THE GLOBAL PULSE OF HEALTHCARE · PATIENT INSIGHT REPORT

Migraine at Work: What Makes Staying Productive So Difficult

What people with migraine across six countries say about symptoms at work, productivity, acute treatment, triggers, employment impact, and the support that could make working with migraine more manageable.

Symptoms → Workday disruption → Treatment response → Workplace support

132	6	62.9%	8981120
Survey records	Countries represented USA · UK · Canada · Italy · France · Germany	Completion rate	Survey ID

WHY THIS REPORT

A migraine attack can change the workday before anyone else can see what is happening.

Migraine can arrive as pain, light or sound sensitivity, nausea, visual disturbance, fatigue, brain fog, or a combination of symptoms. At work, the practical question is not only whether an attack hurts. It is whether the person can still concentrate, look at a screen, remain in a noisy environment, finish a safety-sensitive task, commute home, or wait for treatment to work.

That creates a recurring tension for people who need to keep working. An attack may be manageable if acute treatment works quickly and a short break is possible. The same attack can become much more disruptive if treatment provides incomplete relief, medication is not immediately accessible, or the job does not allow a person to pause.

The MDForLives survey examines this tension from the patient perspective across six countries. It looks at symptoms, planning, productivity, treatment limitations, treatment-failure behavior, workplace triggers, employment consequences, workplace barriers, and the changes people believe would help them continue working.

CLINICAL CONTEXT

Migraine is a neurological disorder, but its burden often becomes visible through ordinary activities such as working, commuting, reading, and looking at screens.

WHO describes migraine as a recurrent, often lifelong disorder that may include moderate or severe headache, nausea, vomiting, and sensitivity to light and sound. WHO also notes that migraine can affect employment through missed activity and reduced productivity.

NICE headache guidance, updated in 2025, recommends individualized acute treatment, discussion of preventive treatment when appropriate, and use of a headache diary to record frequency, duration, severity, and treatment response. American Migraine Foundation patient guidance similarly emphasizes that acute treatment is designed to relieve an attack as it is happening and generally works best when taken early.

Workplaces can complicate that ideal. Light, screens, noise, stress, limited break access, and fixed schedules may all affect how quickly a person can respond. American Migraine Foundation workplace resources describe practical accommodations around lighting, sound, work location, and breaks.

Survey scope: the source report contains 132 survey records. Geography metadata covers the USA, UK, Canada, Italy, France, and Germany. The completion rate is 62.9%. Reader-facing percentages use the question-level bases shown in the survey source, which vary across items.

External sources provide clinical and workplace context. MDForLives survey findings remain the source for every respondent percentage in this report.

EXECUTIVE SUMMARY

Six signals that show why migraine at work is a problem of symptoms, timing, and flexibility.

INSIGHT 01

56.8% - Reduced productivity is the biggest work impact

More respondents choose reduced productivity than missed hours, delayed tasks, or missed meetings, showing that the burden often happens while people are still trying to work.

INSIGHT 02

47.7% - Severe head pain is the leading symptom at work

Pain leads the list, but light or sound sensitivity, brain fog, fatigue, and nausea also create meaningful work disruption.

INSIGHT 03

40.2% - Incomplete relief is the biggest acute-treatment limit

When treatment does not control symptoms enough, the workday can turn into a decision about resting, rescue medication, waiting, or seeking clinical help.

INSIGHT 04

36.8% - Difficulty taking breaks is the leading workplace barrier

Break access slightly exceeds inflexible schedules as the barrier patients say most affects their ability to manage migraine at work.

INSIGHT 05

35.6% - Missed workdays or shifts are common

Another 31.0% report reduced hours or responsibilities, while a smaller group report changed jobs or career plans.

INSIGHT 06

47.1% - Better acute treatment is the top support priority

Flexible work arrangements are the next most selected change, suggesting that clinical improvement and workplace flexibility address different parts of the problem.

01

WORK STATUS

Most respondents are still working, so migraine management is happening inside active working lives.

88.6% say they currently work while living with migraine.

CONTEXT

People can have significant migraine-related impairment and still remain in the workforce. That means symptom control, treatment access, and workplace flexibility are not abstract quality-of-life issues. They determine whether a person can keep performing ordinary work tasks over time.

