The cost of waiting

How the migraine treatment gap is failing patients

Executive Summary

June 2026

The migraine treatment landscape has completely transformed in the last decade and there are now more treatment options than ever before. Yet our research with people with migraine revealed inequitable access to treatment and care, and unmet needs that have a devastating impact on lives.

About migraine

Migraine is a complex long-term health condition affecting 10 million people in the UK. It is characterised by repeated migraine attacks which can be severe and painful full body experiences and make it difficult to function normally. Migraine is one of the highest causes of disability worldwide according to The Global Burden of Disease study.[i]

About the access to treatment survey

We launched an online survey in April 2026 to learn more about people's experiences of accessing migraine treatment and to identify how this can be improved. The survey received 1,534 responses from adults with migraine from across the UK. We would like to thank everyone that filled out the survey and shared their experiences with us for this report. A full report of our key findings can be found on our website.

Financial support has been provided to The Migraine Trust through grants from Pfizer Ltd and Dr Reddy's Laboratories (UK) Ltd, who have had no input or influence into the development and delivery of any activities related to this project.

Experiences of the treatment journey

People with migraine are struggling to get the care they need at every step of their journey. Challenges accessing a GP appointment, a lack of continuity of care, long waiting times for specialist care, woefully inadequate provision of mental health support and poor awareness of migraine among health professionals are key systemic barriers to treatment.

29% reported that not being able to access a GP appointment when they needed to had impacted their treatment journey

53% reported that not being able to see the same GP at every appointment when they needed to had been a challenge

53% reported that long waiting lists to see a neurologist or a headache nurse had made it challenging to attend appointments for migraine treatment

90% had never been offered mental health support through the NHS for the impact of migraine

Satisfaction with migraine treatments was low with almost 2 in 5 respondents dissatisfied with their current treatment. Ineffectiveness of treatments and intolerable side effects were common with most respondents needing to try multiple migraine treatments over many years. Just over a third of respondents had turned to private healthcare due to long delays and not being able to get the treatment they needed in the NHS.

39% of respondents were dissatisfied with their current migraine treatment

62% who had found a satisfactory treatment had spent more than 5 years trying

38% of those who had found a satisfactory treatment had tried 7 or more treatments

44% reported not being offered a migraine treatment that may have worked

37% reported that their migraine had been resistant to the treatments they had tried

43% found experiencing a lot of side effects from migraine treatments challenging

Impact of the treatment journey

The impact of poor treatment journeys for people with migraine can be devastating. Barriers to treatment impacted mental health, finances and quality of life, and left many feeling isolated, unable to work, losing their jobs, and unable to make plans or care for family and friends. Almost a quarter of respondents experienced difficulties affording essentials such as food, bills and rent or mortgage payments to pay for migraine treatment.

95%	reported that trying to find a satisfactory migraine treatment had a negative impact on at least one area of their lives
76%	reported that trying to find a satisfactory migraine treatment had affected their mental health or mood negatively
69%	reported that trying to find a satisfactory migraine treatment had made it harder to work or study
23%	had experienced financial difficulties such as paying for food, bills and other essential costs due to spending on migraine treatment and care
17%	had taken their migraine treatment differently than their doctor, nurse, or pharmacist had instructed because of the cost

Chronic migraine was associated with a higher likelihood of lower treatment satisfaction, greater financial strain, and more unmet support needs suggesting that those with the highest disability burden faced the greatest disadvantages. Respondents with chronic migraine were also the most likely to report that their migraine had been resistant to treatments they had tried. Our research also aligns with existing literature suggesting that dissatisfaction with treatment and unmet care needs increases the likelihood of people with migraine visiting A&E.[ii]

50%	with chronic migraine were dissatisfied with their current treatment

Opportunities for improvement

Opportunities to improve the migraine treatment journey align with priorities to strengthen access to timely care in the community. Respondents valued being able to see supportive health professionals, with knowledge of migraine, and wanted more choice of migraine treatment options and better information to support their decision-making. Confidence in self-managing migraine was varied, and respondents reported that more support could improve the treatment journey. Other opportunities to improve care focused on addressing system-level barriers including more continuity of care in primary care settings and greater choice in how to access appointments for migraine treatment.

