



CLINICAL CHARACTERISTICS OF MIGRAINE HEADACHE , EIGHT YEARS' EXPERIENCE IN MISAN PROVINCE FROM 2010 TO 2018

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ABSTRACT

Background: Migraine is a common primary headache intermittently debilitating neurovascular disorder that affects younger adults, especially women. The diagnosis is generally made based on clinical criteria, with neuroimaging used in some cases to exclude secondary causes of headache.

Objectives: This study conducted to highlights the followings clinical observations about migraine in out-patients sample in Misan province, Iraq. The types and subtypes of migraine, prevalence duration and frequency of acute attacks, and severity, disability – quality of life affection and complications.

Patients and methods: Out-patients based cohort prospective study, was conducted in Misan province over nine years from January 2010 to July 2018. The total number of the sample was 1412 patients, aged 12 to < 50 years old, both gender, with a diagnosis of migraine headache according to the criteria of International Classification of Headache Disorders (ICHD-III b version). Slandered descriptive statistics analysis has been used.

Results : Total number of sample was 1412 patient with migraine head ache, female were 1100, [77.9%], male were 312 [22.1%], female/male ratio 3.5:1 (CI 95% p=0.05). Median age \pm SD Years (21 \pm 5.42) years. range (12-45) years. and, Mean age / years at which the first attack was (17 \pm 4.91) year. The prevalence rate percentage [%] Migraine without aura was the commonest [68 %], the second most common was migraine with aura [9 %]. while chronic migraine with continuous pain is the third most common type of migraine, [6.4%]. The mean frequency of attacks is (2 \pm 4.63) day/month. About [48%] of patients experience non-specific prodrome 1-1.5 hours before attacks Collectively about [27%] of patient in this study experienced aura during the period of stud. Severity of migraine headache it depends on (frequency, duration of attacks), we added in this study disabling symptoms, systemic hypotension and changes in level of consciousness by Glasgow coma scale. In general the acute attacks were moderate to severe, with mean duration of 24 hours (60%) p < 0.01. with mean frequency days /month about 2 to 4 / month in (94%) p < 0.05, but very few patient (0.5%) the frequency may reach 14 to 16 /month especially in chronic migraine.

Conclusions: Migraine is a common cause of primary headache that is responsible for frequent episodes of temporary disability. In this study a confirms an increase in risk of stroke among women with migraine who use estrogen containing contraceptives. The acute migraine attacks varying in their frequency, duration of attacks, non-specific prodromal symptoms, triggering factors between patients attacks in the same individual.

KEYWORDS : Headache, Primary headache, Migraine, Misan.

INTRODUCTION:

Migraine is a common, chronic, intermittently disabling, and usually inherited neurovascular disorder. Patients with this condition typically suffer moderate to severe headache accompanied by autonomic symptoms, and a minority experience transient neurological symptoms known as an aura. The incidence of migraine peaks between 15 years and 24 years of age¹ and the prevalence is highest among persons between the ages of 35 and 45 years and nearly 75% of these patients have moderate to severe headaches^{2,3}. The etiology of migraine is largely unknown. There is often a family history, suggesting a genetic predisposition. The great female preponderance and the tendency for some women to have migraine attacks at certain points in their menstrual cycle hint at hormonal influences. The diagnosis is generally made based on clinical criteria, with neuroimaging used in some cases to exclude secondary causes of headache.^{4,5,6} Evidence suggests that migraine is underdiagnosed. One study reported that one-fourth of patients whose headaches met the criteria for migraine were not diagnosed as having this condition⁷, another study found that approximately half of patients with migraine were undiagnosed⁸. The frequency, duration, and intensity of migraine attacks can vary from person to person and from episode to episode. The majority of migraine patients experience periods of temporary disability that affect their work and leisure activities and, thus, their productivity and quality of life.^{9,10} The pathophysiology, until 25 years ago, the constriction and subsequent dilation of cerebral blood vessels was believed to cause the neurologic symptoms associated with migraine.¹¹ However, migraine pain actually begins in the brainstem and higher brain structures; the distention and inflammation of the meningeal vessels is the final manifestation of this condition. Sensory input from the trigeminal nerve and the ninth and 10th cranial nerves, humoral factors (eg, blood glucose, ingested food substances, gonadotrophic hormones), environmental factors (eg, too much or too little sleep, stress and release from stress, strong smells, bright lights, and change in barometric pressure), and other factors can