WHAT THE DATA SHOWS

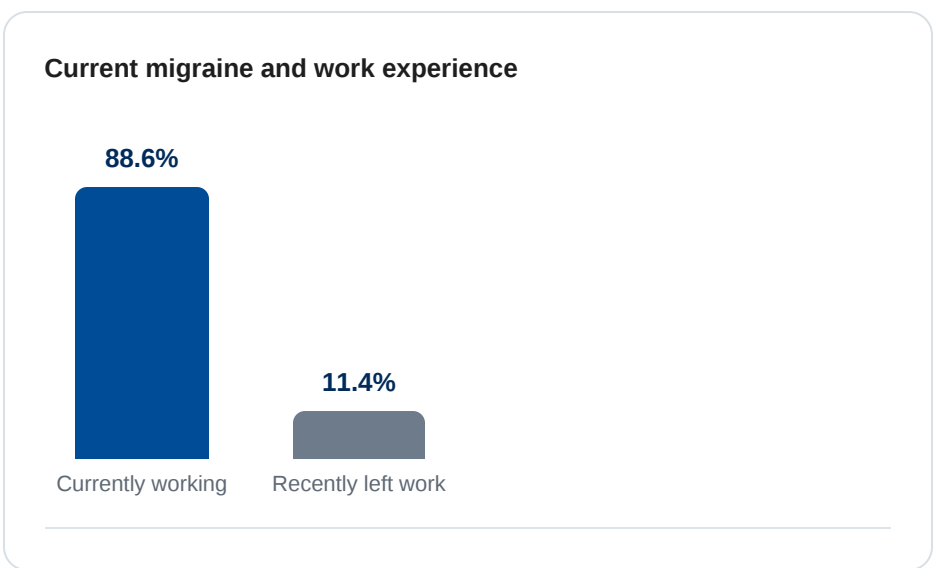
Among respondents answering the work-status item, 88.6% (78 of 88) say they have migraine and are currently working. Another 11.4% (10 of 88) say they have migraine and recently left work.

THE INSIGHT

The group is therefore largely describing migraine from inside the workplace rather than retrospectively. The later findings about productivity, breaks, schedules, missed shifts, and career changes are grounded in people who are actively trying to combine migraine management with employment.

WHY IT MATTERS

Workplace migraine support is most relevant when it is designed for people who are still engaged in work and need practical ways to remain there, rather than only reacting after repeated absence or role loss has already occurred.



02

SYMPTOM BURDEN

Severe pain leads work disruption, but sensory and cognitive symptoms broaden the impact.

47.7% say severe head pain disrupts work most, and 33.0% point to light or sound sensitivity.

CONTEXT

Migraine is more than headache intensity. A work environment can demand sustained visual attention, listening, communication, memory, movement, and decision-making. Different migraine symptoms interfere with different parts of that workload.

WHAT THE DATA SHOWS

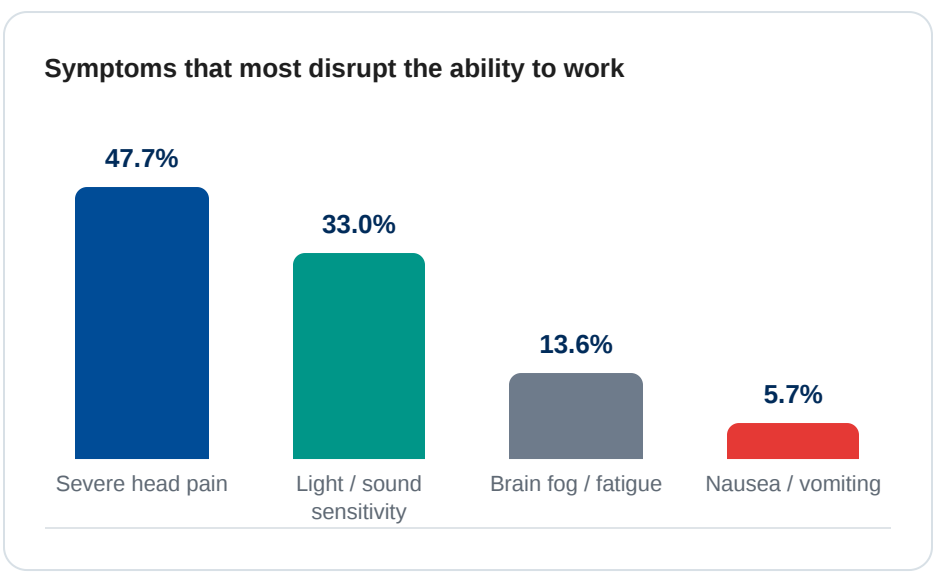
Severe head pain is selected by 47.7% (42 of 88) as the symptom that most disrupts the ability to work. Light or sound sensitivity follows at 33.0% (29 of 88). Brain fog or fatigue is selected by 13.6% (12 of 88), while nausea or vomiting is selected by 5.7% (5 of 88).

