



COVID-19 LOCKDOWN: A SURVEY ON LIFESTYLE CHANGES AND MIGRAINE

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Background and objective

COVID-19 lockdown modified lifestyle, behaviours, physical activity (PA) and working habits. Aim of the study is to assess the impact of lockdown on migraine according to behavioural changes.

Methods

Migraineurs who attended the Headache Centre in 2019 were interviewed. All were prophylaxis free or with the same prophylaxis from at least 3 months. Demographics, working routine, lifestyle, migraine characteristics and disability (HIT-6) were compared between the first month of the lockdown and January 2020.

Results

Thirty-seven patients were analysed as migraine without aura (MwoA) (n=26, 45 y [31-53]) and migraine with aura (MwA) plus migraine with and without aura (MwA/MwoA) (n=11, 38 y [26-47]). No changes were reported for food/fluid/alcohol intake, smoke and sleep, while PA decreased (65% vs 31%; p=0.012). Time spent working outside the habitation reduced (MwoA, p=0.001; MwA plus MwA/MwoA, p=0.005) with an increase of remote working (MwoA, p=0.011; MwA plus MwA/MwoA, p=0.039). MwoA reported mean headache duration [3h, (2-12) vs 2h (1-8); p=0.041] and HIT score [59 (51-63) vs 50 (44-57); p=0.001]. MwoA living in urban area had a higher HIT score than those living in rural area [53 (46-57) vs 42 (36-49); p=0.033]. Severity of the attack and symptomatic drug intake didn't change. All results are reported in table 1.

Table 1: Participants' characteristics during the reference month (January) and during the lockdown (April). Data are presented as medians [interquartile range] and frequencies.

Personal Characteristics	MwoA n=26			MwA + MwA/MwoA n=11		
	Reference	Lockdown	Sig.	Reference	Lockdown	Sig.
Sleep						
Duration [h]	7 (6-8)	7 (6-8)	0.267	6 (6-8)	7 (6-8)	0.450
Quality [n (%)]			0.453			1.000
Poor	0	0		0	0	
Fair	5 (19)	8 (31)		2 (18)	1 (10)	
Not bad nor good	10 (38)	5 (19)		4 (36)	1 (10)	
Good	10 (39)	11 (42)		4 (36)	5 (45)	
Excellent	1 (4)	2 (8)		1 (10)	4 (35)	
Daily Fluid Intake [mL]						
	1500 (1000-2000)	1500 (1100-2000)	0.590	1500 (1125-2250)	1500 (1125-1875)	0.892
Coffee [n]	2 (1-3)	1 (1-2)	0.048	3.5 (2-5)	3.5 (2-5)	1.000
Smokers [n(%)]	8 (31)	7 (27)	1.000	4 (36)	4 (36)	1.000
Cigarettes [n/day]	5 (3-10)	5 (3-8)	0.317	8 (4-18)	12 (4-20)	0.317
Usual alcohol consumers [n(%)]	15 (58)	12 (46)	0.375	9 (82)	7 (73)	1.000
Wine/beer [U/week]	1 (0-1)	0 (0-1)	0.084	1 (0-1)	1 (0-1)	0.705
Spirits [U/week]	0 (0-0)	0 (0-0)	0.317	0 (0-0)	0 (0-0)	0.317
Work						
Work at the workplace [h/day]	8 (5-8)	0 (0-6)	0.001	6 (5-8)	0 (0-0)	0.005
Screen use at the workplace [h/day]	1 (0-6)	0 (0-0)	0.011	3 (0-8)	0 (0-0)	0.011
Remote working at home [h/day]	0 (0-0)	0 (0-6)	0.011	0 (0-0)	0 (0-8)	0.039
Screen use remote working at home [h/day]	0 (0-0)	0 (0-6)	0.011	0 (0-0)	0 (0-8)	0.039
Overall screen use [h/day]	0 (0-6)	0 (0-6)	1.000	3 (0-8)	0 (0-8)	0.465
Daily Steps Count [count]						
	10000 (7000-12000)	2000 (1000-2000)	0.018	8000 (5250-13750)	2000 (1250-2000)	0.068
IPAQ-SF (MET)	792 (531-1950)	273 (82-816)	<0.001	1356 (495-2142)	426 (66-2209)	0.074
Insufficient MET levels [n(%)]	8 (31)	17 (65)	0.012	5 (45)	7 (64)	0.625
Headache						
Total headache days [count]	4 (3-8)	3 (1-6)	0.521	2 (1-4)	2 (1-5)	0.757
Severe headache days	2 (1-3)	1 (0-3)	0.376	1 (0-2)	1 (0-2)	0.762
Duration of attack (h)	3 (2-12)	2 (1-8)	0.041	2 (1-2)	2 (1-2)	0.893
Symptomatic drugs	3 (1-4)	2 (1-4)	0.812	2 (0-3)	1 (1-5)	0.676
HIT-6	59 (51-63)	50 (44-57)	0.001	56 (49-60)	45 (36-49)	0.062
Pain free after SDI [n(%)]	13 (50)	20 (77)	0.070	3 (27)	5 (45)	1.000

Conclusions

Pain duration and disability improved in MwoA during lockdown, probably due to possibility to rest during attack. Living in rural area might have a protective role.