MDFORLIVES FULL IN-DEPTH INSIGHT REPORT · PATIENT EXPERIENCE

# Migraine Treatment and Stress: Why Better Control Needs More Than Pain Relief

A patient-centered look at how stress, acute treatment, inadequate control, prevention, access, and everyday functioning shape the migraine care journey.

ATTACK PATTERN → ACUTE RELIEF → CONTROL GAP → PREVENTION → ACCESS → DAILY FUNCTION

| 148 | 6 | 70.9% | 9018502 |
|---|---|---|---|
| Survey records | Countries represented<br>USA · UK · Canada · Italy · France · Germany | Completion rate | SGID |

WHY THIS REPORT

## Migraine control is not only about how much the head hurts

For many people, migraine management sits at the intersection of pain, uncertainty, stress, sleep, work, treatment access, and the practical need to keep daily life moving. A medicine can reduce pain and still leave important parts of the problem unresolved. A patient can have a diagnosis and still be untreated. Poor control can continue without treatment escalation. And the outcome that matters most may not be a clinical count alone, but whether the person can function more normally.

This report examines those tensions through the experiences reported by migraine patients across six countries. It follows the patient journey from what worsens attacks, to what people use first, to what happens when control remains inadequate, and finally to what patients say would make care work better.

METHODOLOGY

## How to read the patient data

The survey includes 148 records, of which 105 were complete, for a 70.9% completion rate. Respondents were represented across the USA, UK, Canada, Italy, France, and Germany. Individual clinical questions have different bases because some partial records contain usable responses. Question-level bases are preserved in the source data and are reflected in the percentages used throughout this report.

> The survey response export is the numerical source of truth. Administrative fields, required-text checks, and honeypot fields are excluded from the analysis. Open-ended responses are used as qualitative context only and are not converted into theme percentages.

EXECUTIVE SUMMARY

## Six signals that define the migraine care gap

01

### Stress sits inside the migraine cycle

**53.6%** say stress or anxiety most often worsens migraine, and

02

### Changing headaches trigger action

**59.1%** say worsening or changing headaches prompted further

39.4% say it remains uncontrolled within current treatment.

evaluation.

03

### Acute care starts with what is accessible

**43.6%** use over-the-counter pain medicine first during an attack.

04

### Poor control does not always lead to escalation

**40.7%** say treatment was not escalated after inadequate control.

05

### Function defines treatment value

**44.4%** say better daily functioning most influences staying on preventive treatment.

06

### Patients want more personalized prevention

**35.2%** choose personalized preventive treatment as the future improvement that would help most.

01

PATIENT STARTING POINT

## A migraine diagnosis does not always translate into active treatment

**36.9% of respondents describing their current migraine experience say they are diagnosed but currently untreated.**

CONTEXT

A diagnosis can be the beginning of care, but it does not guarantee that the person has a treatment plan they are using. Some patients may be between treatment options, may not want medication, may have access barriers, or may be managing attacks in other ways.

WHAT THE DATA SHOWS

51.4% are diagnosed and currently receiving treatment, 11.7% are recently diagnosed or starting treatment, and 36.9% are diagnosed but currently untreated.

THE INSIGHT

More than one in three respondents sit outside active treatment despite a diagnosis. The survey cannot explain why, but the later findings on cost, appointment burden, treatment side effects, and lack of escalation show several forms of friction that can complicate ongoing care.

WHY IT MATTERS

For patients, a useful migraine pathway needs an answer to a simple question: if the current approach is not enough, what is the next realistic option? That may involve acute treatment, prevention, non-drug strategies, mental health support, or referral depending on the individual situation.




02

STRESS & TRIGGERS

## Stress is the factor patients most often connect with worsening migraine

**53.6% select stress or anxiety, well ahead of sleep disruption, hormonal changes, and sensory triggers.**

CONTEXT

Migraine triggers are individual. Stress, sleep disruption, hormonal changes, light, noise, and other factors can all be part of the pattern for different people. Current American Migraine Foundation guidance emphasizes that triggers may influence attacks but are not the underlying cause of migraine.

WHAT THE DATA SHOWS

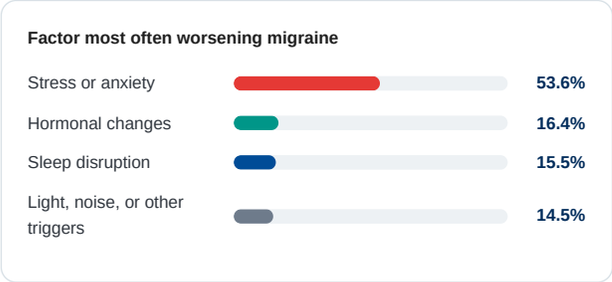
53.6% choose stress or anxiety as the factor that most often worsens migraine. Hormonal changes are selected by 16.4%, sleep disruption by 15.5%, and light, noise, or other triggers by 14.5%.

