

# Migraine in Australian women



## Background

Migraine is a common brain condition that causes moderate to severe headache attacks accompanied by symptoms like nausea and sensitivity to light, smell or noise.<sup>1</sup> There are many different types of migraine, and some can also cause temporary sensory changes called 'aura'.<sup>1</sup> Migraine is one of the leading causes of disability around the world.<sup>2</sup>

Migraine disproportionately affects women. Previous research shows that it is more than twice as common among women than it is among men,<sup>3</sup> and that migraine is one of the main contributors to the health gap between women and men.<sup>4</sup> However, there are no high-quality population-based data on how common migraine is among women in Australia, and few studies have focused on the experiences of Australian women living with migraine.

To estimate how common migraine is among women in Australia and better understand how the condition affects them, this report combines national survey data and qualitative insights from the 2025 National Women's Health Survey (NWHS) and Migraine in Australian Women project.



Migraine is one of the **leading causes** of disability around the world.

## Findings from the 2025 NWHS

The 2025 NWHS explored awareness and prevalence of migraine among women in Australia. It was conducted online in mid-2025 with a national sample of 3,629 women aged 18 and over.

### Awareness of sex differences

Public awareness that migraine disproportionately affects women is low. In the 2025 NWHS, only around 1 in 4 women (28%) knew that the prevalence of migraine is different between women and men.

### Prevalence

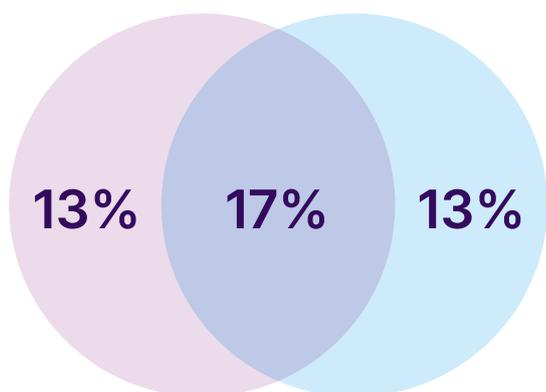
In the 2025 NWHS, 30% of women reported being diagnosed with migraine in their lifetime. These results are consistent with previous international research, which has estimated that migraine affects around 1 in 3 women.<sup>5</sup>

Not all women who experience migraine will have received a diagnosis. To estimate the percentage of women who are likely living with migraine, regardless of whether they have been formally diagnosed, we asked women 3 questions that together have been shown to be a good predictor of migraine diagnosis in clinical settings.<sup>6</sup> The questions ask women if, in the last 3 months, they have had headaches that impacted their daily activities, made them nauseous or caused sensitivity to light.

Around 1 in 3 (30%) Australian women likely experienced migraine in the last 3 months. There was some overlap between those who had ever been diagnosed and those who had recently experienced migraine, but they are not all the same women. For example, 13% of women had been diagnosed at some point in their life but had not experienced migraine in the last 3 months.

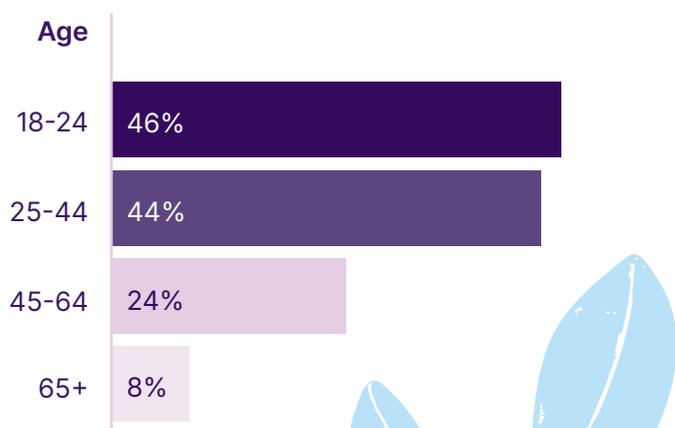
**Figure 1. Lifetime diagnosis of migraine versus likely experienced migraine in the last 3 months**

- Ever diagnosed with a migraine
- Ever diagnosed and likely had migraine in the last 3 months
- Likely had a migraine in the last 3 months



The percentage of Australian women who likely experienced migraine in the last 3 months declined with age. For example, close to half of women aged 18 to 24 (46%) and 25 to 44 (44%), compared with only 8% of women aged 65, likely experienced migraine in the last 3 months.

**Figure 2. Australian women who likely experienced migraine in the last 3 months**



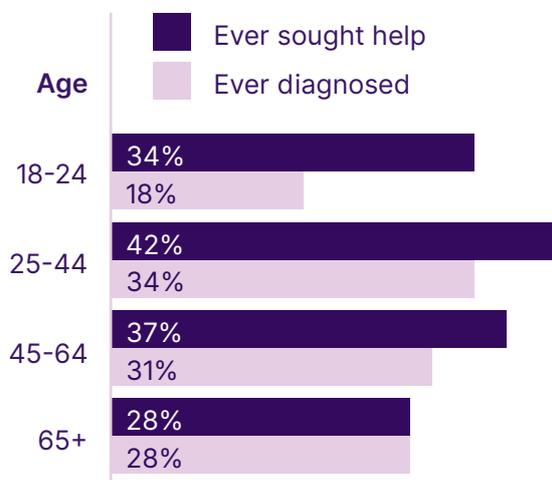
Around **1 in 3** Australian women likely experienced migraine in the last 3 months.

