



30 July 2025

Deputy Frankie Feighan, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 37774/25

To ask the Minister for Health the number of individuals currently living with migraine; if she is aware of the WIFOR European study on the socioeconomic burden of migraine, which shows a socioeconomic impact of migraine of up to 2% of GDP; her Department's plans to recognise migraine as a neurological disorder and ensure appropriate support to patients; and if she will make a statement on the matter

Dear Deputy Feighan,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Neurology (NCPN) on your question and have been informed that the following outlines the position.

The WifOR Institute, commissioned by AbbVie, conducted a study on the socioeconomic burden of migraine across six European countries (Lovera & Ubels, 2025)¹. The study revealed that migraine significantly impacts economies and equity, with women experiencing a disproportionately higher burden. The total socioeconomic burden of migraine, which includes lost productivity of both paid and unpaid work, ranges from 1.2% of the GDP of the Netherlands to 2% of the GDP of Spain in 2021. This economic burden is comparable to or greater than conditions like cardiovascular disease and diabetes.

According to the most recent World Health Organisation (WHO) Global Burden of Disease studies (GBD 2021 Nervous System Disorders Collaborators, 2024)², migraine is now the third most disabling disease overall and second amongst women. Specifically in 2021, migraine is ranked third in terms of Disability-Adjusted Life Years (DALYs) globally among all diseases considered.

The Irish context:

Headache is the most common cause for referral to a neurology outpatient clinic accounting for 30% of all patients (Patterson & Esmonde, 1993)³. Extrapolating from current waiting list data suggests that more than 7,000 patients are waiting for a first neurology appointment due to headache. Headache represents more than 50% of the disability burden attributed to all neurological diseases nationally and worldwide (Vos et al, 2012)⁴ and costs approximately €173 billion per annum within the EU (Linde et al, 2012)⁵.

The most common headache condition seen in primary care and hospital neurology clinics is migraine, constituting approximately 90% or more of all patients attending these services. Migraine affects approximately 15% of the population (Steiner & Stovner, 2023)⁶, almost 800,000 people in Ireland. Nationally in 2019, 17,626 bed days were taken up by 9,900 patients who were admitted with 'headache, migraine or other headache symptoms'. The average length of stay for these patients admitted was 1.8 days.

Modernised Care Pathway (MCP)

Management of headache and migraine can be improved by adopting a multi-disciplinary (MDT), coordinated team approach. MDT care has been shown to improve headache outcomes leading to fewer hospital appointments, increased throughput and reduced outpatient costs (Gaul et al, 2011⁷; Jensen et al, 2010)⁸.

A care pathway was developed for headache by the NCP Neurology in collaboration with relevant stakeholders (2018-2021). The pathway included resourcing of a Nurse Specialist, Psychologist and



Grade IV administration support in each neurology site. The aim is to provide specialist MDT Headache Services with an emphasis on self-management, primary care involvement and appropriately trained teams.

Three pilot clinics were successfully established in 2019 through a Sláintecare Integration Fund. Benefits included reduced neurology waiting lists, commencement of nurse-led headache procedure clinics, virtual nurse-led monitoring clinics with significant cost savings and excellent patient feedback.

Funding was allocated for new service developments of neurology services in 2025, including two headache Advanced Nurse Practitioners (ANPs).

The National Clinical Programme for Neurology (NCPN) will continue to advocate for implementation of the headache pathway in all neurology sites.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely

Anne Horgan
General Manager

References:

1. Davide Lovera, Jasper Ubels. The socioeconomic burden of migraine. The case of 6 European Countries. WifOR Institute, June 2025.
2. GBD 2021 Nervous System Disorders Collaborators. Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet* 2024 23 (4):344-381
3. V H Patterson, T F Esmonde. Comparison of the handling of neurological outpatient referrals by general physicians and a neurologist. *J Neurol Neurosurg Psychiatry*. 1993 Jul;56(7):830.
4. Theo Vos, Abraham D Flaxman, Mohsen Naghavi et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2012 Dec 15;380(9859):2163-96
5. M Linde, A Gustavsson, L J Stovner et al. The cost of headache disorders in Europe: the Eurolight project. *Eur J Neurol*. 2012 May;19(5):703-11
6. Timothy J. Steiner & Lars Jacob Stovner. Global epidemiology of migraine and its implications for public health and health policy. *Nature Reviews Neurology* 2023 19:109–117
7. Charly Gaul, Christina van Doorn, Nadine Webering et al. Clinical outcome of a headache-specific multidisciplinary treatment program and adherence to treatment recommendations in a tertiary headache center: an observational study. *J Headache Pain*. 2011;12(4):475–483.
8. Rigmor Jensen, Peter Zeeberg, Christian Dehlendorff et al. Predictors of outcome of the treatment programme in a multidisciplinary headache centre. *Cephalalgia*. 2010;30(10):1214-24.