THE INSIGHT

Stress is not merely a background lifestyle issue in this dataset. It is the dominant patient-reported worsening factor and later reappears as the leading limitation of current treatment. That repetition makes emotional strain part of the central migraine story, not a separate wellbeing topic.

WHY IT MATTERS

For patients, trigger management should not become self-blame. The practical goal is to recognize patterns, stabilize routines where possible, and make stress management one supportive part of a broader migraine plan that may also include acute and preventive treatment.




03

WHEN PATIENTS SEEK MORE HELP

## A change in the headache pattern is the strongest prompt for further evaluation

**59.1% say worsening or changing headaches prompted further evaluation.**

CONTEXT

People with an established migraine diagnosis often learn what their usual attacks feel like. A change in that familiar pattern can create uncertainty and can be an important reason to seek clinical reassessment.

WHAT THE DATA SHOWS

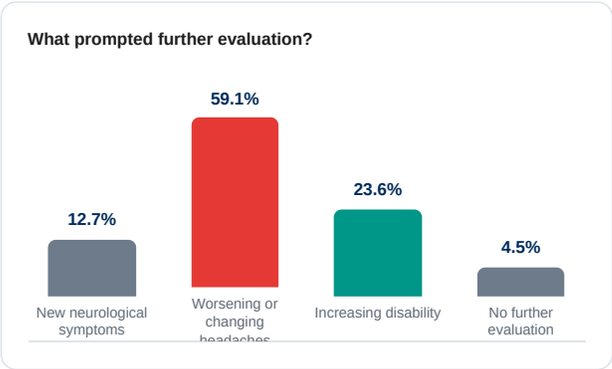
Worsening or changing headaches lead at 59.1%. Increasing attack-related disability is selected by 23.6%, new neurological symptoms by 12.7%, and 4.5% say no further evaluation was needed.

THE INSIGHT

Patients appear to respond most strongly when migraine stops behaving like their usual migraine. The second-largest signal is not a new symptom, but increasing disability. That means change can be clinical, functional, or both.

WHY IT MATTERS

Patients benefit from clear guidance on what changes should trigger a call or appointment. New neurological symptoms, a major change in headache pattern, sudden severe headache, or rapidly worsening symptoms should not simply be assumed to be routine migraine.




04

ACUTE ATTACK MANAGEMENT

## During an attack, the most common first step is over-the-counter pain medicine

**43.6% use over-the-counter pain medicine first, compared with 28.2% who use a triptan first.**

CONTEXT

Acute migraine treatment is shaped by what a person has been prescribed, what is available at the moment of an attack, what has worked before, and how quickly treatment can be taken.

WHAT THE DATA SHOWS

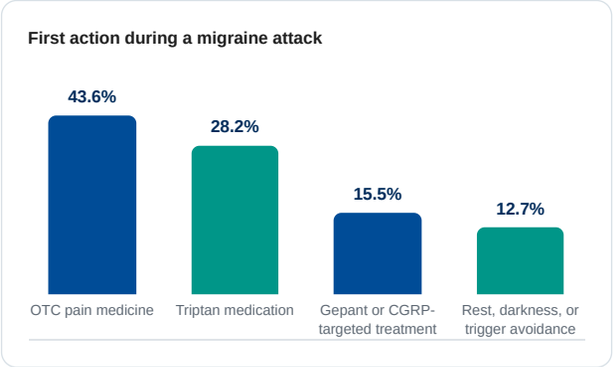
43.6% use over-the-counter pain medicine first. Triptans are selected by 28.2%, gepant or CGRP-targeted treatment by 15.5%, and rest, darkness, or trigger avoidance by 12.7%.

THE INSIGHT

The first step is not necessarily the most advanced therapy. It is often the option that is familiar and immediately available. The later 11.0% medication-overuse or rebound finding is important because frequent use of acute medicines can itself become a problem for some people.

WHY IT MATTERS

A migraine plan should make acute treatment instructions clear before the next attack arrives: what to take, when to take it, what to avoid combining, and when frequent acute-treatment use should trigger a review of preventive care.




05

CURRENT CONTROL GAP

## Stress remains uncontrolled even after treatment enters the picture

**39.4% identify uncontrolled stress or anxiety as the single biggest limitation of current migraine treatment.**

CONTEXT

Treatment limitations can come from incomplete relief, side effects, medication overuse, or factors outside medication itself. This question asks patients to identify the limitation that matters most to them.

