

Racial and Gender Disparities in Migraine Care

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People of all ages, ethnicities, and genders suffer from migraines. It is perceived by most people as though all migraines have a set list of symptoms with a set-in-stone procedure for how to treat them, but that's not always the case. While most of the studied symptoms of a typical migraine are experienced by cisgender men, racial minorities and women are often left out of the conversation. There is hardly any research that has taken place to study the symptoms of migraines on women, transgender individuals, nor racial minorities despite many instances recorded of their symptoms being worse than the average recorded symptoms. The lack of a better understanding of migraines in racial minorities and women is causing an unfair gap in medical aid. Racial minorities and women end up suffering more and far worse because medical professionals either don't understand their specific symptoms or won't take these groups as seriously in their complaints. To provide proper care for everyone suffering from migraines, we must begin by fully researching migraine symptoms across all races and genders.

Migraines are headaches that are more extreme than average and cause throbbing or pulsing pain, causing one to become nauseous, possibly vomit, and cause sensitivity to certain lights and sounds. There are no parameters for who can develop migraines. This includes children, teenagers, women, men, and any person of any race, or sexual orientation. The typical migraine has some warning signs before reaching full effect such as food cravings, neck stiffness, increased urination, etc. Other people might experience aura changes. Examples of this are stabbing pains, seeing spots or stars, difficulty speaking, vision loss, weakness or numbness only in certain parts of the body, and more. A typical migraine "attack" lasts between 4-72 hours and the amount of time along with the intensity ranges from person to person (Migraine par. 1). All of the information as provided by the Mayo Clinic are what has been the set-in-stone symptoms generalized throughout all groups of people, but the symptoms presented only favor cisgender men, as opposed to

people of color, women, and transgender women, since that is the group most research has been conducted on. The damage done by this generalization of symptoms can be detrimental to groups outside the majority, thus creating a possible bias that can affect the quality of care certain racial minorities and women receive.

Bias in healthcare has been an issue for as long as healthcare has been implemented into society, whether intentional or not. All doctors, researchers, and medical professionals alike have had some form of bias in their field, perpetuating the issue of quality of care based on race, gender, sexuality, wealth status, etc. While bias is not desired in the healthcare profession, it is an unavoidable and natural human response to make sense of one's surroundings. As Dr. Jasmine Marcelin, founding member of the Infectious Diseases Society of America stated, "Nevertheless, unconscious bias still influences all human interactions [13]. The ability to rapidly categorize every person or thing we encounter is thought to be an evolutionary development to ensure survival; early ancestors needed to decide quickly whether a person, animal, or situation they encountered was likely to be friendly or dangerous [20]." The reason this can be so detrimental is due to the fact that these biases can lead to manifesting negative attitudes and behaviors towards patients, causing many symptoms to get overlooked. Overlooking symptoms can lead to these patients not receiving the highest quality care, meaning their symptoms could go on for far longer than needed or worsen without proper treatment. Bias in healthcare also prevents more research from being conducted on the symptoms and causes of migraines pertaining to women and patients of color, continuing the lower quality of care being received by these groups. While migraines hold no boundaries to whom they can affect, there is still not enough being done to fully research the extent of how migraines affect all kinds of people and how to give the best care to every individual.

Though women may make up half of the entire human population, women are still under researched and not

properly cared for in the realm of migraine care. While both cisgender men and cisgender women share similar symptoms of migraines, there is some key contrast that makes a significant difference in the potential quality of care. Cisgender women are more likely to experience migraines on a regular basis as well as at a higher intensity (Nunez par. 1). Another factor that weighs heavily into the intensity of migraines in cisgender women are the added effects of the menstrual cycle, specifically called Menstrual Migraine. Menstrual Migraines are intense headaches that take place during a woman's menstrual cycle and can continue every month. The symptoms are, "frequently more debilitating with longer duration, higher recurrence rate and lower response rate to acute treatment (Akirov par. 8)." Even though Menstrual Migraines are far more intense and frequent, there is still limited research being done on how to prevent these pains or provide a long term treatment. This goes to show how research conducted on migraine symptoms and treatment still only appears to favor cisgender men all the while cisgender women are struggling far worse on average. While cisgender women are suffering from the unfair effects of migraine care, transgender women are also severely under researched and often ignored in the conversation. The research being done on transgender men and women is next to none. The reason this is a concern in the medical field is because this raises more questions about migraines as a whole such as how testosterone levels affect the severity of migraine, whether or not testosterone could be used as a pain level treatment option, or if testosterone could be used to reduce the frequency of migraines. These unanswered questions are due to a lack of understanding of how fluctuating hormones affect the nervous system as a whole (Nunez par. 3). Migraine research as well as most medical research in general favors cisgender men and women, leaving out people who identify as another gender not assigned to them at birth, and how certain medical conditions affect them. In order to create a fair and accurate system of care for migraines, medical researchers need to consider unique treatment plans for all genders, not just the gender in the majority.

Another large issue in migraine care is how race plays into the quality of care received by a patient. Racial issues in healthcare have always been prevalent in society and migraine care is no different. Though migraines in African Americans are more common than any other racial or ethnic group, migraine treatment services are often less taken advantage of. This could be due to the fact that African Americans are more likely misdiagnosed, lower quality of care is more commonly reported as well as patient-doctor mistrust, and lower quality medication is more often prescribed (Charleston and Burke pg. 877). "Moreover, the burden of migraine is increased in AA (African Americans): Migraine is more frequent, more severe, more likely to become chronic and associated with more depression and lower quality of life compared to NHW (Non-Hispanic Whites) (8,9). Given that, when treated, AA appears to respond to medications as well as NHW (9,10), high quality treatment may reduce these disparities." If there is going to be a change in the way medical professionals combat bias and disparities against racial minorities in migraine care, there has to be a change in the way research is conducted in order to provide a more accurate set of symptoms and treatment plans specific to racial minorities.

In order to provide better care for cisgender women, transgender women, and racial minorities suffering from migraines, more research has to be conducted on the symptoms and causes of migraines unique to those groups of people. Migraines affect more than just the cisgender men most research is conducted on, but bias continues to prevent more research from being done and perpetuates the lower quality of medical treatment on women and racial minorities currently occurring worldwide. Cisgender women often suffer from a completely different type of migraine called menstrual migraine, transgender women hardly have any information on how hormones affect their migraines, and people of color often suffer from much stronger migraine symptoms than their white counterparts, yet efficient medical research is still not being conducted to give better treatment to these groups of people. By providing more research for women and racial minorities, migraine care can only get better for all kinds of individuals.

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