

**NHF Insights - Edition 2**  
**Part 1: Impact of High Stress Frontline Professions on People with Migraine**

**Hope O'Brien, MD:**

Welcome to the NHF Insights podcast. I'm today's host, Dr. Hope O'Brien, and this episode marks the second edition of the National Headache Foundation, where you can expect open discussions with special guests together with industry partners on the latest findings in research and treatment for people living with migraine and recurrent headaches.

In this edition, we'll continue sharing the results from a survey conducted by the National Headache Foundation with support from Pfizer and will focus on raising awareness of the daily experiences of frontline workers and how they navigate their profession living with recurrent headaches and migraine. Specifically, how front-line workers living with migraine balance the complexities of living with migraine and their career.

With a robust amount of information gathered through this survey, we have separated this topic into a three-part series. The first section will focus on the impact of migraine on the careers of those who are frontline workers. The second on migraine triggers that are routinely encountered by frontline workers. And the third session on the preventive treatment and care accommodations for frontline workers diagnosed with migraine. Stay tuned for all three parts to hear more from our guest regarding the significant impact migraine has on those we depend on most.

I'm excited to introduce this session's special guest, the legendary Dr. Merle Diamond. Welcome Dr. Diamond.

**Merle Diamond, MD:**

Hi Hope. It's good to see you. I'm excited to present this stuff today. It's going to be really exciting for everyone to hear what the survey showed.

**Hope O'Brien, MD:**

As we begin our discussion, can you tell us who we're referring to when we're talking about frontline workers?

**Merle Diamond, MD:**

The frontline workers are really people who often are the sort of the bones of our society in many ways. Firefighters, police officers, people who do shift work that the public really needs. So that whole protective services sector. Education, our teachers may do obviously very important skills in many different environments. And then not to ignore us and our specialty, our health care workers who often have shift work and have to change their hours, sometimes within the same week, sometimes once a month, but they can't not show up. They're really the people that we depend on to show up every day. And of course, when you have migraine that can impact your ability to do that.

And I think it's really important. There's a lot of stress. There can be trauma in these folks. And so it's important to think about how they show up. And when migraine happens, not if but when, how can

they treat it effectively and what impact that's had on their career choices and also their ability to perform within their chosen career.

**Hope O'Brien, MD:**

Absolutely. I'm excited that we're going to be focusing on this group. Can you just tell us some of the data around the impact of migraine on frontline workers?

**Merle Diamond, MD:**

So again, they're usually in very high stress positions. Seventy percent of them say that their attacks, even when they're managing them, still cause some significant disability in their performance. And this can cause these health care workers who are showing up anyway to feel like they're not doing their best effort or what they could do if they didn't have a migraine attack at this time.

That can be really, really impactful and it can affect so many different pieces. Is this the right career for me. How can I manage my disease under these circumstances when I have to be there and yet I know these are triggers for me. And how do I manage my triggers when I'm in the middle of it all.

**Hope O'Brien, MD:**

Yeah, absolutely. I've had patients who have come in and thought is this the right career choice for me. Should I consider something different. And that's why it's so important that we not just diagnose this condition, but also make sure it's adequately treated.

I know that people have voiced that there might be some opportunity for management and we'll get to that later on. But specifically, Dr. Diamond, can you tell us in your experience as a doctor and working with people with migraines, what have you heard from patients in regard to their profession and experiencing migraine while they're at work?

**Merle Diamond, MD:**

The first issue is many of our patients are quite aware when it's a migraine day or it's a day where they may be at greater risk for having a migraine attack. And that causes a lot of anxiety for them. And I think at least historically, it's been difficult because they want to take their acute medicine and time to get rid of the headache or not become impaired from the headache. And they have to weigh that with that their medicine can often work better if they can take a break, and they may not be in a position to take a break.

They need an acute therapy that can work quickly, but also not cause side effects or not cause them to have to take time away. And of course, as a clinician, I would say take 10 minutes for yourself, 15 minutes. Try to go to a place that's quiet just to get your medicine on board. And just give yourself that brief, am I breathing, am I calming, I know this works for me, that whole piece. And I think they feel very responsible and sometimes quite ashamed that they have a migraine under these circumstances.

**Hope O'Brien, MD:**

And it creates a lot of anxiety for these individuals unfortunately. And we know that about 74% of frontline workers cannot risk having a migraine attack, and they want to prevent them. Can you tell us a little bit about the impact in terms of those that are in the emergency room and how are they dealing with that? Do they stop? Do they go home? What kind of things do you hear in your practice?

**Merle Diamond, MD:**

In my practice, I would tell you people in these helping professions, be it emergency workers, a great kind of place to start. You can't just walk away from a patient who's having some dire emergency. And so, can I work around it? Can I get my medicine in? I think preparing appropriately. Most of my people who work in the emergency department are under these urgent circumstances. The ABCs, are you hydrated, have you slept well, did you eat this morning. Doing all those kind of self-care things are really, really important for them. And again, sometimes that impacts the ability for people to do their work and affects their career choice. I might love working in the emergency department, but I can't control my migraines well enough to be counted on. And it's really, really difficult.

**Hope O'Brien, MD:**

I heard, or a little birdie told me, that you had worked in the emergency room at some point. Is that true?

**Merle Diamond, MD:**

Yeah, I was an emergency physician because I was never going to do headache. See how that worked out for me? And it actually worked out well. But I did do emergency medicine and I did struggle with migraines when I would work varying shifts. And it's all well and good to say I'm hydrated, I'm this and that, but I was a young mother. I had a bunch of kids at home and sort of my self-care was not perfect at that time.

And some of the acute medicines while they worked, I knew I wouldn't be able to function normally with them. And I have to say that's a very stressful situation that a lot of our health care providers have. And when you think about it, migraine is so prevalent, it only makes sense that in all careers we'll see this.

**Hope O'Brien, MD:**

Well, that's so true. And as I look through some of the data here, it shows that almost half of people in emergency services have discontinued an acute treatment for migraine because it took too long to work. And the fact that it's a challenge also to find a dark place. Can you imagine, you're in an emergency room, and you're trying to find a dark, quiet place to wait for it to work. That's really difficult to do.

Do you have any advice, for let's say companies, in terms of how they can help specific frontline workers in managing their migraine attacks while they're at work?

**Merle Diamond, MD:**

Well, I think having a quote unquote safe room, a place where they can be. The break room may not be their best place because there's too much activity there, but if there's a quiet room. I used to hide in room 9 of the particular ER I was working in because we only used it if every other bed was taken. And I could sit in there and take my medicine and have a little bit of quiet time if I needed to.

But again, health care workers in particular, they needed to work fast and they can't have a bunch of side effects. When you have to weigh those in terms of treating your migraine attack, it's difficult. It's really difficult. And I think it's nice today because we have agents that don't have as many side effects for some patients. And again, getting that timing down is really important for patients. And giving them good education so that they understand how they can kind of move forward and have more confidence that they'll be able to treat their attacks.

**Hope O'Brien, MD:**

That is excellent, excellent advice Dr. Diamond. Thank you so much for your time and for sharing your thoughts, and to all of you who have joined us for this episode of NHF Insights. I'm your host, Dr. Hope O'Brien. Stay tuned for our next episode where we'll discuss migraine triggers that are routinely encountered by frontline workers. Take care now. Bye bye.