trigger attacks. The brain events that initiate a migraine attack are not well understood. All humans have a trigeminocervical pain system that governs the head and upper neck^{12,13}, serving as a type of early warning system to protect the brain and upper cervical spinal cord from real or threatened injury. Any alteration in the stability of pathways either directly involved in or modulating the trigeminocervical pain system is a potential cause of migraine.^{14,15} In approximately 60% to 70% of patients with migraine, onset of the headache event is preceded typically by a non-specific prodrome of malaise and irritability unusual feelings, such as euphoria, depression, food cravings, fatigue, hypomania, cognitive slowing, dizziness, or asthenia. These symptoms are called the migraine prodrome and may occur as early as 24 hours before migraine presents¹⁶, followed by the 'aura' of a focal neurological event, and then a severe, throbbing, hemicranial headache with photophobia and vomiting.^{17,18} About 15% to 20% of patients with migraine experience aura within 1 hour of or during headache¹⁹. Aura constitutes neurologic abnormalities, including visual loss, hallucinations, numbness, tingling, weakness, or confusion. Aura is caused by spreading cortical depression, a wave of abnormal electrical discharges that travel slowly across the brain's surface and essentially short-circuit the brain²⁰. Typically, aura lasts a few minutes but may last up to 1 hour per symptom. Clinical assessment Patients may refer to any episodic paroxysmal headache as migraine. However, it is best to look upon migraine as a triad of: Paroxysmal headache, nausea and/or vomiting, An 'aura' of focal neurological events (usually visual)²¹. Patients with all three of these features are said to have migraine with aura, previously called ('classical' migraine). Those with paroxysmal headache (with or without vomiting) but no 'aura' are said to have migraine without aura, years ago called ('common' migraine)²². Migraine occurs perimenstrually, in approximately 60% of women with migraine. Although these headaches have the same pathophysiology as migraine, they are triggered by the decrease in estrogen levels that occurs immediately before onset of menses. In some women, this

decrease also may occur during the fluctuation in estrogen levels associated with ovulation^{23,24}.

Patients and methods:

Out-patients based cohort prospective study , was conducted in-Sader teaching hospital in Misan province over eight years from July 2010 to July 2018. The total number of the patient included in this study, were 1510. Participants ,aged between 12and 50years old, both gender .with a diagnosis of migraine headache according to the criteria of International Classification of Headache Disorders (ICHD-III b version) [5] . (See table 1) . For all patient a full history and family history of migraine headache , through clinical examination . All participants assessed by standard questionnaire and a 4-week headache diagnostic diary.(Stewart WF, et al)²⁵ .Disability due to acute migraine attack was assisted by (Migraine disability assessment scale (MIDAS) questionnaire).²⁵ Disabling Symptoms if they are limited your ability(reduced by half or more) to work, or do what you needed to do for at least one day. For all patients during some of acute attacks Glasgow coma scale (GCS). were reported for pediatric and adult patients Inclusion criteria were: 1–8 attacks during 4 weeks , the attacks fulfill the migraine diagnostic criteria (Table 1) and absence of secondary causes of headache. As per the International Headache Society, (HIS) (Table 1) chronic migraine subtype is defined as headache occurring on 15 or more days per month for more than three months, which, on at least 8 days per month, has the features of migraine headache. Participants were allowed to use acute and prophylactic medication. Exclusion criteria were migraine onset at age >50 potentially referring to underlying organic disease or they did not experience a migraine attack during the 4-week assessment. Ninety-eight participants were , excluded ,because they did not experience a migraine attack during the 4-week assessment, or discover to have secondary causes of their headache ,or they have been missed to be followed .So final number of participants were 1412 patients.