THE INSIGHT

Pain is the dominant single symptom, but almost half of responses point elsewhere. That matters because a person may need a different response when the main problem is visual sensitivity, cognitive slowing, or nausea rather than pain alone. A treatment plan that lowers pain without restoring functional ability may still leave the workday compromised.

WHY IT MATTERS

Patients and clinicians can benefit from describing the symptom that actually stops work, not only the pain score. That functional detail can shape acute-treatment choices, rescue plans, and conversations about whether driving, screen use, or continued work is realistic during an attack.



03

WORKDAY PLANNING

Migraine changes the schedule before it changes the attendance record.

35.2% keep plans flexible and 29.5% avoid scheduling important tasks.

CONTEXT

Uncertainty has its own cost. When people do not know whether an attack will develop, they may leave room in the schedule, avoid committing to high-stakes tasks, or keep an exit route open. Those adjustments may never appear as a sick day, yet they still shape work behavior.

WHAT THE DATA SHOWS

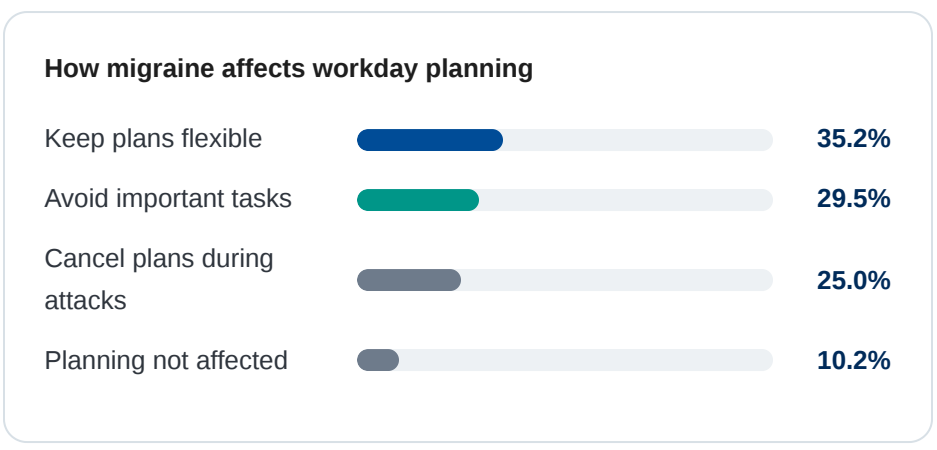
35.2% (31 of 88) say they keep plans flexible because of migraine. Another 29.5% (26 of 88) avoid scheduling important tasks, 25.0% (22 of 88) cancel plans during attacks, and 10.2% (9 of 88) say migraine does not affect their planning.

THE INSIGHT

Only a small minority report no planning effect. For the rest, migraine is influencing workload allocation, timing, or commitments. This suggests that productivity loss can start before a person is absent and may be expressed as cautious scheduling, reduced certainty, or reluctance to take on inflexible tasks.

WHY IT MATTERS

Work design that allows some control over timing can reduce the penalty of unpredictability. For patients, a realistic plan may include identifying which tasks are hardest to recover once interrupted and which can be moved when early symptoms appear.



04

PRODUCTIVITY

The biggest work impact is often staying at work but getting less done.

56.8% identify reduced productivity as the greatest work-related impact during attacks.

CONTEXT

Absence is visible. Presenteeism is harder to see. A person can remain at a desk, on a call, or in a workplace while working more slowly, making more errors, avoiding complex decisions, or waiting for symptoms to improve.

