PSYCHOSOCIAL VARIABLES AND HEALTHCARE RESOURCES IN PATIENTS WITH CLUSTER HEADACHE AND IN PATIENTS WITH MIGRAINE.

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Elena P. Calandre (1), Juan Miguel Garcia-Leiva, Jorge L. Ordoñez-Carrasco, Lina Guapacha-Borrero, Miguel Angel de Pascual.

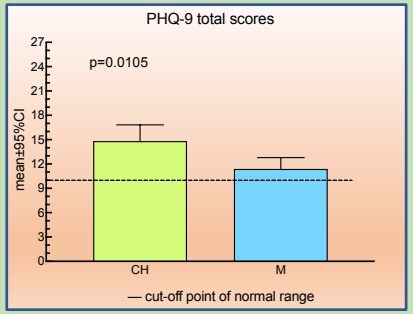
(1) University of Granada (Spain). epita@ugr.es

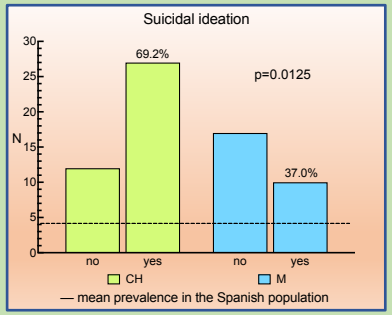
Background & objective: Cluster headache and migraine are primary headache disorders. Both diseases have been associated with depression (1-2), suicidality (3-4), and sleep distubances (5-6). However, to our knowledge, no study has compared their impact on patients' lives. The objective of this study was to compare the burden caused by cluster headache (CH) and migraine (M), by assessing different psychosocial variables and the use of healthcare resources.

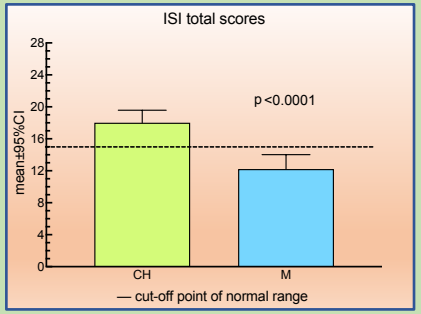
Methods: An online survey was uploaded in the website of Spanish Association of Cluster Headache and other Primary Headaches. It included sociodemographic data, the Patients Health Questionnaire-9, the Insomnia Severity Index, the EuroQOL-5D-5L, and a questionnaire evaluating the use of different healthcare resources (family doctor visits, specialists visits, emergency room visits, medical analyses, hospitalization, and surgical interventions) during the past six months. Patients experiencing other associated headaches or central sensitization syndromes were excluded.

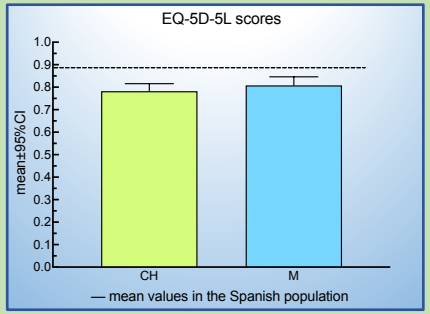
Results: 91 patients with CH and 65 with M answered the survey; after excluding patients with comorbid CH, M and/or FM, 39 CH patients and 27 M patients were evaluated. Sociodemographic and clinical data are shown in Table 1. Mean scores for depression and insomnia were significantly higher among CH patients, as was the percentage of subjects reporting suicidal ideation (Figures 1-3). EQ-5D-5L and EQ-5D-5L VAS scores were lower than the reported mean population values but did not differ between both patients' groups (Figures 4-5). Both groups reported a relevant frequency of use of healthcare resources with CH patients reporting significantly more surgical interventions than M patients (Table 2).

Table 1: Sociodemographic and clinical data	CH (N=39)	M (N=27)	P
Female sex [N (%)]	15 (38.5)	24 (88.9)	<0.0001
Age (mean±s.d.)	43.4±11.5	37.8±12.7	n.s.
With partner [N (%)]	21 (53.8)	12 (44.4)	n.s.
University studies [N (%)]	18 (46.2)	16 (59.3)	n.s.
Employed [N (%)]	19 (48.7)	16 (59.3)	n.s.
# of comorbid phyisical diseases	0.31±1.0	0.96±1.2*	0.0172
Disease duration (years) mean±s.d.	11.5±7.2	14.7±9.6	n.s.
CH: cluster headache, M: migraine,n.s.: not significant			









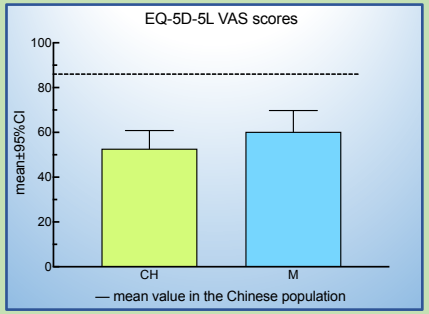


Table 2: Healthcare resources [N(%)]	CH (N=39)	M (N=27)	P
Family physician visits	25 (64.1)	17 (62.9)	n.s.
Specialist visits	31 (79.5)	16 (59.3)	n.s.
Emergency room visits	17 (43.6)	7 (25.9)	n.s.
Hospitalization (>1 day)	11 (28.2)	3 (11.1)	n.s.
Surgical interventions	16 (41.0)	11 (11.1)	0.0121
Clinical analyses	24 (61.5)	14 (51.9)	n.s.
Any	35 (89.7)	20 (74.1)	n.s.
CH: cluster headache, M: migraine; n.s.: not significant			

Conclusion: Although both CH and M had a relevant impact on patients wellbeing, the psychosocial burden of CH was greater than M. Likewise, CH patients also required greater medical attention.

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