Statistical analyses :

The current study used slandered descriptive statistic methods and data were analyzed using IBM SPSS Statistics Software(version 20.0, SPSS, Inc., Chicago, Illinois, USA).Any p-values less than 0.05 were considered statistically significant. All confidence intervals (CIs) were calculated at the 95% level of statistical significance Prevalent cases were defined as the number of patients with migraine alive on July 1, 2018 (time of finished data collected) among all patients diagnosed with migraine between 2009 and 2018. Limited-duration prevalence were calculated using SEERStat software. We used codes of ICHD-3b international classification of headache disorder beta version 2013. And ICD-10 international diseases classification as follow:

International classification of headache disorder-3 version beta 2013
 1.1= Migraine without aura,1.2= Migraine with aura, 1.2.1= Migraine with typical aura 1.2.1.2 =Typical aura without headache A1.3.2 Chronic migraine with continuous pain A1.3 Chronic migraine (alternative criteria), 8.2 Medication-overuse headache (MOH) A1.1.1 Pure menstrual migraine without aura, A1.6 Episodic syndromes-Childhood periodic syndromes,**Others subtypes (Ophthalmoplegic 'migraine',Retinal migraine,Familial hemiplegic migraine (FHM), Sporadic hemiplegic migraine,Basilar-type migraine, Abdominal migraine, Benign paroxysmal vertigo of childhood), ***d/mon. (Day / month)

TABLE 1 Criteria for Diagnosing Migraine * [5]

NO	Criteria
Migraine without aura	
A	At least five attacks fulfilling criteria B-D
B	Headache attacks lasting four to 72 hours (untreated or unsuccessfully treated)
C	Headache has at least two of the following characteristics:
1	Unilateral location
2	Pulsating quality
3	Moderate or severe pain intensity
4	Aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs)
D	During headache at least one of the following:

1	Nausea and/or vomiting
2	Photophobia and phonophobia
E	. Not attributed to another disorder
Typical aura with migraine headache	
A	. At least two attacks fulfilling criteria B-D
B	Aura consisting of at least one of the following, but no motor weakness:
1	Fully reversible visual symptoms including positive features (eg, flickering lights, spots, or lines) and/or negative features (ie, loss of vision)
2	Fully reversible sensory symptoms including positive features (ie, pins and needles) and/or negative features (ie, numbness)
3	Fully reversible dysphasic speech disturbance
C	At least two of the following:
1	Homonymous visual symptoms and/or unilateral sensorysymptoms
2	At least one aura symptom developing gradually over ≥5 minutes and/or different aura symptoms occurring in succession over ≥5 minutes
3	Each symptom lasting ≥5 and ≤60 minutes
D	Headache fulfilling criteria B-D for migraine without aura begins during the aura or within 60 minutes
E	Not attributed to another disorder
Typical aura without headache	
Typical aura without headache is the same as typical aura with migraine headache, except that criterion D is replaced by "Headache does not occur during aura nor follow aura within 60 minutes."	
*Source: The International Classification of Headache Disorders, 3rd edition (beta version) (ICHD-3b). Cephalalgia, vol. 33, 9: pp. 629-808. , First Published June 14, 2013.	

RESULTS :

Total number of sample was 1412 patient with migraine head ache , female were 1100, [77.9%], male were 312 [22.1%], female/male ratio 3.5:1 (CI 95% p=0.05). Median age ±SD Years (21±5.42) years .range (12-45) years (See table 2, 3),and (Figure 1) , Mean age / years at which the first attack was (17±4.91). The prevalence rate percentage [%] of the common types and subtype of migraine headache in Misan province, Iraq (2009-2018) . were as follows; Migraine without aura was the commonest [68 %],the second most common was migraine with aura [9 %],while chronic migraine with continuous pain is the third most common type of migraine,[6.4%].the remaining less common types and subtypes of migraine headache are as follows ,pure menstrual migraine without aura, migraine with typical aura, medication-overuse headache (MOH), chronic migraine (alternative criteria, and episodic syndromes-Childhood periodic syndromes, were ,[4%, 3%,2.6% ,2.1%, 0.8and 0.7 respectively.

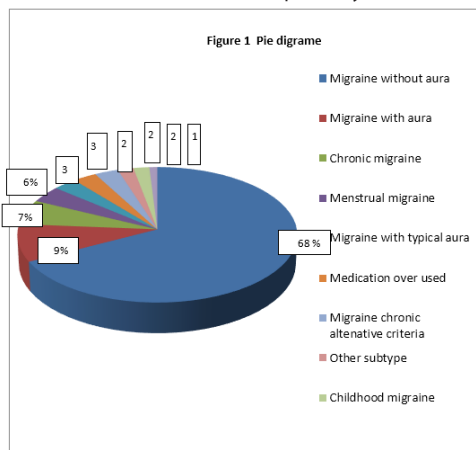


FIGURE 1 Pie diagram Migraine prevalence rate [%], in Misan province, Iraq (2010-2018)

