According to the survey "Migraine in Women – The Invisible Hormonal Pattern"

7 out of 10 women with hormonal migraine do not receive personalized treatment

- **Migraine is a neurological disease with a frequent, invisible, and disabling pattern, characterized by attacks of intense, pulsating headache of moderate to severe intensity[1,2]**
- **The data from this survey, prepared by the European Migraine and Headache Alliance (EMHA) have been presented at an event organized by The Parliament Magazine in the European Parliament.**
- **This study involved 5,410 people from 13 European countries with the aim of delving into the impact of migraine on women in Europe[3].**
- **The EMHA demands that migraine be a priority in women's health policies at European level and especially in women's health strategy.**
- **Despite the high prevalence of migraine, ranging from 15% to 18% in women[4], 42% of women who participated in the EMHA survey with migraine symptoms have never received a formal diagnosis of migraine[3].**

Madrid, 5 March 2026 – Europe has a key policy opportunity to address inequalities in women's health, as the European Commission prepares the future **Women's Health Strategy**. A recent study on the burden of headaches and migraine and its projections for 2050 states that due to the high burden of these diseases, it is necessary to prioritize headaches in global health policies and allocate the necessary resources to reduce this impact[5]. In this context, the European Migraine and Headache Alliance (EMHA) presented today in the European Parliament, within the framework of International Women's Day, the results of **"*Migraine in Women – The Invisible Hormonal Pattern*"** survey. The survey aims to understand the real impact of hormonal migraine and to support its prioritization within women's health policies, taking into account that 3 out of 4 people living with migraine are women, most of them of reproductive age. The event **"More than 'just a headache': Breaking the silence on under-recognized conditions"** was held as part of the International Women's Day Talks series promoted by *The Parliament Magazine* and was supported by AbbVie.

This study involved 5,410 people from 13 European countries describes a sustained reality: the hormonal pattern in migraine is common, but often not consistently explored and integrated into healthcare. Among the findings presented, it stands out that 2 out of 3 participants in the survey reported a potential pattern between migraine attacks and their menstrual cycle and that 90% indicate that headache attacks during menstruation are more intense, longer lasting and more difficult to treat than outside this period[2]. Despite these data, **68% of the women** surveyed say that **they have never been offered individualized treatment** in relation to attacks that present a hormonal pattern. In this same study, 66% associate their seizures with menstruation and only 59% have ever spoken to a healthcare professional about these hormonal trigger[3].

For **Elena Ruiz de la Torre, executive director of the EMHA**, "the results of this study show a reality that has been underestimated for years: migraine, especially that associated with hormonal cycles, suffers a trivialization that aggravates its invisibility and makes it difficult to recognize it clinically and institutionally." "In this context, EMHA calls for the formal recognition of migraine as a health issue that disproportionately affects women, in order to drive its inclusion in the **2025 European Neurological Health Strategy** and improve healthcare for women living with migraine", adds Ruiz de la Torre.

Underdiagnosis and deficit in the approach to menstrual migraine

Migraine is a neurological disease with a frequent, invisible, and disabling pattern, characterized by attacks of intense, pulsating headache of moderate to severe intensity[1,2]. Despite the high prevalence of migraine, which affects up to 18% in women[4], there is still a significant underdiagnosis of the disease. In fact, the study reveals that 42% of people with positive screening results have never received a formal diagnosis[3] and that only 1 in 4 participants (23%) received specific therapeutic options, suggesting that hormonal factors continue to be largely ignored both politically and in clinical practice, despite its demonstrated impact on the intensity, duration, and frequency of attacks[4].

For **Patricia Pozo-Rosich, head of the neurology department at Vall d'Hebron University Hospital, and director of the Migraine Adaptive Brain Center in Barcelona, Spain**, "these results highlight, therefore, the need to close the diagnostic gap and to move towards individualized treatment protocols, adapted to the needs of women throughout their lives. To this end, it is essential to strengthen political commitment towards the recognition of the impact of migraine on women, the training of health professionals, the promotion of early diagnosis from an early age and the guarantee of access to appropriate treatments. Only in this way will it be possible to reduce the burden of migraine and move towards more equitable care," concludes Patricia Pozo-Rosich.

From evidence to political commitment: "Recognize. Diagnose. Treat"

Migraine is evidence of inequality due to the high burden of the disease and its low political, clinical and social recognition, which is why the EMHA has taken advantage of its participation in this meeting in the European Parliament to reinforce a central message: it is necessary to implement concrete measures to promote changes in migraine care. In this regard, the alliance has presented a clear call to action on this disease: **"Recognize. Diagnose. Treat."** These are the three fundamental pillars on which the EMHA's work on migraine and women's health is based, aimed at policy makers, health systems and civil society to advance in **recognising** menstrual migraine as a women's health issue; **diagnose** earlier, reducing delay and improving care circuits; and **treat** better, promoting more personalized care throughout the different hormonal cycles of life. With regard to this last pillar, Elena Ruíz de la Torre stresses that "it is not enough to react to the attack, in migraine we must anticipate. We need to move from a reactive approach to a more proactive and individualized one, started early with effective and well-tolerated treatments, to reduce disability and slow the progression of the disease."

Looking ahead to the next steps, the EMHA calls for migraine to be included at the heart of the EU's future Neurological Health Strategy, in line with the European Women 's Health Strategies. This recognition must translate into verifiable advances, such as less inequality in access to treatment, more efficient care pathways and a boost to awareness to reduce stigma and speed up diagnosis.

About the European Migraine and Headache Alliance (EMHA)

The EMHA is a Brussels-based non-profit umbrella organisation representing 61 international patient associations and working to improve the recognition, care and quality of life of people living with migraine and other disabling headaches. The EMHA brings together national patient groups to turn lived experience into evidence, advocacy and policy action at the European level.

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