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Insights on Migraine Care Disparities from OVERCOME

Ryan Quigley:

You're listening to *AudioAbstracts* on ReachMD. I'm Ryan Quigley, and today, I'll be talking about a recent study examining how income and insurance status influence access to migraine care. This article was published in *Advances in Therapy* in January 2026 and draws on data from the large, population-based OVERCOME study in the United States.

The goal of this analysis was to evaluate how annual household income and health insurance affect care-seeking behavior, access to different levels of care, including emergency, primary, and specialty care, and the use of guideline-recommended acute and preventive migraine treatments.

To do this, investigators analyzed data from over 55,000 adults with migraine who participated in OVERCOME, a web-based survey conducted between 2018 and 2020. Patients were grouped into five income categories, ranging from less than 25,000 dollars to 100,000 dollars or more in annual household income. The study used standardized mean differences and logistic regression models to assess how income and insurance status influenced healthcare utilization and treatment patterns.

The findings highlight disparities. Patients in the lowest income group were nearly twice as likely to receive their highest level of care in emergency or urgent care settings compared with those in the highest income group—around 12 percent versus 6.5 percent. In contrast, patients in the highest income group were more likely to access specialty care, with nearly 49 percent receiving specialist care compared with about 37 percent of those in the lowest income group.

Income also appeared to influence treatment access. Patients in the highest income group were more likely to receive recommended acute and preventive therapies, with odds ratios of 1.3 for both.

What's more, insured patients were more likely to receive specialty care and recommended acute and preventive treatments. In fact, insurance was associated with more than double the odds of accessing specialty care and roughly double the odds of receiving acute and preventive therapy. However, this effect varied by income—its impact was greatest among lower-income individuals and was not significant in the highest income group.

Notably, income did not appear to affect whether patients sought care, but it was associated with where they received care and whether they received guideline-recommended treatments. Overall, these findings suggest that lower household income may be a barrier to receiving specialized migraine care. However, access to health insurance appeared to mitigate some of this effect, particularly in lower-income populations.

From a clinical and public health perspective, this study underscores the need to address socioeconomic barriers to care. Expanding access to insurance coverage, especially public options like Medicaid and Medicare, and improving access to specialists and evidence-based treatments may help reduce disparities and improve outcomes for patients with migraine.

This has been an *AudioAbstract*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

Reference

Lipton RB, Martinez B, Buse DC, et al. The Role of Income and Health Insurance on Migraine Care: Results of the OVERCOME (US) Study. *Adv Ther.* 2026;43(3):1129-1154. doi:10.1007/s12325-025-03428-9