### Help-seeking

Just over 1 in 3 Australian women (36%) said they had sought help from a medical professional for headaches. Women aged 25 to 44 were more likely than those in other age groups to have sought help, which aligns with previous research showing that the prevalence of migraine tends to peak when women are in their late-30s and then reduce with age.<sup>3</sup>

Although not everyone seeking help for headaches will have migraine, there appeared to be a gap between help-seeking and receiving a diagnosis for some women. For example, while 34% of women aged 18 to 24 reported seeking help for headaches, only 18% had been diagnosed with migraine. This apparent gap gradually closed with age.

**Figure 3. Help-seeking for headaches and diagnosis of migraine**



## Findings from the Migraine in Australian Women project

Migraine in Australian Women was a mixed-methods project designed to better understand the experiences of women living with migraine, including their journey to diagnosis. The project consisted of a targeted survey and focus groups with women from across Australia living with migraine.

### Who took part?

The Migraine in Australian Women project was open to women who had been diagnosed with migraine by a healthcare professional.



“One thing I would like people to understand is that it’s not just a headache. It has a wide range of symptoms that affect the whole body. It is very debilitating and disabling. It’s serious, it is a disability.”

### Living with migraine

Across the survey and focus groups, women discussed significant impacts of living with migraine. In the survey, commonly reported impacts were in relation to:

- **work** – reported by 8 in 10 women
- **physical health** – reported by 8 in 10 women
- **mental health** – reported by 7 in 10 women
- **family and friends** – reported by 6 in 10 women
- **confidence and self-esteem** – reported by 5 in 10 women.

In the focus groups, women expanded on the impacts of living with migraine. Key themes included the following:

- Family members and friends, especially those who experience migraine themselves, were a key source of support and information for women with migraine.
- Women experienced feelings of isolation and disconnection both during individual migraine attacks and as a result of managing a chronic condition that impacts their ability to plan and attend social activities.
- Women encountered stigma and dismissive attitudes from health professionals, colleagues, teachers and family members, which further contributed to their feelings of isolation.
- Living with frequent pain and disruption of daily activities contributes to the significant emotional toll and reduced quality of life for many women living with migraine.

**8 in 10**

had been living with migraine for over 10 years.

**5 in 10**

experienced their first migraine attack before they turned 18.

**5 in 10**

experienced migraine attacks more than once a week.

**6 in 10**

described the severity of their migraine attacks as ‘severe’ or ‘very severe’.





I had to train myself to the headache specialist level in order to be able to effectively manage my chronic migraine, which is annoying and frustrating and not the way it should be."



### Migraine diagnosis and management

Around 6 in 10 women who responded to the Migraine in Australian Women survey received a diagnosis in less than 2 years.

Just under half (4 in 10) said they had a positive experience seeking a diagnosis of migraine; 3 in 10 had a neutral experience and a further 3 in 10 had a negative experience.

In the focus group discussions, women told us more about their experiences seeking a migraine diagnosis:

- GPs were often the first point of contact for women seeking help for migraine and therefore had an important role in shaping women's future care pathways and informing their views on medical care. However, many women felt that GPs lacked awareness and understanding of the condition.
- Women reported delays getting a diagnosis for their migraine, which led to delays receiving appropriate treatment. Many felt those delays exacerbated their condition.
- Women also reported challenges finding treatment that worked for them, even after they had received a migraine diagnosis.
- Self-advocacy was important for many women to receive the correct diagnosis and appropriate treatment.

### So what?

- The 2025 NWHs is the first population-based survey to provide national estimates of the prevalence of migraine among women in Australia.
- The results show that migraine is a significant health issue, affecting around 30% of Australian women. Migraine prevalence is highest among women aged 18 to 44 years.
- The impacts on the lives of those living with migraine can be profound and far-reaching.
- GPs are often the first point of contact with the healthcare system and play a key role in the diagnosis journey of women living with migraine. The way GPs approach the issue can influence women's future care pathways.
- Increasing awareness of migraine and its impacts among health professionals and the public can help to ensure women receive timely diagnosis and appropriate management and support for the condition.

## References

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- 6 Lipton RB, Dodick D, Sadovsky R, et al (2003). A self-administered screener for migraine in primary care. *Neurology*. 61(3):375–382. doi:10.1212/01.WNL.0000078940.53438.83

## About this short report

This report includes findings from the Jean Hailes National Women's Health Survey (NWHs) and the Migraine in Australian Women project.

The NWHs is an annual survey designed to help us better understand the issues that affect women in Australia, their attitudes and behaviours and the health information and policy changes that will help improve their health and wellbeing.

The 2025 NWHs explored awareness and prevalence of migraine among women in Australia. It was conducted online in mid-2025 with a national sample, but only in English. A total of 3,629 women aged 18 and over residing in Australia participated in the survey.

The Migraine in Australian Women project was conducted in early-2025. It was a mixed-methods project designed to gain a better understanding of the experiences of women living with migraine. The project consisted of a targeted survey with 1,207 women who had been diagnosed with migraine, and focus groups with 21 women who had previously completed the survey. Participants were recruited via direct emails, newsletters and social media.

The 2025 NWHs and the Migraine in Australian Women project were conducted in collaboration with Migraine and Headache Australia with funding from the Australian Government Department of Health, Disability and Ageing.

For more information about the NWHs, see the technical report on the Jean Hailes website.