The Migraine Divide

How gender, ethnicity and social grade impact experience of migraine in the workplace, in healthcare and day to day life

Teva UK Limited provided funding for this health awareness activity, but had no involvement in the production, final content, or resulting outputs.

Intro

Migraine is one of the most disabling neurological conditions in the world.[1] It affects around one in seven people in the UK,[2] with potentially one million living with a chronic form.[3] The often-debilitating symptoms can touch every aspect of life, limiting the ability to work and study, and having a negative impact on relationships and mental wellbeing.

Despite its prevalence, migraine remains widely misunderstood and under-researched. Most existing studies have focused on the biological mechanisms and on developing more effective treatments. While this has advanced our clinical understanding, there is far less insight into what life with migraine truly looks like — particularly for people from different social and demographic backgrounds.

This means we know little about whether certain groups experience more inequitable care, get poorer support or feel more frequently dismissed. As a result, it is impossible to build and create targeted strategies to improve care and support.

As the NHS and wider health systems increasingly focus on delivering care in the community, it is vital that these services reflect the diverse realities of those living with migraine. Effective change is only possible when we understand the full picture of need.

We believe this research is a vital step towards that understanding. It explores the experiences of people with migraine across gender, ethnicity, and social grade. What emerges is clear: a person's experience of migraine is further shaped by their identity and how others perceive them.

We hope this work inspires more research and projects to deepen our understanding of how inequality and identity shape the migraine experience.

Methodology

We started with a review of the available literature and undertook social listening to see what people have shared online about their experience. Then using a representative sample of 2,200 people with migraine. All were over 18 and lived in the UK and we included oversampling from Black and Asian communities including Bangladeshi, Pakistani, Black Caribbean, Black African and Black British to ensure sufficient representation.

The findings informed in-depth, qualitative research with eighteen interviews which took into account a diverse range of backgrounds including ethnicity, education levels, employment, relationship and parental status.

---

[1] Data from GBD 2021. Steiner er al, 2024. Doi: 10.1186/s10194-024-01795-2

[2] Data from GBD 2021. Peres et al, 2024. Doi: 10.1177/03331024241267309

[3] Burch et al 2019. Doi: 10.1016/j.ncl.2019.06.001

With social grade we used a well-established approach to group people mainly based on their social and financial situation. ABC1 covers people in managerial, administrative, supervisory and professional occupations. C2DE covers those in manual occupations, casual workers and people currently not working.

What we found

The impact of migraine

Across all demographics, people reported that migraine has a significant impact on all aspects of life.

- The majority said it has affected their ability to work (92%) or their education (95%)
- Almost nine in ten (88%) said it impacts their ability to perform household tasks
- Eight in ten experience a negative effect on their mental health (79%)
- Two thirds report a negative impact on relationships with family and friends (68%)

Talking about migraine and disclosure

Challenges around telling others about living with migraine was a key theme throughout the research. This spanned interactions with healthcare professionals, disclosing to employers and among different support networks.

Many participants expressed shame or embarrassment preventing them from speaking up. Others highlighted previous negative experiences have led them to not want to disclose, sometimes accompanied by a belief that nothing can be done to help.

Identity and inequality

How people think they are perceived appears to have a significant impact on whether they feel able to tell others about their migraine. Furthermore, those who have experienced, or who are more likely to experience, discrimination were much less likely to disclose or seek support.

Gender

Among men and women, barriers to talking about their migraine were distinct with men holding fears around emasculation or how they would be perceived.

> “*Our society says us men don't speak about pain.*”

In contrast women were more likely to worry they would be perceived as being overly emotional. They also held greater fears around the potential for disclosure to negatively impact aspects of day to day life such as employment and financial security.

> *It's just part of being a woman, you just got to carry on and just get on with it."*

Ethnicity

Those from a white background reported fewer barriers to disclosure, while people from ethnic minority backgrounds described more barriers including cultural norms and expectations around resilience, silence, and self-sacrifice.

> *In my culture I was brought up in, it would make me look very weak, very unmasculine – I was raised not to really express pain or discomfort"*

Only 8% of those from white backgrounds said they would be worried they would not be believed, compared to 19% Asian and 14% Black respondents. People from Asian backgrounds were far more likely to say they feel embarrassed talking about migraine (23% v 9% White and 10% Black), and that their migraine had led to conflicts with friends (35% vs 22% for White background, 22% for Black background) and family (43% vs 19% for White background, 17% for Black background).

Social grade

When comparing across social grade, worries about stigma or embarrassment were similar, however those from C2DE backgrounds were much more likely to not want to make a fuss (55% v 39%) or believe others wouldn't be interested (28% v 22%) compared to ABC1 backgrounds.

Those from ABC1 backgrounds, in contrast, were more likely to say that they found migraine difficult to explain when telling others. While further research is needed to fully understand, it appears that those from lower-income backgrounds often avoid talking about migraine because they don't want to seem like they are making a fuss or worry that others won't care or believe them, especially fearing implications for their employment. In contrast, although people from higher-income backgrounds might feel more comfortable seeking help, they seem to struggle to explain the full extent of the migraine experience clearly.

Migraine in the workplace

Many participants said they have actively concealed their migraine at work out of fear of being seen as weak, unprofessional, or a liability. Disclosure was associated with risk of disciplinary action or even job loss, especially in safety-critical roles including among train drivers and A&E staff.

