



CLUSTER HEADACHE: COMORBIDITY WITH MIGRAINE AND/OR FIBROMYALGIA AND PSYCHOSOCIAL BURDEN

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Background & objective: Cluster headache (CH) and migraine (M) can be comorbid diseases (1). At the same time, M can be comorbid with fibromyalgia (FM) (2). In this study we aimed to evaluate the comorbidity of CH with M and/or FM and the impact produced by each disease group on patients' wellbeing and the use of healthcare resources.

Methods: An online survey was posted in the website of the 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. Data were analyzed with one-way ANOVA and Chi squared test.

Results: Of 91 CH patients 39 (42.8%) had only CH, 15 (16.5%) had CH+M, 10 (10.9%), had CH+FM and 27 (29.7%) had CH+M+FM. In contrast with non-comorbid CH, female sex predominated in comorbid CH (Table 1). Medical comorbidities were significantly more frequent among CH+FM, and CH+M+FM (Table 1). Depression and suicidal ideation were frequent in all groups without differences among them (Figures 1-2). Insomnia, also common to all groups, was significantly higher in CH+M+FM group (Figure 3). EQ-5D-5L and EQ-5D-5L VAS scores were low in all groups but significantly lower in CH+H+FM (Figures 4-5). Medical analyses were more frequent in CH+FM and CH+M+FM (Table 2) compared to the rest of clinical conditions.

TABLE 1	CH (N=39)	CH+M (N=15)	CH+FM (N=10)	CH+M+FM (N=27)	P
Female sex [N (%)]	15 (38.5)	11 (73.3)	10 (100)	23 (85.2)	<0.0001
Age (mean±s.d.)	43.4±11.5	43.1±11.6	46.6±10.7	47.2±9,2	n.s.
With partner [N (%)]	21 (53.8)	10 (66.7)	7 (70.0)	19 (70.4)	n.s.
University studies [N (%)]	18 (46.2)	8 (53.3)	5 (50.00)	8 (29.6)	n.s.
Employed [N (%)]	17 (43.6)	9 (60.0)	7 (70.0)	18 (66.7)	n.s.
# of comorbid diseases	1.27±2.0	0.54±0.7	2.0±1.89	2.67±2.3*	0.0002

CH: cluster headache, M: migraine, FM: Fibromyalgia
*: significantly different from CH; n.s.: not significant

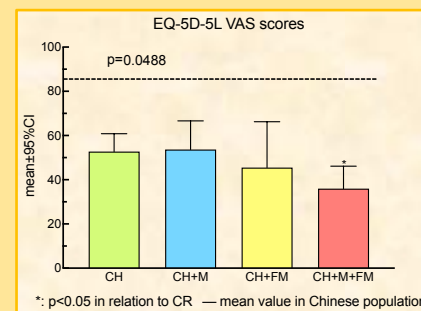
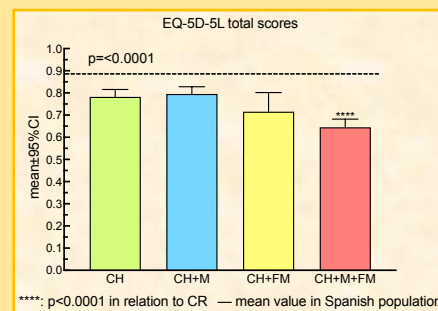
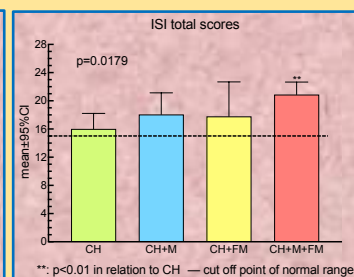
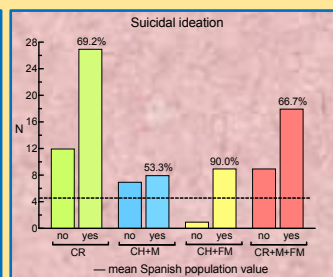
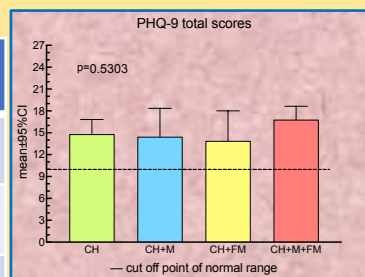


TABLE 2: Healthcare resources [N,(%)]	CH (N=39)	CH+M (N=15)	CH+FM (N=10)	CH+M+FM (N=27)	P
Family physician visits	25 (64.1)	10 (66.7)	8 (80.0)	24 (88.9)*	n.a.
Specialist visits	31 (79.5)	9 (60.0)	8 (80.0)	21 (77.8)	n.a.
Emergency room visits	17 (43.6)	7 (46.7)	6 (60.0)	19 (70.4)**	n.s.
Hospitalization (>1 day)	11 (28.2)	3 (20.0)	2 (20.0)	8 (29.6)	n.s.
Surgical interventions	16 (41.0)	3 (20.0)	5 (50.0)	17 (63.0)	n.s.
Clinical analyses	24 (61.5)	7 (46.7)	8 (80.0)	22 (81.5)***	n.a.

CH: cluster headache, M: migraine, FM: fibromyalgia
n.a.: not applicable; n.s.: not significant
*: p=0.0431 in relation to CH; **: 0.0447 in relation to CH; ***: p=0.0231 in relation to CH

Conclusion: Comorbidity with M or FM was frequent among CH patients, being women the most affected with comorbid M or FM. Although the burden caused by the diseases was high in every group, patients with CH+M+FM had the worse ratings in insomnia and quality of life. The use of healthcare resources was significantly higher in the CH+M+FM group.