



# 2024 INTERVIEW SUMMARY SHEET

## SPEAKER

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## TOPIC

**Beyond 50: Insights Into Migraine That Ages With Us**

## TITLE & ORGANIZATION

**Professor of Neurology  
Danish Headache Center,  
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University of Copenhagen**

## KEY TAKEAWAYS

- Migraine prevalence is similar for boys and girls in childhood, but it shifts to a higher prevalence in women during puberty and continues to increase with age.
- Migraine typically begins in early adulthood and peaks in middle life between the ages of 20 and 50; attacks tend to be less severe in later years.
- The elderly and disabled populations have a relatively high burden of migraine — almost as high as for those in the 18-to-44 age range.
- Understanding an individual's migraine pattern early on facilitates more effective management and can reduce migraine's impact on quality of life and productivity.
- Age- and sex-related changes are associated with the evolution of migraine over a lifetime, but the mechanisms of migraine pathophysiology are still not well understood.
- Clinical trials for migraine treatments have not adequately studied their safety and tolerability for the over-60 population, even though individuals in this group often have comorbidities and take multiple medications.
- Migraine patterns can change as individuals age, with some experiencing more frequent auras without headache and others experiencing late-onset migraine with aura.
- Chronic migraine is more likely to persist in later life due to factors such as medication overuse, obesity, and other chronic diseases.
- Hormonal changes can affect migraine frequency and intensity.
- Cognitive issues in those with migraine are often related to pain and can improve with effective migraine treatment.
- With age, people who have had aura associated with migraine sometimes begin to experience either aura without headache or more frequent aura without headache.

## TREATMENTS CITED

N/A

## QUOTES

*"Unfortunately, this segment of people over 60 have never been studied properly in clinical trials, and this is a problem. We know that people over 60 have some comorbidities. And the question is, when we have multiple comorbidities, what is the safety and tolerability of those medications that we're going to use in this population?"*

*"People in this age group over 60 have more high frequency or chronic migraine rather than episodic migraine. It could be less intense, maybe, in some patients, but still very frequent."*

*"The good news is that there have been a number of studies, including very good population-based studies, showing that there is no difference between migraine patients and people without history of migraine [in terms of cognitive impairment]."*

*"We need to bring more attention to migraine in older adults in order to improve our assessment of these patients — and mostly importantly, treatment of these patients."*

## PRACTICAL STEPS

- Stress can exacerbate migraine, so finding ways to manage it, like meditating, deep breathing, and engaging in hobbies, can help you reduce its impact as you age.
- Using a headache diary to keep track of migraine frequency and symptoms can reveal patterns and guide treatment decisions.
- Stay informed about new treatment options and discuss them with your healthcare provider to help improve your quality of life.
- Lifestyle changes can help mitigate the impact of migraine as you age; these include eating a healthy diet, exercising regularly, and getting enough sleep.
- If migraine is significantly affecting your daily life, it's important to consult with a healthcare professional.