> *My job is hard to get and easy to lose. If I declared it, that would be it."*

Individuals from marginalised backgrounds had perceptions of harsher judgement, greater stigma, and fewer safety nets including those from Black and mixed-race backgrounds holding higher fears that disclosure would lead to discrimination and job loss.

> *I worry I'd be seen as the 'problem employee'."*

Those with Black heritage were most likely to fear discrimination or a negative impact on their career compared to White colleagues (37% v 26%). They also had greater concerns of confidentiality being broken or relationships with coworkers being affected. Men from ethnic minority backgrounds described cultural pressures and stigma around expressing pain, with some linking non-disclosure to norms around strength and resilience. People from mixed backgrounds feared not being taken seriously (32%).

> *Especially in my workplace which is Japanese – if you're a man, you put up with it."*

When looking at social grade, people from a C2DE background were much more likely to believe telling their employer wouldn't change anything (46% v 33%) with a sense of resignation and lower expectations of support. Fears of job security and lack of flexibility were major barriers to disclosure. People from ABC1 backgrounds were more likely to worry about their reputation and perceived reliability or potential impact on their career progression.

Across genders women worried about colleagues and employers seeing them as unreliable or dramatic and were more likely to fear not being taken seriously (36% v 21%). Men were more likely to say they didn't think disclosure would change anything (40% vs 34%), to fear it would affect relationships with coworkers (20% vs 11%) or be perceived as weak.

Those with the longest migraine attacks were most likely to have told their employer, but also the most likely to say their employer is not very understanding.

Working with migraine

High numbers said that they have worked through migraine attacks, with the main reasons being fear of job loss and the inability to afford lost income.

This was much higher among C2DE participants where nearly half (49%) reported working through an attack for financial reasons compared to 33% of ABC1 participants, and a greater proportion feared losing their jobs. ABC1 groups in contrast cited worries about deadlines or personal responsibilities.

Those who have longer attacks are more likely to say they ‘often’ work through them to avoid letting colleagues down, because their employer doesn’t understand or because they lack alternative options.

Healthcare experiences

Most people had spoken to a healthcare professional about their migraine (91%), usually their GP (82%), though experiences varied widely.

Many reported misdiagnoses, inappropriate medication, and difficulty accessing specialist care. Dismissive experiences led to mistrust in healthcare, hesitation to seek help, and worsening health outcomes.

> *I don’t want to burden people. They can’t fix it anyway”*

Women talked about migraine symptoms being dismissed as hormonal or related to menstruation, pregnancy, or menopause. Male doctors were often perceived as less empathetic.

Older individuals felt symptoms were attributed to aging, while younger people felt dismissed as exaggerating or seeking attention.

Some from ethnic minorities described being ignored, disbelieved or stereotyped, with a few even citing direct discrimination or poorer treatment. Those from mixed (23%), Asian (19%) or Black (16%) backgrounds were more likely to feel their ethnicity negatively affected their treatment, compared with 7% of White participants. Those from Black backgrounds were most likely to have felt they had to convince their GP about their migraine.

When looking across social grade, those in C2DE groups felt less prioritised and less respected compared to ABC1 respondents, believing class impacts the speed and quality of care.

As a result many described coping alone, relying on self-management strategies, over-the-counter medication, online forums or simply enduring pain quietly.

> *Makes me feel infuriated, helpless, annoyed, thinking if the doctors can’t help you, with such a simple thing, then what is the point of having them? Why do I just feel like I have to always help myself and diagnose myself first? So I usually just try to be independent and take care of it, but there’s a part of me that’s always just like, always try again, doesn’t matter.”*

People were very clear about what ”good” support would look like: being believed, given space and time to recover without guilt, and connecting with others with similar experiences. The desire wasn’t for grand interventions, but quiet recognition and trust.

Conclusion

Migraine remains widely misunderstood. With high numbers of the public dismissing it as just a bad headache, people with the condition are already faced with not being taken seriously and avoid disclosure because of the fear it carries social penalties including job loss and stereotyping.

However this research shows that that misunderstanding is not experienced equally. Gender, ethnicity and social grade can all shape whether someone feels safe to disclose their migraine, how they are treated when they do, and the quality of support they receive. For those who already face, or believe they face, greater stigmas or discrimination migraine is not only a health condition but an additional layer of inequality.

Without meaningful change, individuals will be more likely to manage migraine alone, relying on self-mangement because the cost of seeking help feels too high.

Addressing migraine effectively requires confronting these inequities. Empathy and understanding are essential, but they must be matched by structural change: workplaces where disclosure is genuinely safe, healthcare systems that recognise and challenge bias and community spaces where speaking about migraine does not mean risking dignity, respect or livelihood.

Much more work is needed to deepen our understanding of the experiences in this report and intersections between them. Those who have been least heard should be placed at the centre of future research and service design.

At The Migraine Trust we will be using this work to further change the perception of what migraine really means. This includes working with community groups, employers, policy makers and health care professionals so that the one in seven people living with migraine receive the fairness, recognition and care they deserve.

About The Migraine Trust

The Migraine Trust is dedicated to helping people affected by migraine. We are the only UK migraine charity providing information and support, campaigning for awareness and change, and funding and promoting research.

Visit our website to subscribe to email updates and news, access migraine information and to learn more about The Migraine Trust including our support services, research and events.

Registered charity in England and Wales (1081300) and Scotland (SC042911).
A company limited by guarantee registered in England (3996448)