WHAT THE DATA SHOWS

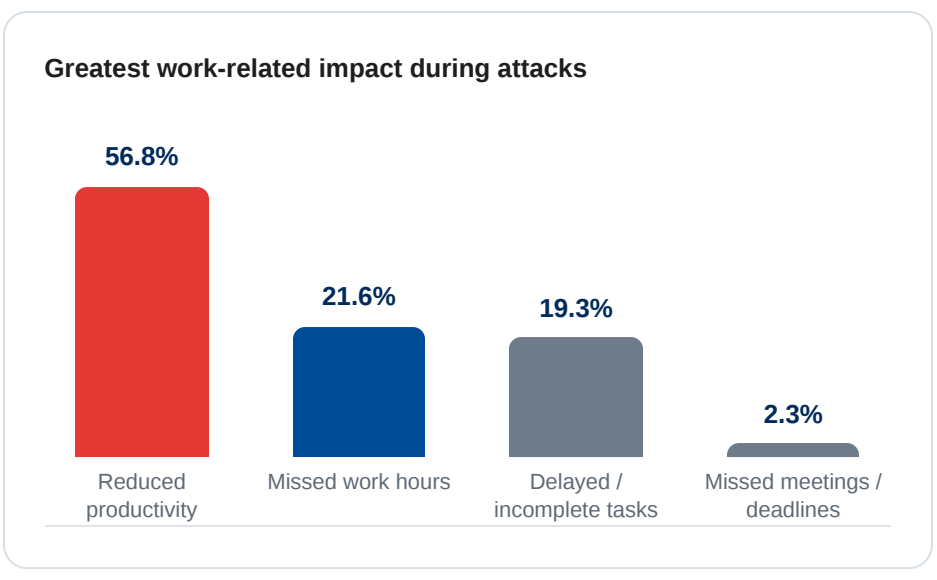
Reduced productivity is the leading work-related impact at 56.8% (50 of 88). Missed work hours are selected by 21.6% (19 of 88), delayed or incomplete tasks by 19.3% (17 of 88), and missed meetings or deadlines by 2.3% (2 of 88).

THE INSIGHT

The pattern suggests that migraine-related work loss is not captured by absenteeism alone. The most common impact happens inside the hours people are still working. This helps explain why some respondents may report ongoing employment while also describing substantial day-to-day disruption.

WHY IT MATTERS

For employers and occupational-health teams, productivity loss may be a more sensitive signal than sick days. For patients, recognizing when function is dropping can help define when a break, treatment step, temporary task change, or early departure is more appropriate than continuing at full demand.



05

ACUTE TREATMENT LIMITS

The main treatment problem is not access alone. It is that relief can be incomplete.

40.2% say incomplete symptom relief is the biggest limitation of acute migraine treatment.

CONTEXT

Acute treatment is expected to help a person regain function during an attack. In real life, the treatment has to work quickly enough, control enough symptoms, and be tolerable enough for the person to resume what they were doing.

WHAT THE DATA SHOWS

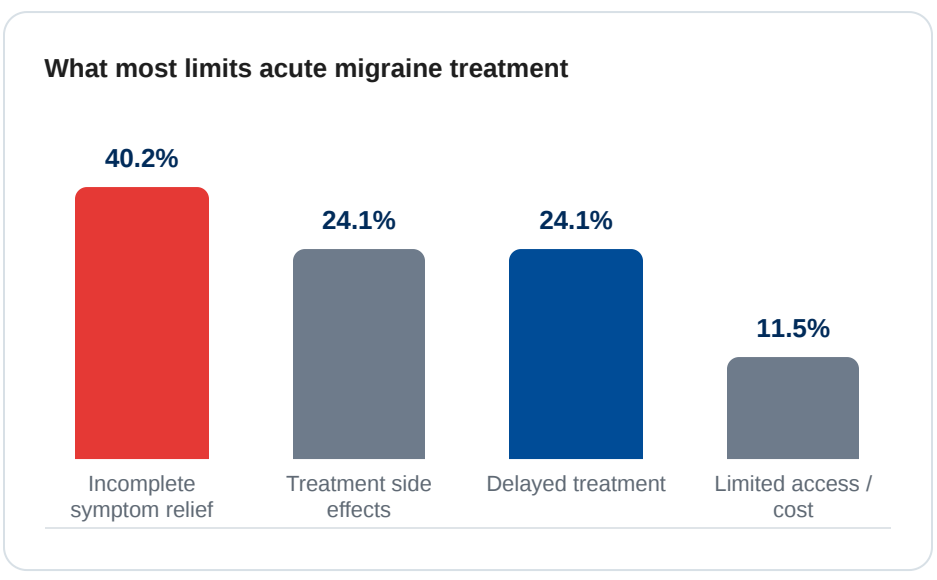
Incomplete symptom relief is selected by 40.2% (35 of 87). Treatment side effects and delayed treatment are each selected by 24.1% (21 of 87). Limited access or cost is selected by 11.5% (10 of 87).

THE INSIGHT

The biggest friction point is therefore clinical effectiveness at the moment it is needed. Side effects and delayed treatment add additional barriers, while access and cost affect a smaller but still meaningful group. The work impact can be magnified when relief is partial because the person may have to decide whether to keep working with residual symptoms.

