

Clinical characteristics, comorbidities and functional impact in patients with migraine treated in a headache center at Buenos Aires, Argentina



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INTRODUCTION AND OBJECTIVE

Migraine is one of the most frequent neurological disorder. In Argentina, there is little studies about the characteristics of the pain, impact in daily life and comorbidities in migraine. This study describes the clinical characteristics of patients with migraine in a headache center at Buenos Aires, Argentina.

METHODS

Transversal study, patients +18 years were asked to complete an auto administered questionnaire about clinical characteristics, quality of life, allodynia, hospital anxiety and depression (HAD) and Oviedo sleep questionnaire (OSQ). Patients classified as migraine according to the IHC-III by a headache specialist were included.

RESULTS

Epidemiological Characteristics:

183 patients were included in the analysis, 94% were women, the average age was 40 years old (Standard deviation (ST) ±27,5). Demographic data is resumed in figure 1.

Impact of headache:

Average monthly migraine days (MMD) per month was 10 and intensity was 7/10 in average according to visual analog scale. The 78% of patient had episodic migraine, and 55% referred aura with a predominance of visual symptoms.

Headache impact test 6 (HIT-6) score was 59,5 (±13,3) in average; impact was substantial in 21,9% (n=39) and severe in 61.7% (n=113).

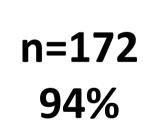
Headache characteristics:

Localization (figure 2): Temporal (56,8%), frontal 48,1% and neck 48,1% were the most frequent pain localization. Bilateral pain was present in 21,9% (n=40) of patients, 48,1% (n=88) was predominantly unilateral and 30,1% (n=55) strictly unilateral.

Characteristic of pain (figure 3): Pain was described as oppressive in 71% (n=130), pulsatile in 56,3% (n=103) and stabbing in 45,4% (n=83).

Accompanying symptoms (figure 4): Photophobia (71%) and phonophobia (62,8%) were the most reported symptoms associated with migraine crisis. Nausea was reported in 59% (108), and vomiting in 27,9%. Worsening with exercise was reported in almost 70% of patients (n=128).

Figure 1. Epidemiologic characteristics





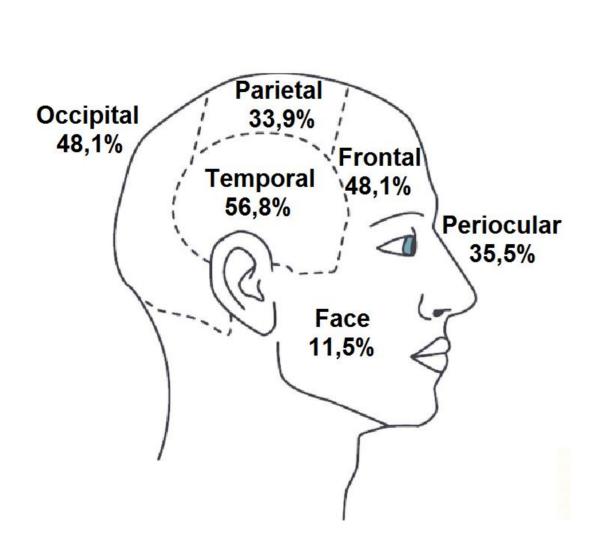
n=11

6%

Frequency (MMD): 10

Average pain intensity:

Figure 2. Pain Localization



Oppressive: 71,0% (n=130)

Figure 3. Pain Characteristics

Pulsatil: 56,3% (n=103)

Stabbing: 45,4% (n=83)

Burning/Electric: 16,4% (n=30)

Figure 4. Accompanying symptoms

Photophobia / 59,0%



Phonophobia



Nausea 71,0%





RESULTS (cont.)

Migraine Triggers (figure 6): Stress situations (66,7%) and anxiety (60,7%) were the most frequent trigger. Others included fewer sleep hours than usual (56,8%), skipping a meal (45,4%), and more sleep hours than usual (39,9%). Half of the patients (47%) identified at least one alimentary trigger.

Comorbidities (figure 7): According HAD Scale, 48% (n=88) of the patients had anxiety and 30,6% (n=56) depression.

According to OSQ, insomnia criteria were present in 23% (n=42) of subjects.

Table 2 shows the results for episodic and chronic migraine.

