on the treatment of chronic migraine. *Arq Neuropsiquiatr*. 2019 Jul 29;77(7):509-520
7. Speciali JG, Kowacs F, Jurno ME et al. <https://sbcefaleia.com.br/images/file%205.pdf>
8. Prieto Peres, Oliveira AB, Machado Sarmento E et al. Public policies in headache disorders: needs and possibilities. *Arq Neuropsiquiatr*. 2020 Jan; 78 (1): 50-52