WHY IT MATTERS

Clinical review should consider function as well as pain relief: how quickly treatment is taken, how completely symptoms resolve, whether side effects create a new problem, and whether the person has a practical next step when the first option is not enough.



06

WHEN TREATMENT FAILS

There is no single fallback path when the first treatment does not work.

31.0% stop work and rest, while 29.9% take prescribed rescue treatment.

CONTEXT

An attack that does not respond to the first treatment turns into a time-sensitive decision. The person may need to rest, use another prescribed option, wait, contact a healthcare professional, or leave the workplace altogether.

WHAT THE DATA SHOWS

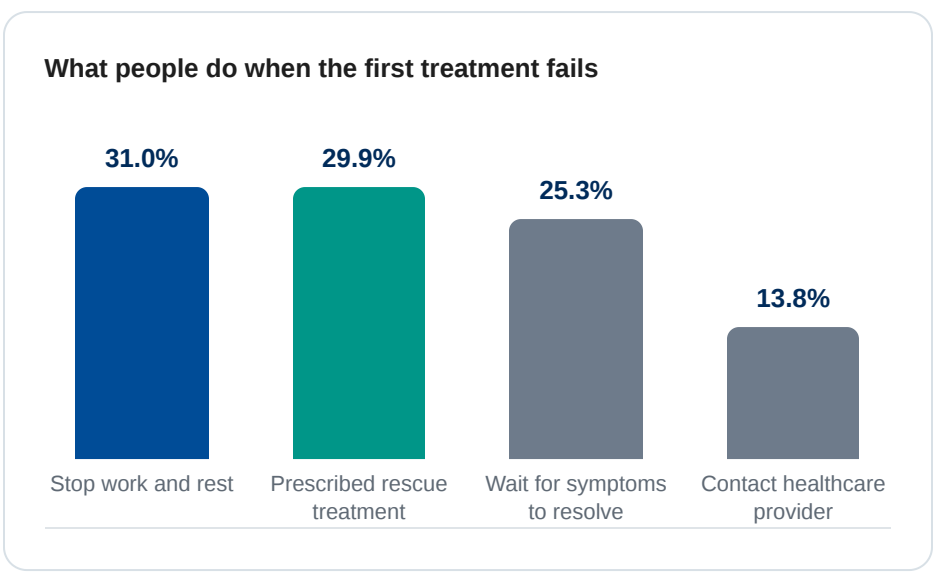
31.0% (27 of 87) stop work and rest. 29.9% (26 of 87) take prescribed rescue treatment. 25.3% (22 of 87) wait for symptoms to resolve, while 13.8% (12 of 87) contact their healthcare provider.

THE INSIGHT

The near split between rest and rescue treatment suggests that both medication strategy and recovery space matter. The one-quarter who wait for symptoms to resolve may reflect variation in attack severity, treatment availability, prior experience, or workplace constraints, but the survey does not establish which explanation applies.

WHY IT MATTERS

A practical migraine plan should define the fallback before the workday crisis happens: what counts as inadequate relief, when another treatment is appropriate, when to stop working, and when symptoms warrant clinical or urgent assessment.



07

WORKPLACE TRIGGERS

The work environment can add sensory exposure at the same time migraine lowers tolerance for it.

36.8% select screen or bright-light exposure, and 34.5% select noise or workplace stress.

CONTEXT

Many workplaces are built around screens, overhead lighting, noise, interruptions, deadlines, and fixed hours. Those conditions are ordinary for most employees, but they can become difficult during a migraine attack or for people whose attacks are sensitive to environmental factors.

WHAT THE DATA SHOWS

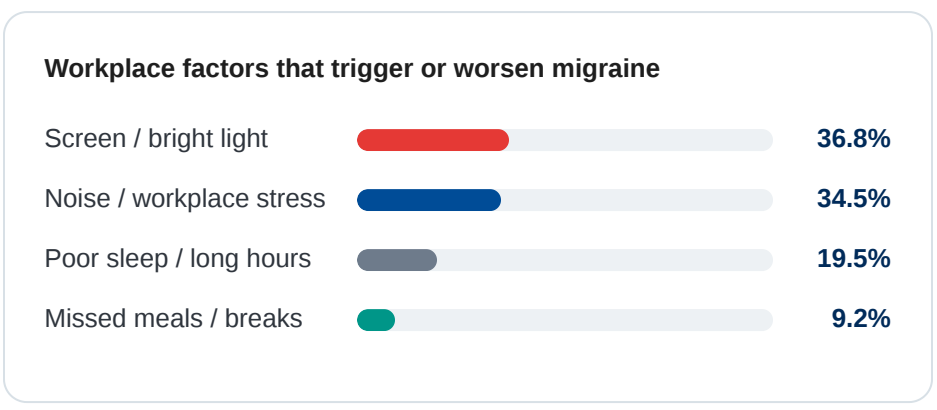
Screen or bright-light exposure is selected by 36.8% (32 of 87) as the workplace factor that most triggers or worsens migraine. Noise or workplace stress follows closely at 34.5% (30 of 87). Poor sleep or long hours account for 19.5% (17 of 87), and missed meals or breaks for 9.2% (8 of 87).