Others very rare subtypes of migraine headache (Ophthalmoplegic 'migraine' retinal migraine, familial hemiplegic migraine (FHM), sporadic hemiplegic migraine, basilar-type migraine, abdominal migraine, benign paroxysmal vertigo of childhood) [1.3%]. (Look table 3). The mean frequency of attacks is (2±4.63) day/month. About

[48%] of patients experience non-specific prodrome 1-1.5 hours before attacks, Nausea and vomiting, photophobia and photophobia [15%, 20%, 12.5%] respectively with other nonspecific symptoms. (See table 2).

TABLE 2 Clinical characteristic of Migraine headache sample in Misan province, Iraq from 2010 to 2018)

Parameters	Type of migraine *ICHD-3b Code										
	1.1	1.2	A.1.3.2	A.1.1.1	1.2.1	8.2	A.1.3	**Others	A.1.6	1.2.1.2	Total
Number	980	127	92	57	45	37	35	17	12	10	1412
Percentage [%]	69.4	9.0	6.5	4.0	3.2	2.6	2.5	1.2	0.8	0.7	99.90
Age median ±SD Years	23±7.01	19±1.93	28±5.98	18±1.46	20±2.13	24±3.51	31±5.40	18±3.81	12±1.00	22±2.57	21±5.42
Age at onset years Mean	18	16	24	14	26	16	10	18	12	18	17±4.91
Sex	Female	780	94	66	57	25	27	7	26	12	1100
	Male	200	33	26	0.0	20	10	5	9	5	312
Family history [%]	40	60	30	2	30	20	30	20	-----	30	30±15.79
Frequency ***d/mon	2	2	4	1	1	15	0.5	1	-----	0.5	2±4.63
Duration of attack hours Median	24	24	72	48	24	24	12	72	-----	ε	24
Nausea and vomiting [%]	20	30	10	15	30	10	10	15	15	30	15
Photophobia [%]	15	20	20	5	30	20	15	20	15	30	20
Photophobia [%]	10	20	15	5	20	5	10	10	20	15	12.5
Aura [%]	0.0	70	20	2	50	20	2	20	2	60	27

TABLE 3 Migraine prevalence rate in Misan province, Iraq (2010-2018) Prevalence rate percentage [%]

Migraine *ICHD-3B Code	2010 [%] **N=169	2011N=170 ***[%]	2012 N=157	2013 N=161	2014 N=175	2015 N=172	2016 N=160	2017 N=174	2018 N=109	Mean ± SD	95 % CI P=value <0.05
1.1 N=980	[65]	[70.5]	[66]	[67]	[67]	[70]	[73]	[66]	[64]	67.6±2.934	0.059
1.2 N=127	[10]	[8]	10.2	[8.7]	[7.4]	[8.7]	[7.5]	[9.2]	[9.2]	8.7±1.041	0.010
A.1.3.2 N=92	[6.5]	[5.9]	[5.0]	[7.5]	[7.4]	[5.2]	[6.0]	[6.3]	[7.3]	6.4±0.982	0.008
A.1.1.1 N=57	[3.6]	[3.5]	[4.5]	[3.1]	[4.6]	[3.0]	[3.8]	[4.6]	[5.5]	3.96±0.890	0.006
1.2.1 N=45	[2.6]	4[2.6]	[3.8]	[4.3]	[1.7]	[2.3]	[3.0]	[4.0]	[3.7]	3.0±0.90	0.005
8.2 N=37	[3.0]	[1.8]	[2.5]	[3.7]	[2.9]	[1.7]	[1.8]	[3.0]	[2.8]	2.58±0.682	0.004
A.1.3 N=35	[2.4]	[1.8]	[3.2]	[1.2]	[3.4]	[1.7]	[1.8]	[2.3]	[2.8]	2.179±0.737	0.004
**Others N=17	[1.2]	[0.6]	0.64	[1.3]	[0.6]	[1.7]	[1.3]	[2.3]	[1.8]	1.271±0.594	0.002
A.1.6 N=12	[1.2]	[0.6]	0.64	[0.0]	[1.5]	[1.2]	[0.6]	[0.6]	[1.8]	0.84±0.558	0.002
1.2.1.2 N=10	[1.2]	[0.6]	0.64	[1.3]	[0.6]	[0.0]	[0.6]	[0.6]	[0.9]	0.71±0.294	0.002
Totals N=1412	[99.7]	100	99.62	99.80	100	99.60	99.40	99.60	99.80	99.72±0.197	