WHAT THE DATA SHOWS

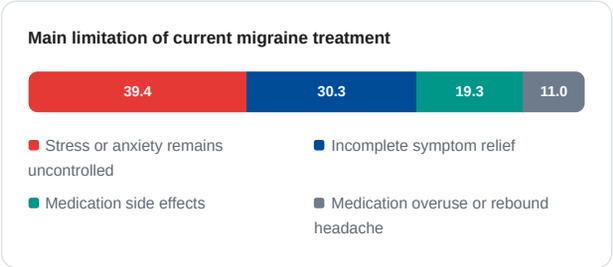
Stress or anxiety remains uncontrolled for 39.4%, incomplete symptom relief for 30.3%, medication side effects for 19.3%, and medication-overuse or rebound headache for 11.0%.

THE INSIGHT

The same factor leads both the trigger question and the treatment-limitation question. That pattern suggests that for many respondents, the emotional and neurological parts of the migraine experience remain intertwined even after treatment begins.

WHY IT MATTERS

The American Migraine Foundation describes migraine and mental health as closely connected and notes that anxiety, stress, unpredictability, and disrupted daily life can all affect wellbeing. The implication for patients is not that migraine is psychological. It is that a treatment plan may be incomplete if it ignores a major factor the patient experiences repeatedly.




06

WHAT HAPPENS AFTER POOR CONTROL

## When migraine control is inadequate, the next step is not always escalation

**40.7% say treatment was not escalated after inadequate migraine control.**

CONTEXT

Preventive treatment is intended to reduce attack frequency, severity, or disability over time. Current American Headache Society resources emphasize matching prevention to migraine burden, patient preferences, medical history, and practical issues such as side effects and access.

WHAT THE DATA SHOWS

37.0% report starting an oral preventive, 13.0% adding CGRP-targeted therapy, and 9.3% starting onabotulinumtoxinA. The largest group, 40.7%, report that treatment was not escalated.

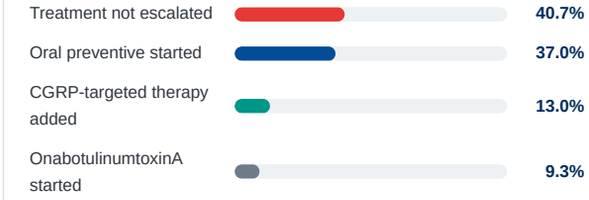
THE INSIGHT

The survey does not show why treatment was not escalated. The reasons may range from clinical appropriateness to patient preference, tolerability, affordability, access, or the timing of follow-up. What it does show is a sizable patient group whose care did not move to a stronger preventive step despite describing inadequate control.

WHY IT MATTERS

Patients should know what treatment success is supposed to look like and what the next review point will be if control remains poor. Without that shared plan, inadequate control can become the new normal rather than a signal to reassess.

**Treatment after inadequate migraine control**




07

COEXISTING BURDEN

## Anxiety, sleep, low mood, and stress can all complicate migraine care

**31.5% select stress-related symptom worsening and 30.6% select anxiety or panic symptoms as the coexisting issue that most complicates care.**

CONTEXT

Migraine is often experienced alongside sleep problems, anxiety, depression, and stress. These conditions can affect how symptoms are perceived, how predictable daily life feels, and how easy it is to follow a treatment plan.

WHAT THE DATA SHOWS

Stress-related symptom worsening leads narrowly at 31.5%, followed by anxiety or panic symptoms at 30.6%, sleep disorder or insomnia at 22.2%, and depression or low mood at 15.7%.

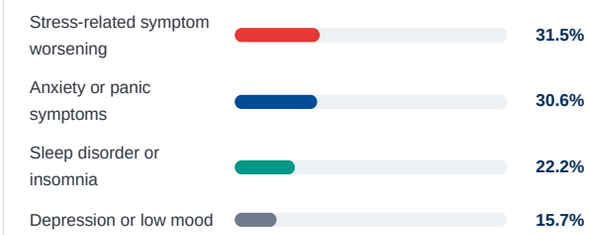
THE INSIGHT

No single coexisting issue dominates. Instead, the burden is distributed across emotional and sleep-related problems. That helps explain why 30.6% later choose integrated migraine and mental health care as the future improvement that would help most.

WHY IT MATTERS

Integrated care does not mean every person with migraine needs specialist mental health treatment. It means the care pathway should make it easier to identify when anxiety, sleep, stress, or low mood is materially affecting migraine management and to connect the person with appropriate support.