THE INSIGHT

No single environmental factor dominates. Instead, the leading responses cluster around visual exposure and the sensory or stress load of the workplace. This is consistent with the symptom finding, where light or sound sensitivity is also a major source of disruption.

WHY IT MATTERS

Environmental adjustments are most useful when they match the individual pattern. Reduced glare, alternative lighting, quieter space, predictable breaks, or the option to work elsewhere may help some people, while others will need a different approach.



08

EMPLOYMENT IMPACT

Migraine can affect attendance and workload long before it changes a career entirely.

35.6% report missed workdays or shifts, and 31.0% report reduced hours or responsibilities.

CONTEXT

The effect of migraine can accumulate. One difficult attack may cause a missed shift. Repeated attacks can lead to fewer hours, lower-responsibility work, performance concerns, or a decision to change roles. At the same time, not everyone experiences major employment consequences.

WHAT THE DATA SHOWS

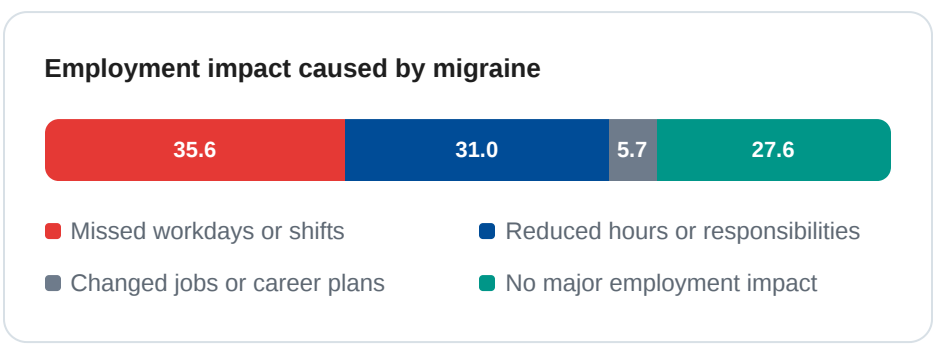
35.6% (31 of 87) report missed workdays or shifts. 31.0% (27 of 87) report reduced hours or responsibilities. 5.7% (5 of 87) report changing jobs or career plans, while 27.6% (24 of 87) report no major employment impact.

THE INSIGHT

The largest effects sit in the middle of the spectrum: absence and workload reduction. Career change is less common, but the open responses show that it can be substantial when it happens, including stepping down from more demanding work or experiencing reprimands after repeated call-outs.

WHY IT MATTERS

The presence of a sizeable no-major-impact group is important. It shows that employment outcomes are not inevitable and may depend on attack pattern, treatment response, job demands, personal coping strategies, and workplace flexibility. The survey cannot isolate which factors are protective, but it highlights where support may matter.



09

SUPPORT PRIORITIES

Patients want better acute control first, with workplace flexibility as the next most important lever.

47.1% choose more effective acute treatment as the change that would best support working with migraine.

CONTEXT

Patients are balancing two different problems: the attack itself and the conditions under which they have to manage it. One can be improved clinically, the other through the workplace.