Figure 6. Migraine triggers

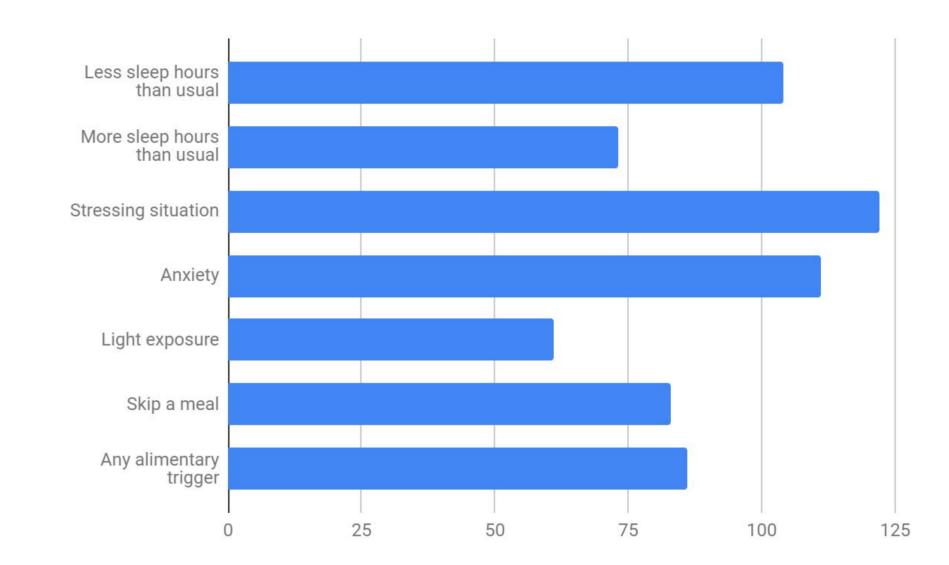


Figure 7. Comorbidities of depression, anxiety and insomnia

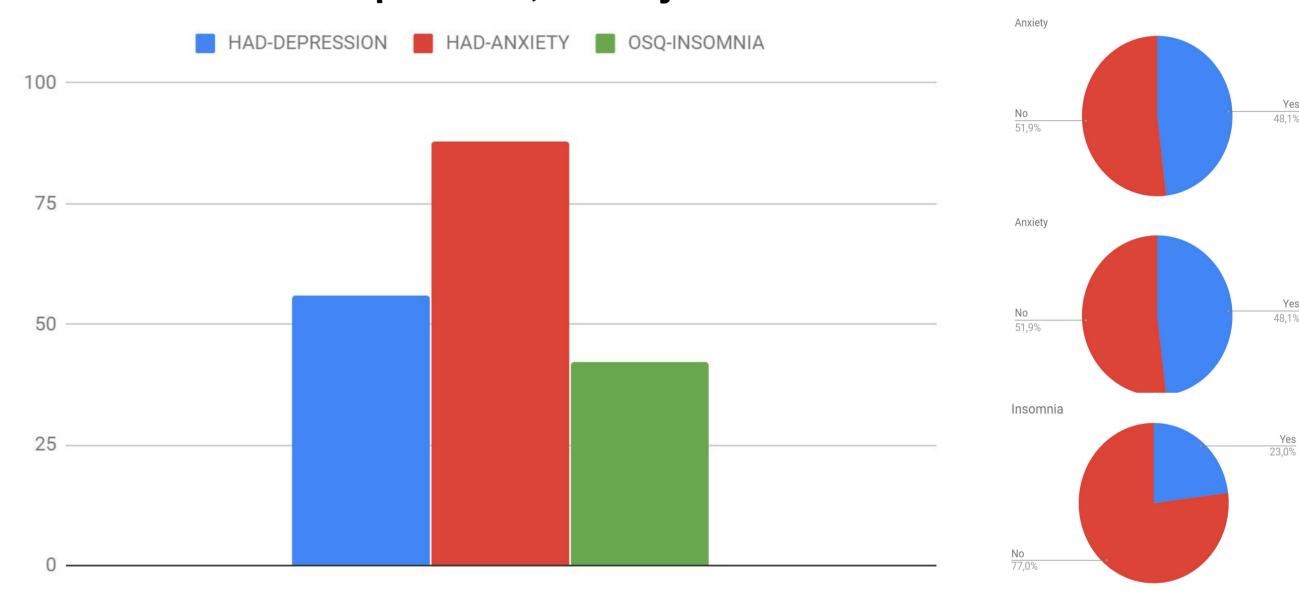


Table 2. Differences between episodic and chronic migraine

	Episodic (14 or less d/m)		Chronic (>14 d/m)	
		Standar		Standar
	Average	Deviation	Average	Deviation
Average MMD	5,4	3,3	24,1	5,9
HIT-6	59,3	10,4	64,0	7,9
	N	%	N	%
Depression (over 7				
points in HAD)	42,0	29,4%	14,0	35%
Anxiety (over 7				
points in HAD)	68,0	47,6%	20,0	50%
Insomnia	31,0	21,7%	11,0	27,5%

CONCLUSIONS

Our population reflects similar results published by other specialized centres in migraines.

Hence, we have a little less proportion of patient with chronic migraine and a high proportion of aura as to the reported by other centres. Probably it is due to being a specialized clinic or because of difficulties detected in understanding this question. Most of patients with migraine present a severe functional impact and it is necessary to have more resources and studies in order to facilitate the access to the treatment of these patients.

References:

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