**Coexisting issue that most complicates migraine care**




08

WHAT MAKES PREVENTION WORTH CONTINUING

## Patients judge preventive treatment by whether life becomes easier

**44.4% say better daily functioning is the biggest influence on staying with preventive treatment.**

CONTEXT

Preventive migraine treatment is often evaluated by changes in migraine days, but patients experience the disease through missed work, disrupted plans, fatigue, sensitivity to light or sound, recovery time, and anxiety about the next attack.

WHAT THE DATA SHOWS

44.4% choose better daily functioning as the main influence on staying with preventive treatment. Fewer monthly migraine days follow at 33.3%, fewer side effects at 12.0%, and an easier treatment routine at 10.2%.

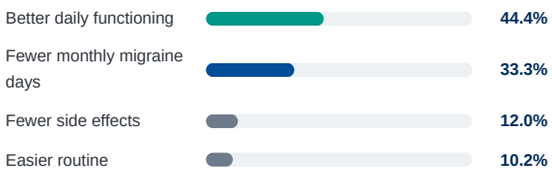
THE INSIGHT

The leading persistence signal is functional, not numerical. Patients appear to ask whether treatment gives meaningful parts of life back. That makes daily function a practical outcome for follow-up conversations, alongside attack frequency and severity.

WHY IT MATTERS

If a patient is having fewer migraine days but still cannot work, sleep, exercise, or plan reliably, the treatment may not feel successful enough to continue. A patient-centered review should therefore ask not only how many attacks occurred, but what the person can do now that they could not do before.

**Main influence on staying with preventive treatment**




09

ACCESS & FUTURE CARE

## The next migraine improvement patients want is more personalized prevention

**35.2% choose personalized preventive treatment, while 34.3% say cost or insurance coverage is the biggest current access barrier.**

CONTEXT

A treatment option is only useful if a patient can reach it, afford it, fit it into life, and get specialist input when needed. Access barriers can delay both migraine care and support for coexisting mental health needs.

WHAT THE DATA SHOWS

Cost or insurance coverage is the leading access barrier at 34.3%, followed by time or appointment burden at 24.1%, long specialist waits at 21.3%, and limited specialist availability at 20.4%. Looking ahead, 35.2% choose personalized preventive treatment as the improvement that would help most, 30.6% choose integrated migraine and mental health care, 19.4% choose digital trigger and symptom monitoring, and 14.8% choose faster access to newer migraine therapies.

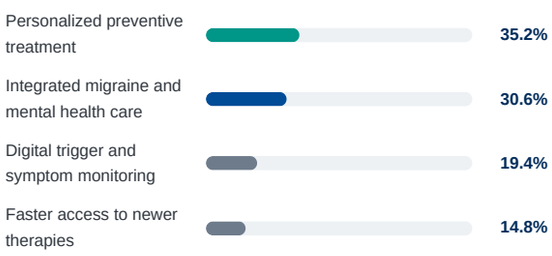
THE INSIGHT

Patients are not asking for novelty alone. The leading priorities are personalization and integration. Faster access to newer therapies matters, but it ranks below having prevention tailored to the person and having migraine and mental health care work together.

WHY IT MATTERS

Future migraine care may be judged less by how many options exist and more by whether the right option can be matched to the right person without excessive cost, delay, or fragmentation.

**Future improvement that would help most**




WHAT PATIENTS DESCRIBED IN THEIR OWN WORDS

## When stress rises, patients look for quiet, control, and room to recover

Respondents were asked to describe a time when stress or anxiety worsened migraine and what would have helped. The comments do not represent a coded quantitative sample, but they add practical detail to the survey numbers.

### Quiet and sensory reduction

Several people described needing a dark, quiet room, dimmer lights, less noise, or time away from stimulation during an attack.

### Sleep and recovery time

Some linked stress with disrupted sleep and said rest, shorter work hours, or protected breaks would have helped them recover.

### Coping tools

Breathing exercises, meditation, understanding coping mechanisms, and knowing what to do early in the attack appeared in the comments.

### Treatment that prevents the attack

Some respondents wanted a more effective treatment option or preventive medication when they could feel stress building toward a migraine.

### Work pressure

Long hours, screen time, noise, missed breaks, and high-pressure work environments were described as practical parts of the stress-migraine cycle.

### Different experiences still exist

Not every respondent identified a missing solution. One noted that little reliably helps, while others emphasized specific environmental or treatment changes.

> The qualitative comments reinforce a central point from the quantitative data: patients often experience migraine management as a need to control both the attack and the conditions around the attack.

PATIENT JOURNEY LENS

## What a more usable migraine care pathway could look like

The survey suggests four places where patients may benefit from clearer expectations and better coordination.

