



16th August, 2007

Funding of migraine research in The United States.

On behalf of the European Brain Council, a coalition of European wide organisations in Neurology neurosurgery, psychiatry, basic neuroscience, patient associations and industry, I hereby officially support the initiative led by Robert Shapiro to increase NIH funding for migraine.

My organisation has conducted a European wide study of the cost of major brain disorders and found that migraine alone accounted for 27 billion euros in personal and societal expenses per year within the European Union. This means that migraine was more expensive than epilepsy, movement disorders and MS which traditionally receive more attention. We also conducted a large study analyzing the funding of research into major brain disorders. Here we concluded that migraine, relative to its cost, was the least publicly funded of twelve major brain disorders. Non-migraine headaches, which together account for a burden equal to migraine, had received no detectable funding. We tried to make a comparison with the funding in The United States but could retrieve no specified funding for migraine by the National institutes of health for the year 2004. This may be wrong as I understand that Dr. Shapiros' calculations indicate a spending around 13 million dollars per year, but the amount could not be found by our computer search.

Despite the very limited funding of migraine research, I venture to say that this field has progressed more than for example epilepsy over the last 20 years. Many biological mechanisms of migraine have been discovered and several new targets for anti migraine treatment have been defined by the few academic groups working in this field. I have therefore no doubt that increased NIH funding of

EBC Office:

c/o EFNS Branch Office – Univ. of Florence, Dept. of Pharmacology, 6 Viale Pieraccini, I-50139 Florence, Italy
Tel: +39-055-4362098; Mobile: +39-348-3032754; Fax: +39-055-4271280. Email: info@europeanbraincouncil.org

Registered Address: EBC Office, Fondation Universitaire, 11 Rue D'Egmont, B-1000 Brussels, Belgium.

www.europeanbraincouncil.org



migraine research would be highly cost-effective and perhaps more so than investment in many other fields. Migraine is a disorder associated with considerable stigma amongst the general population, amongst physicians and in the United States even amongst neurologists. It is a female disorder because the prevalence is three times higher in females and attack frequency and severity are both higher in females. Thus, 80 to 90 percent of the burden of migraine is carried by females. The poor funding of migraine research in The United States could perhaps reflect discrimination against female disorders.

More information about cost and funding of brain disorders may be found at www.europeanbraincouncil.org. Please do not hesitate to contact me if you need further information.

Yours Sincerely

Jes Olesen

President, European Brain Council

Professor of Neurology, University of Copenhagen

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