

Discrepancy Between Migraine Prevalence and Hospital Admissions in Brazil: A Call for Stronger Primary Care

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Aim: To review Brazil’s migraine prevalence and correlation with hospitalizations because of the disease.

Method: A retrospective descriptive study was conducted, using secondary data from the Unified Health System’s Department of Informatics (DATASUS) (ICD-10 G43), covering migraine-related hospitalizations in Brazil between 2019-2024. Data were analyzed by sex, region, and race/skin color. Population estimates were obtained from IBGE. A literature review was also conducted on PubMed with “Brazil”, “Headache”, and “Healthcare Access” to assess national migraine prevalence and access to care. Descriptive statistics were applied to compare hospital data with prevalence estimates and explore gaps in care.

Results: According to the Brazilian Institute of Geography and Statistics (IBGE), Brazil’s population is around 212 million. Migraine affects 15.2% of the population (~32 million people). Yet from 2019 to 2024, only 63,140 hospital admissions for migraine were recorded nationwide - just 0.2% of estimated cases. The Northeast accounted for 30.4% of admissions (19,188), followed by the Southeast (29.5%), South (25.3%), North (8.9%), and Center-West (5.9%) (Figure 1). Women represented 65.9% of cases (41,589), and men 34.1% (21,551). By race/skin color, 46.4% (29,322) were mixed-race, 37.7% (23,827) were white, 3.2% (2,019) were Black, 2.4% (1,501) were Asian, and 0.1% (71) were Indigenous.

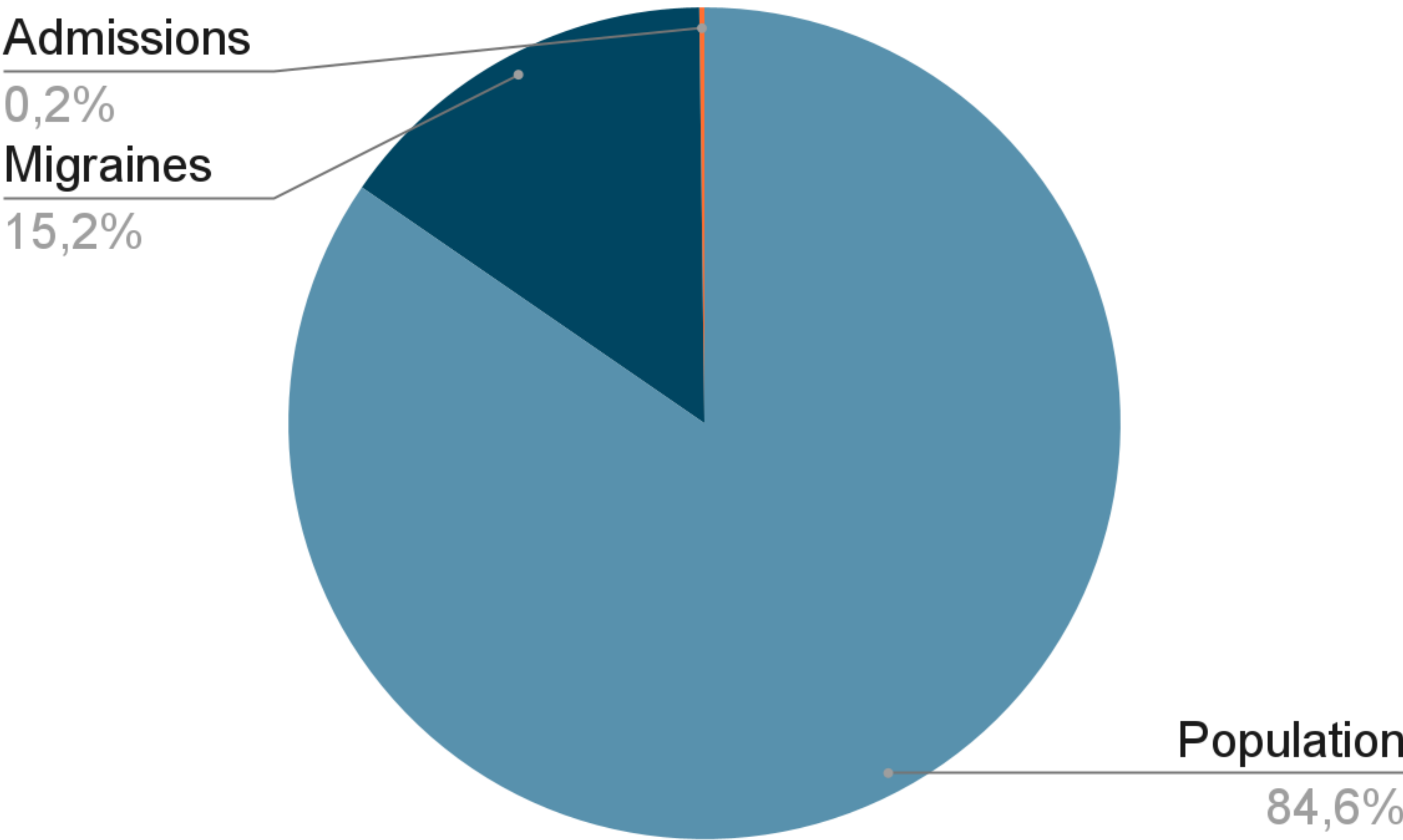


Figure 1. Proportion of admissions and reported cases of migraine in Brazil.

Conclusion: Despite its high prevalence, migraine leads to a relatively low number of hospital admissions in Brazil, suggesting possible underreporting or predominant management at the outpatient level. The regional distribution indicates a higher burden in the Northeast, which may reflect disparities in healthcare access or severity at presentation. The predominance of cases among women and mixed-race individuals aligns with known epidemiological patterns. Notably, the very low number of admissions recorded among Indigenous individuals may reflect underdiagnosis, underreporting, or barriers to accessing specialized care. These findings underscore the need for improved surveillance systems and expanded access to early and effective management - especially in vulnerable populations - to reduce progression, avoid complications, and inform public health strategies.

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References