Collectively about [27%] of patient in this study experienced aura during the period of study. (See Table 2), most commonly with "migraine with aura" typical aura without headache" and "typical aura with migraine" Visual aura was the commonest [68%], Unilateral sensory symptoms, tingling and numbness was the second if frequency [70%], transient dysphasic speech disturbance was the third most frequent [8%], while motor symptom was very rare [<1], especially with hemiplegic migraine. (See table 4).

TABLE 4 Migraine with aura (total number =127).

Parameter	NO of patients	Percentage [%]	Female NO =50	Male NO= 33[%]
Homonymous visual symptoms Fortification spectra: shimmering, silver zigzag lines	83	[65]	[47]	[18]

	temporary visual field loss.	4	[3]	[2.3]	[0.7]
Unilateral sensory symptoms	Tingling and numbness	70	[55]	[43]	[12]
Dysphasic speech disturbance	transient aphasia.	8	[6.3]	[4.7]	[1.6]
Motor symptoms	'hemiplegic migraine'	< 1	[0.8]	[0.8]	-----

About [30%], of whole patients gave a family history. (See table 2). Severity of migraine headache it depends on (frequency, duration of attacks), we added in this study disabling symptoms, systemic hypotension and changes in level of consciousness by Glasgow coma scale. (See table 5). In general the acute attacks were moderate to severe, with mean duration of 24 hours (60%) $p < 0.01$. with mean frequency days /month about 2 to 4 / month in (94%) $p < 0.05$, but very few patient (0.5%) the frequency may reach 14 to 16

/month especially in chronic migraine. The acute attacks of migraine headache may be some time disabling to the patients , in general about (8%) of acute attacks were disabling for patients (p < 0.05) . The disabling symptoms in this study which impaired quality of life, include (Limitation of: concentrating , understanding instructions, dealing with others, lifting , walking, standing, studying, miss work days /3 month and miss family, social, or leisure activities).[25]. (See table 4) . It was found in this study about [10%] ,of acute attacks associated with systemic hypotension Systolic BP < 90 mmHg.(P < 0.05),especially in migraine with aura in females , while systolic hypertension ≥ 150 mmHg [26], in [1.5%], especially in female taking contraceptive pills .but this finding statistically not significant

.(P=0.5). Emotional stress or release from stress triggered acute attack of migraine headache in [34%] of whole acute attacks.(p < 0.05) .While other trigger factors (sleep disturbance too much or too little sleep , dietary factors , menstruation, fasting, hormonal therapy exposure to bright lights, loud noises, smoke and , change in the weather), these triggering factors less frequent in association with acute attacks , [1.2%], but not statistically significant P= 0.5. Medication-overuse headache (MOH) was [2.6%] , usually with some combinations contain caffeine or codeine ,these medications used in treatment of migraine headache .however , have a high risk of rebound headaches and withdrawal symptoms.^{27,28} (See table 2).