WHAT THE DATA SHOWS

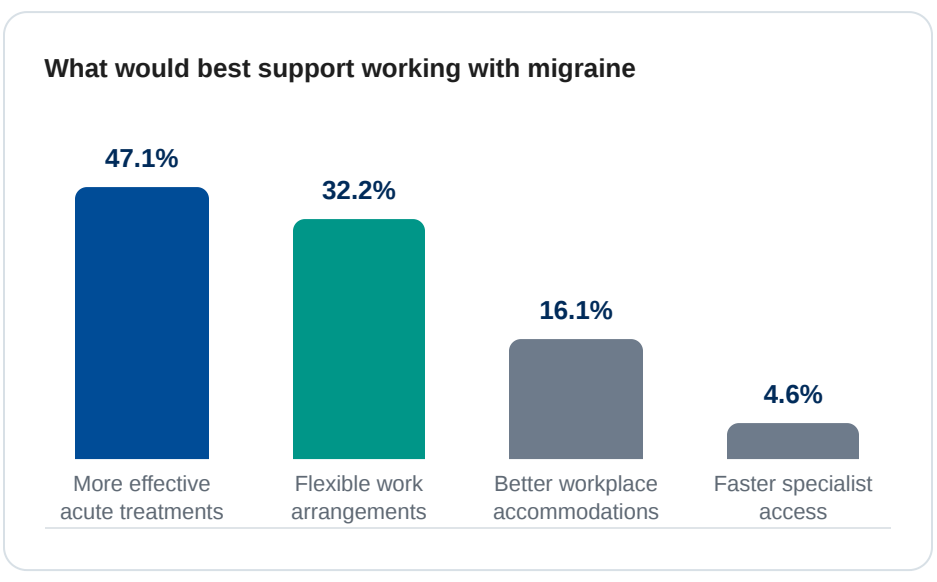
More effective acute treatments are selected by 47.1% (41 of 87). Flexible work arrangements follow at 32.2% (28 of 87), better workplace accommodations at 16.1% (14 of 87), and faster specialist access at 4.6% (4 of 87).

THE INSIGHT

The strongest preference is for better symptom control. That is consistent with incomplete relief being the leading treatment limitation. At the same time, almost one-third prioritize work flexibility, which suggests that even better treatment does not remove the value of being able to adjust hours, location, or workload when an attack breaks through.

WHY IT MATTERS

The most useful support model may therefore combine individualized medical management with practical workplace options. Treating the neurological disorder and reducing avoidable work friction are complementary, not competing, strategies.



OPEN RESPONSE LENS

Patients describe the work impact in moments when symptoms, safety, and job demands collide.

The open-ended question asked respondents to describe a migraine episode that significantly affected work or career, what happened, how they managed it, and what would have helped most. The responses are qualitative and were not coded into percentages.

Sensory overload can make ordinary work environments intolerable

Several respondents describe bright lights, screens, road noise, or other sensory exposure becoming difficult once an attack began. Visual aura and light sensitivity sometimes made computer work, meetings, or travel home especially challenging.

Brain fog changes the meaning of being present at work

Respondents describe not being able to think clearly, concentrate, remember, find words, or feel confident that they were making sense to other people. This helps explain why productivity loss can occur even when a person remains physically at work.

Rest and a dark space are practical recovery tools

Some patients describe lying down, going home, finding a dark room, taking a short nap, or otherwise withdrawing from stimulation while waiting for medication or symptoms to improve.

Timing of medication can be constrained by the job

A few responses describe being unable to take medication immediately because they were in a meeting, caring for patients, or completing a time-sensitive task. Delayed treatment then became part of the episode rather than a separate problem.

The employment consequences can accumulate

Responses include repeated call-outs, reprimands, reduced responsibility, and one account of moving from a management role to less demanding work. These are individual stories, not population estimates, but they show how repeated attacks can reshape career decisions.

Understanding from other people changes the experience

Some respondents describe supportive managers or colleagues, while others describe little understanding of migraine as a disabling condition. The contrast suggests that communication and workplace culture can affect how manageable an attack feels even when symptoms are unchanged.

What the qualitative responses add: The survey percentages show where the burden is concentrated. The open responses show why those percentages matter: a migraine episode can affect vision, cognition, mobility, medication timing, transportation, confidence, attendance, and the ability to meet professional responsibilities in the same few hours.

PEOPLE ALSO ASK · TOPIC FAQ

Frequently asked questions about migraine at work

Can migraine cause problems with concentration and memory at work?

Yes. Some people experience cognitive symptoms such as difficulty concentrating, processing information, finding words, or remembering details before, during, or after an attack. This can reduce work performance even when pain is not the only or main symptom.

Why can screens or bright lights make migraine harder to manage?

Light sensitivity is common in migraine, and bright or flickering light can worsen symptoms for some people. Screen glare and high-contrast visual tasks can also be difficult during an attack.

What should I do if my acute migraine medicine does not work well enough?

Discuss the pattern with your healthcare professional. Migraine plans can include different acute options, rescue strategies, non-oral formulations, or preventive treatment depending on symptoms, frequency, medical history, and previous response.

Can I ask for workplace accommodations for migraine?

