



Migraine in the Middle East: Fast Facts

Epidemiology

Migraine prevalence in the Middle East is similar to that in the rest of the world, ranging from 2.6%-32%.¹ In Egypt, the prevalence of episodic migraine (EM) is 17.3% and the prevalence of chronic migraine (CM) is 2.9%.² CM in Egypt is more common in middle and older life and is nearly twice as common in women as in men.²

In Kuwait, prevalence of EM is 23%, with 5.4% CM.³

Migraine carries a significant financial, educational and social burden; in a study in Kuwait, people with EM reported losing 2 days of paid work or school attendance in the previous 3 months, and 3-4 days of social activities.⁴

Diagnosis and treatment

EM is characterised by headaches that occur on fewer than 15 days per month.⁵ 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.⁶

A validated, structured, headache questionnaire has been developed for the assessment of headache disorders in Arabic-speaking patients.⁷

Across the Middle East, propranolol, amitriptyline and triptans are the mainstay of migraine treatment but easy availability of over-the-counter painkillers, ergotamine and other medicines means that medication overuse headache is common.

As in other countries, poor adherence to treatment is a problem in the Middle East, with only about 10% of patients continuing medication after 6 months. The main reasons are lack of efficacy, side effects and concerns about the use of non-migraine specific medicines, eg. propranolol used for hypertension and migraine.

CGRP monoclonal antibodies address the need for effective, well tolerated and migraine-specific medication.⁸⁻¹¹

- Approximately 50% of patients improved by >50%
- 10-25% of patients are 'super-responders' - >75%-100% improvement

Real world experience reflects clinical trial data for anti-CGRP therapies, including in studies in the Middle East.^{12,13}

Guidelines

In 2016, the Ministry of Health of the Kingdom of Saudi Arabia produced practice guidelines to assist health care providers in evidence-based decision-making on the diagnosis and management of migraine headache.¹⁴

References

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