

# **SC120. Chronic migraine and prophylaxis with botulinum toxin, epidemiological characterization of patients treated at DIPRECA Hospital and evolutionary profile of the disease**

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## **Introduction**

Chronic migraine (CM) is a pathology with an estimated prevalence of 2 to 3% in the world population. It is a disabling headache, with a significant impact in life and high economic costs, since it generally occurs in the most productive years of patients. The goal of treatment is to improve the quality of life, reducing the frequency, intensity and duration of the crisis, being prophylaxis is one of the principal focus in the management of this pathology; Within the treatment options, the efficacy of onabotulinumtoxin-A in CM associated with detoxification and discontinuation of the drug in overuse has been reported.

## **Objectives**

The purpose of this study was to establish the evolutionary profile and epidemiological characteristics of patients admitted at DIPRECA Hospital with a diagnosis of CM and treated with botulinum toxin, associated or not with overuse headache. At the same time, values from MIDAS and HIT-6 scales were recorded, in the same observation period.

## **Materials and methods**

Observational retrospective study, review of databases in the internal system of DIPRECA Hospital, with the approval of the Scientific Ethics Committee. The inclusion criteria was “chronic migraine”; from these only those who had been treated with botulinum toxin for at least 1 year were included. Through the review of clinical records, it was possible to carry out the epidemiological characterization and record the behavior of the MIDAS and HIT-6 scales.

## **Results**

From the database search, 44 subjects who met the study inclusion criteria were selected. After statistical analysis, it was found that 84.09% were women, with a mean age of 43.43 years (SD ± 10.98 years). Overuse headache was present in 76.92%. The most prevalent associated comorbidity was psychiatric pathologies (9.85%). Regarding the average values of the HIT and MIDAS scales, at the beginning 81.60 points (SD ± 40.40 points) and the final figure obtained after 4 interventions was 52.73 points (SD ± 9.70 points). The initial MIDAS values were 37.53 points (SD ± 32.46 points), the final figure obtained after 4 interventions was 11.87 points (SD ± 12.36 points). Higher

starting value were recorded on the HIT-6 scale in patients with drug overuse, with a more pronounced drop after the first intervention.

### **Conclusion**

Among patients with CM, we found a prevalence of overuse headache similar to international studies. CM is associated with various comorbidities, the main prevalence of psychiatric disorders. The usefulness of scales, such as those used in the study (HIT-6 and MIDAS), in patients with CM and overuse headache shows a better response in the latter subpopulation.