Workplace rules vary by country and employer, but many people discuss adjustments such as lighting changes, quieter space, breaks, flexible hours, remote work, or a plan for leaving safely during severe attacks. Occupational-health, HR, or a treating clinician may help document needs where appropriate.

When is preventive migraine treatment considered?

Preventive treatment may be discussed when attacks are frequent, disabling, poorly controlled with acute treatment, or substantially affecting quality of life. The best option depends on the individual and should be reviewed with a healthcare professional.

Should I keep a migraine diary if attacks affect my work?

A diary can help track attack frequency, symptoms, possible triggers, treatment timing, response, and work impact. That record can support conversations with a healthcare professional and may help identify recurring patterns.

PATIENT WORKDAY LENS

Four points where migraine management and work design meet.

The survey suggests that working with migraine is easier when the response to an attack is planned before symptoms are severe. The goal is not to create one universal accommodation, but to reduce predictable friction around treatment, environment, and recovery.

01
Treatment access
Keep acute medication or the agreed rescue plan accessible enough that treatment is not delayed by the work setting itself.

02
Sensory environment
Identify whether light, screen glare, noise, or other environmental factors repeatedly worsen attacks and which adjustments are realistic for the role.

03
Recovery space and breaks
Plan how the person can step away, rest, reduce stimulation, or pause a safety-sensitive task when symptoms make continued work unrealistic.

04
Work flexibility
Where the role allows it, flexible timing, location, or workload can reduce the career impact of attacks that remain unpredictable despite treatment.

CLOSING PERSPECTIVE

The migraine-at-work problem is not solved by resilience alone. It is solved by making treatment and the workday more responsive to an unpredictable neurological disorder.

Across the survey, the strongest signal is not absence. It is reduced productivity. People are often still at work when migraine changes what they can see, tolerate, remember, or complete. That matters because a person can look present while their functional capacity has already changed.

The treatment findings show the same gap. Acute therapy is central to staying functional, yet incomplete relief is the most common limitation and there is no single fallback when the first option fails. Some people rest, some use rescue treatment, some wait, and some contact a healthcare professional. The open responses show what that decision can look like in real time: a dark room, a delayed dose, a difficult commute, an unfinished task, a cancelled meeting, or the worry that others will not understand what is happening.

The workplace can either widen or narrow that gap. Bright light and screen exposure, noise or stress, long hours, and missed breaks can make symptoms harder to manage. Difficulty taking breaks and inflexible schedules can then limit the response. This is why more effective acute treatment and flexible work arrangements appear together as the two strongest support priorities. One reduces the attack burden. The other gives the person room to act when treatment is not enough.

The next improvement in migraine at work may therefore come from coordination rather than a single intervention. Patients need an individualized plan for early treatment, rescue, recovery, and red-flag symptoms. Employers need practical ways to reduce avoidable triggers and allow short-term flexibility where the job permits. Healthcare professionals need to ask not only whether treatment reduces pain, but whether the person can function safely and reliably in the settings that matter to them.

Recognize function Ask what the attack prevents the person from doing, not only how much it hurts.

Plan early treatment Make the acute-treatment plan practical for the place and time attacks usually occur.

Define the fallback Know what to do when the first treatment does not restore enough function.

Reduce avoidable exposure Address recurring light, screen, noise, schedule, or break-related barriers where possible.

Protect recovery time Create a safe way to pause, rest, or leave when continuing to work is no longer realistic.

Keep the conversation open Migraine patterns and work demands change, so treatment and workplace plans may need to change too.

REFERENCES AND DATA SOURCE

Sources used for this report

1. **MDForLives internal survey report.** Migraine Patients Insight Survey, SGID 8981120. Survey records: 132; completion rate: 62.9%; countries represented: USA, UK, Canada, Italy, France, and Germany. Administrative tracking, required-text, end-word, and honeypot fields were excluded from editorial analysis.
2. **World Health Organization.** Migraine and other headache disorders. Updated 24 October 2025. Used for external context on migraine symptoms, disability, and employment burden.
3. **National Institute for Health and Care Excellence.** Headaches in over 12s: diagnosis and management. Last updated June 2025. Used for external context on headache diaries, acute treatment, and preventive-treatment discussions.
4. **American Migraine Foundation.** Understanding Acute Treatment for Migraine. Used for patient-facing context on the role and timing of acute treatment.
5. **American Migraine Foundation.** Migraine at Work. Used for patient-facing context on workplace triggers and practical accommodations.

External sources provide context only. Survey percentages and qualitative themes are derived from the MDForLives source report.

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