TABLE 5 Criteria for severity of acute migraine attack

Parameters NO=1199		Migraine without aura Total NO= 980	Migraine with aura Total NO= 127	Chronic migraine with continuous pain. NO= 92	Mean± SD	.CI 95% P value
		[%]	[%]	[%]		
Duration hours	4-12	15	20	20	18.1±2.8	< 0.019
	12- <24	10	60	50	60±10	< 0.053
	24-<48	10	18	20	15.3±5.3	< 0.016
	48->72	5	2	10	4.64±4.04	< 0.006
Frequency Days /Month d/mon	2-4	98	95	90	94.27±4.04	< 0.080
	5-7	3	3.0	7.0		
	8-10	0.5	0.9	2.0		
	11-13	0.3	0,3	0.5		
	14-16	0.1	0.1	0.5		
*Disabling Symptoms + = limited your ability (reduced by half or more) to work, or do what you needed to do for at least one day? **(MIDAS)	Concentrating	8	10	4.0	3.78±4.35	< 0.005
	Understanding instructions	7	10	1.0		
	Dealing with others	10	20	4.0		
	Lifting	3.0	4.0	1.0		
	Walking	2.0	4.0	1.0		
	Standing	2.0	4.0	0.5		
	Studying	4.0	6.0	0.5		
	Miss work days /3 months	5.0	10	8.0		
Miss family, social, or leisure activities	6.0	10	2.0			
*** Adult GCS Score	15	99.8	99.5	100	99.76±0.25	
	13-14	0.2	0.5	0.0	0.23±0.25	
Pediatric GCS Score	15	100	99.4	100	99.79±0.34	
	13-14	0.0	0.6	0.0	0.2±0.34	
Systemic blood pressure BP/mmHg	Systolic BP ≤ 90 mmHg	10	20	0.0	10.0±10.0	< 0.011
	Systolic BP ≥ 150mmHg	2,0	2.0	1.0	1.58±5.77	< 0.003
Triggers factors	Emotional stress or release from stress	50	40	10	34.19±15.2 7	< 0.032
	sleep disturbance Too much or too little sleep	10	20	5	7.29±19.05	< 0.009
	Dietary factors	2.0	2.0	1.0		
	Menstruation	4.0	6.0	0.5		
	Fasting	10	15	1.0		
	Hormonal therapy	20	18	5.0		
	Exposure to bright lights, loud noises, and smoke,	60	70	20		
	Change in the weather	4.0	12	0.5		

Of ,1412 patients with migraine headache , enrolled in this study from 2010 to 2018, although most of the complications were not common but some serious complication were reported , chronic persistent headache In [6.5%],especially in migraine without aura and migraine with aura subtype .while medication over use in

[2.6%]. Thromboembolic stroke in [0.7%],mainly in women taken contraceptive pills. Other rare complication , Persistent aura without infarction. Ischemic stroke, Migraine triggered seizure, Status migrainosus and transient ischemic attack, [0.35,0.3,0.2,0.14 and 0.14], respectively.(See table 6)

TABLE 6 Complications of migraine Total NO= 1412 .Misan province 2010-2018

Complications	No of patients	Mean age (10)	Percentage [%]	Type of migraine *ICHD.3b code	CI 95% P value
Chronic migraine	92		[6.5]	1.1,1.2	-0.001 P < 0.008
Headache attributed to the medication overuse	37		[2.6]	8.2	-0.000 P < 0.004
Thromboembolic stroke	10		[0.7]	1.2	-0.001 P < 0.002
Persistent aura without infarction	5		[0.35]	1.2.1.2	-0.001 P < 0.001
Ischemic stroke	4		[0.3]	1.2	
Migraine triggered seizure	3		[0.2]	A.1.6	
Status migrainosus	2		[0.14]	1.2	
Transient ischemic attack	2		[0.14]	1.2,**FHM	
Total	155		[10.93]		

DISCUSSION:

In this Out-patients based cohort prospective study , 1412 patients with migraine headache diagnosis, according to criteria of migraine headache diagnosis [5,29] were included from 2010-2018, in Misan province south of Iraq. It was found females were more communally affected (77.9%), while (22.1%), were male with ratio of female/male 3.5/1. (See table 2), this result consistent with major studies^{29,30}, this difference most probably due to hormonal variation during menstruation and pregnancy and genetic predisposition^{31,32} Migraine without aura is the commonest subtype. The median age of incidence in this study was (21±5.42) years. range (12-45) years. Migraine without aura was the commonest subtype about (68%) of whole sample , other common types of migraine were migraine with aura and chronic migraine with continuous pain, 9%, and 6.4% respectively. (See table 2), Childhood migraine in this study was [0.8%] of whole sample mostly migraine with aura and episodic syndromes-childhood periodic syndromes. Pediatric Glasgow coma scale (GCS) score in this subgroup was (13-14) in 2% but not statistically significant^{33,34} (See table 5). About [48%] of patients experience non-specific prodrome 1-1.5 hours before attacks , Nausea and vomiting , photophobia and photophobia [15% .20%, 12.5%] respectively. (See table 2), the most probable pathophysiological mechanisms of this prodrome is neurovascular stimulations in acute attacks^{18,20,35,36,37} . About [27%] of patient in this study experienced transient aura during the period of study. (See Table 2), Visual aura was the commonest [68%], Unilateral sensory symptoms, tingling and numbness was the second if frequency [70%], transient dysphasic speech disturbance was the third most frequent [8%], while motor symptom was very rare [< 1 %] . Aura is thought to be caused by a spreading wave of depolarization (cortical spreading depression). Aura is associated with a localized reduction in blood flow followed by an increase in blood flow and characteristically affects the parieto-occipital cortex^{38,39,40} (See table 4). The mean frequency of acute migraine attacks is (2±4.63) day/month, very few patients [0.5%], the frequency of attacks was 14-16 day/month especially migraine with aura and chronic migraine. Mean duration of acute attacks was 12-24 hours in [60%] of patients, (See table 5), The severity of acute attacks mainly depends on frequency, duration and disabling symptoms, in general most of acute attacks moderate to severe. (See table 5).. In our study about [8%], of patients with migraine, they were suffering from intermittently debilitating, disabling and incapacitating symptoms. (Disabling Symptoms if they are limited the patient ability (reduced by half or more) to work, or do what you needed to do for at least one day, which impaired quality of life^{28,38,41} (See table 5). In this study about [10%], of acute attacks associated with systemic hypotension Systolic BP < 90 mmHg., especially in migraine with aura in females , mostly due to autonomic nervous system dysfunction. although statistically not significant systolic hypertension ≥ 150 mmHg was found in [1.5%], especially in female taking contraceptive pills , mostly due to the contraceptive pills^{40,42} . In this study it was found variation in estimates of migraine prevalence and clinical characteristics symptoms may vary depending on what stage of the migraine a person is in (Prodrome ,aura ,acute attack and post prodrome), not all migraine sufferers experience all the stages. (See tables 2, 4) The frequency, duration,

and intensity , and triggering factors of migraine attacks can vary from person to person and from episode to episode. (See table 5). In our study and many epidemiological studies and other meta-analysis of published studies were conducted to identify factors which explained variability in clinical characteristic of migraine patients mostly due to socio-economic ,age ,sex , genetics and other personal factors^{43,44} . About [30%], of whole patients gave a family history. (See table 2), this fact highlighted that fact that migraine as an inherited disorder with episodic symptoms that arise in the brain^{12,4,45,46} . In our study chronic migraine with continuous pain and Chronic migraine (alternative criteria) was about [9%] of total sample, (Table 2), chronic migraine has a great detrimental influence on a patient's life, with a severe impact on socioeconomic functioning and quality of life. it usually develops from episodic migraine with or without aura as continuum . with undetermined an annual conversion rate in this study^{47,48} , another important subtype of migraine is medication-overuse headache (MOH), about [2,6%] of whole sample and about [22.5%] of chronic headache^{49,50,51} (See table 1,2). Over-the-counter Combination pain relievers that contain, Opioids; caffeine. Codeine and tramadol, were the most common medication over used in this study , therefore long-term use of preparations containing these medications should be avoided. In addition to chronic headache and medication over used headache there were another complications, although most of these complication were not common but can be serious ,like Thromboembolic stroke , Ischemic stroke, Migraine triggered seizure, Status migrainosus and transient ischemic attack, [0.7 ,0.35,0.3,0.2,0.14 and 0.14], respectively , the most serious complication was a risk of stroke associated with use of Estrogen containing contraceptives in women with migraine⁵², (See table 6).

CONCLUSIONS : Migraine is a common cause of primary headache , the underlying pathology is a neurovascular events that occurs in people communally female with a genetically susceptible sensitive nervous system ,and it's a heterogeneous condition , the acute attacks usually preceded by nonspecific prodrome , Although the migraine Prodrome occurs hours or even days before the headache begins it is considered to be an integral component of the migraine process. The headache attacks varying in frequency ,duration, symptomatology , severity and associated disability which impaired the quality of life ,both between sufferers and between attacks in the same individual.

Disclosure statement:

There is no special financial support for this research work from any the funding agency.

Consent :

A written informed consent was obtained from the all participants included in study (or other approved parties), and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki. Local medical Ethical Committee at Misan University / college of medicine (Code dean office DO /1398 at 25/09/2018 approved the this study, and all participants provided written informed consent.

Abbreviations:

ICHD-3b international classification of headache disorder beta version 2013. ICD-10 international diseases classification, GCS-Glasgow Coma Scale

Conflict of interest: the Author declare no conflict of interest

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