### 1. Before the next attack

**Know the plan.** Patients benefit from understanding what to take early, what non-drug steps help them, and how often acute medicine can be used safely.

### 2. When the pattern changes

**Know when to recheck.** Worsening headaches, new symptoms, or increasing disability should lead to a clear reassessment pathway.

### 3. When control is still inadequate

**Know the next step.** The care plan should define when prevention, treatment adjustment, or referral will be reconsidered.

### 4. When life is still not working

**Measure what matters.** Daily function, stress, sleep, side effects, cost, and treatment burden can be as important to the patient as attack counts.

CLOSING PERSPECTIVE

## Better migraine care is not one more treatment. It is a clearer path through the whole experience.

This survey shows migraine as a condition that moves through several layers at once: the attack itself, the factors that make attacks harder, the uncertainty of changing symptoms, the limits of acute treatment, the decision to start or continue prevention, and the practical difficulty of accessing care.

The central tension is that stress appears twice in the most important places. It is the leading factor patients say worsens migraine, and it is also the leading limitation they say remains uncontrolled during current treatment. That does not make migraine a stress disorder. It does suggest that for many patients, treating the neurological disease without acknowledging the emotional and practical context can leave part of the burden untouched.

The treatment pathway also shows room for clearer follow-through. Over-the-counter medicines are the most common first action during attacks. A substantial group is diagnosed but untreated. And after inadequate control, the largest group says treatment was not escalated. None of those findings can tell us what should have happened in an individual case, but together they point to a care journey in which patients may need clearer thresholds for review, prevention, and referral.

Perhaps the most patient-centered finding is what keeps people on preventive care. Better daily functioning leads fewer migraine days. That distinction matters because it changes the question from “How many attacks did you have?” to “What can you do now that migraine used to stop you from doing?” The next generation of migraine care may need to combine both measures.

### Make treatment goals explicit

Define what improvement should look like in migraine days, attack severity, acute medicine use, and everyday function.

### Build in a review point

Decide in advance when poor control should trigger reassessment rather than indefinite continuation of the same plan.

### Treat access as part of the plan

Discuss cost, insurance restrictions, appointment burden, and realistic alternatives before they interrupt continuity.

### Bring stress and sleep into the conversation

Address them as relevant migraine-management factors without implying that the disease is psychological.

## Share what migraine care feels like in real life

Your experience can help MDForLives build a clearer picture of what patients need from prevention, access, support, and day-to-day care.

Join the Panel

PEOPLE ALSO ASK

# Frequently asked questions about migraine treatment, stress, and prevention

**Can stress trigger a migraine attack?**

Stress can be a trigger for some people with migraine, although triggers differ from person to person. Stress is not considered the underlying cause of migraine. Tracking patterns can help you discuss possible triggers with your healthcare professional.

**What should I do if my migraine treatment is not working well enough?**

If attacks remain frequent, disabling, or incompletely relieved, tell your healthcare professional. Migraine care can include reviewing the diagnosis, how acute medicines are being used, whether prevention is appropriate, treatment side effects, and any barriers that make the plan hard to follow.

**When is preventive migraine treatment considered?**

Preventive treatment may be considered when migraine attacks are frequent, disabling, prolonged, or difficult to manage with acute treatment alone. The right option depends on your migraine pattern, other health conditions, preferences, side effects, and access.

**Can anxiety or poor sleep make migraine harder to manage?**

They can be important parts of the migraine picture. Stress, anxiety, and disrupted sleep may interact with migraine symptoms and daily functioning. A care plan may need to address both headache treatment and the factors that make attacks harder to manage.

**What is medication-overuse or rebound headache?**

Frequent use of some acute headache medicines can contribute to medication-overuse headache. If you find yourself needing acute treatment very often, discuss it with a healthcare professional rather than simply increasing how often you take medication.

**How can I prepare for a migraine appointment?**

A simple record of migraine days, severity, disability, medicines used, side effects, possible triggers, and how attacks affect work or daily life can make the conversation more useful. It can also help you and your clinician judge whether treatment is improving what matters to you.

## References and external context


1. MDForLives Migraine Insight Survey, SGID 9018502, patient response export.
2. American Migraine Foundation. Lifestyle Changes for Migraine Management, updated August 31, 2026.
3. American Migraine Foundation. Migraine & Mental Health and related patient resources.
4. American Headache Society. Pharmacologic Treatment for Migraine Prevention in Adults Practice Guideline Recommendations, first published August 31, 2026.
5. American Headache Society. Updated Guideline on Migraine Prevention Medications for Adults, September 7, 2026.


External sources provide clinical context. MDForLives survey findings and interpretations remain distinct from guideline recommendations.

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