



PREVALENCE OF ANXIETY AND DEPRESSION IN MIGRAINE PATIENTS

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ABSTRACT

BACKGROUND AND AIM - Migraine is a highly prevalent and disabling neurological disorder associated with a wide range of psychiatric comorbidities mainly with depression and anxiety. Studies have revealed that those with migraine headache and coexisting psychiatric disorders have poorer treatment outcomes and increased disability. The study aims to establish the prevalence, correlates, and comorbidities of migraine headache.

METHOD - We applied HAM-D and HAM-A on migraine patients (ICHD-2 criteria).

RESULTS: 200 cases of migraine among them 76 patients were male and 124 were female. Commonest illness was Anxiety disorder (38%) and depressive disorders (26%) among 64 patients who were having psychiatric comorbidity.

CONCLUSIONS AND DISCUSSION- Our study showed significant associations between migraine headache and psychiatric disorders.

KEYWORDS : Migraine, headache, disability, comorbidities, depression.

INTRODUCTION:

The present study examined the prevalence and severity of anxiety and depression among people with migraine.

Several studies¹⁻⁴ have shown that migraine is often associated with anxiety and depression, with reported frequencies of 20-40% for anxiety and 10-15% for depression³⁻⁴. Migraine is common, with an estimated prevalence of 6-28% in women and 2-19% in men⁵⁻⁶, and therefore this would suggest a significant level of morbidity.

Depending on the level of severity, migraine often has a direct and immediate impact on an individual's daily living activities. It leads to withdrawal from social and leisure activities, loss of work or school days, and inability to lead a productive life which ultimately affects the quality of life and results in disability among individuals^{7,8}.

BACKGROUND AND AIM:

Migraine is a highly prevalent and disabling neurological disorder associated with a wide range of psychiatric comorbidities mainly with depression and anxiety.

Studies have revealed that those with migraine headache and coexisting psychiatric disorders have poorer treatment outcomes and increased disability.

The study aims to establish the prevalence, correlates, and comorbidities of migraine headache.

METHOD –

We applied HAM-D and HAM-A to OPD patients on migraine patients (ICHD-2 criteria).

Patients attending migraine clinics aged between 18 and 65 who had been experiencing severe or moderately severe migraine attacks, either with aura (classical migraine) or without aura (common migraine) defined according to ICHD-2 criteria, for at least 1 year, completed the HAM-D and HAM-A scale.

Duration of study- July 2020 to December 2020 at Index Medical college, Indore

Migraine without aura	Migraine with aura
(A) Headache lasting 4–72 h (that is either untreated or unsuccessfully treated)	(A) Headache with three or more of the following: Reversible aura Gradual onset of aura Aura symptom does not last more than 60 min Headache following aura with a free interval of less than 60 min
(B) Headache has two or more of the following: Unilateral presentation Pulsating quality Pain is moderate to severe in intensity Headache is aggravated by routine physical activity	(B) During the headache at least one or more of the following: Nausea or vomiting Photophobia or phonophobia
(C) During the headache at least one or more of the following: Nausea Photophobia or phonophobia	

STATISTICAL ANALYSIS -

Data analysis was performed using SPSS for Windows, version 22 (SPSS Inc., Chicago, IL). t-tests and chi-square analyses were used to examine the associations between migraine and associated variables. The odds ratio was determined within the 95% confidence interval for the risk of migraine among patients with an anxiety and mood disorder to patients with an anxiety disorder alone.

Results: 200 cases of migraine among them 76 patients were male and 124 were female. Commonest illness was Anxiety disorder (approx. 38%) and depressive disorders (approx. 26%) among 64 patients who was having psychiatric comorbidity.

Migraine with aura present in 18% cases and migraine without aura present in 82% of our migraine headache patients. Psychiatric co-morbidity was present in 64 patients. Anxiety disorder was most common psychiatric co-morbid illness (approx. 38%), followed by Depressive disorder (approx. 26%), Panic disorder (8%) and others 3%.

DISCUSSION:

Various factors are known to precipitate, trigger and/or aggravate headaches. Commonest are pineapple, lemon juice, lack of sleep, intake of particular foods like cheese, curd, loud noise, exposure to bright lights, bending of body, following physical exertion etc. Similar kind of studies were

reported in literature. Mongini et al., in (1997) studied 20 patients of chronic daily headache and reported migraine get aggravated during weather changes in 32% of the cases and in 21% cases it was while performing intellectual activity. , in another 14% of cases it was due to fatigue, in 45% patients stress, in 30% of cases head movement in patients of their study population.

We found 32% of our chronic migraine headache patients had diagnosable mental illness. Similar study reports were shown by various other authors in the past.

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