89%	told us that being able to see a health professional who understands migraine could improve the experience of trying migraine treatments
70%	wanted more treatment options for migraine
65%	wanted more information about migraine treatment options to support decision making
37%	wanted more support to self-manage migraine to improve the experience of trying migraine treatments.
50%	told us that being able to see the same GP at every appointment could improve the experience of trying migraine treatments.
22%	told us that having the choice to attend appointments online/ by phone or in person could improve the experience of trying migraine treatments.

What needs to change?

Our research findings present compelling evidence that people with migraine face inequitable access to treatment and care. When access to migraine treatment is inequitable, so are health outcomes, increasing pressure on NHS services, widening health inequalities and increasing costs to the wider economy.

We urge local, regional and national health decision-makers to take action to ensure that people with migraine have consistent and timely access to appropriate treatment and care. This requires evidence-based, well-resourced pathways which strengthen care in the community, improve healthcare professionals' awareness of migraine, and provide robust referral routes for those with severe and complex migraine. This will reduce avoidable hospital attendances and outpatient waiting lists, ensure timely, consistent and equitable access to appropriate treatment and care, and improve the health and quality of life of people with migraine.

We call on Integrated Care Boards (ICBs) in England, Local Health Boards in Wales, Health Boards in Scotland, and Health and Social Care Trusts in Northern Ireland to:

- **Develop and implement person-centred, evidence-based clinical pathways for headache and migraine, using** 'Improving headache and migraine care for people of all ages: A tool for NHS health professionals & providers' to meet the needs of local populations.
- **Increase support for primary and community care workforces to provide optimal treatment and care to people with migraine** through professional-to-professional clinical advice, continued professional development and education opportunities, as well as robust referral pathways to specialist services.
- **Strengthen primary and community care services for people with migraine, ensuring that those with complex and chronic care needs can continue to access the same primary and community health care practitioners** to support continuity of care and enable effective management of the condition.
- **Integrate mental health care into local migraine care pathways, with routine mental health screening and training for health professionals to** ensure timely access to support alongside the migraine treatment plan.
- **Develop and implement standardised formulary approvals of migraine treatments** to ensure consistency and equity in prescribing practices and strengthen access to appropriate treatments for people with migraine

- **Expand access to innovative therapies for treatment-resistant migraine** by embedding clinical trial recruitment and awareness into migraine care pathways.
- Routinely record and monitor data on patient recorded outcomes and experience of migraine treatments and care **to improve treatment pathways and prescribing policies in line with local population need.**

We call on the UK Government, Scottish Government, Welsh Government and Northern Ireland Executive to:

- **Establish a single national formulary for migraine treatments in each nation** to ensure consistency and equity in prescribing practices and strengthen access to appropriate treatments for people with migraine no matter where they live.
- **Collaborate with respective national pharmacy bodies, statutory NHS bodies and people with migraine to** improve migraine care through pharmacy provision by including migraine within a phased expansion of the Pharmacy First scheme and strengthening training and public awareness within the existing pharmacy framework.
- **Reduce the financial burden associated with migraine through targeted support and protections for those most in need, including through statutory disability living and income support benefits,** ensuring that people with the greatest level of disability are not left unable to meet the costs associated with their migraine treatment and care.

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i. Chen, Z.F. et al. (2024) 'Global, regional, and national burden and trends of migraine among youths and young adults aged 15–39 years from 1990 to 2021: findings from the Global Burden of Disease Study 2021', The Journal of Headache and Pain, 25(1), p. 131. Available at: https://doi.org/10.1186/s10194-024-01832-0 (Accessed 15th May 2026)

ii. NHS England (2020) RightCare: Headache & Migraine Toolkit – Optimising a headache and migraine system. Version 1. London: NHS England. Available at: NHS England RightCare Headache & Migraine Toolkit PDF (Accessed: 4 June 2026)

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 https://migrainetrust.org/ 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.

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