



A HOSPITAL BASED STUDY OF PATIENTS PRESENTING WITH COMPLAINTS OF HEADACHE TO PSYCHIATRIC OPD IN SOUTH KASHMIR.

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ABSTRACT

Background: Headache is one of the most common complaints which bring patients to neuropsychiatrists and causes significant morbidity. Psychiatric disorders have been frequently associated with headache, migraine and tension type headache being predominant.

Objective: the objective of our study was to study the profile of patients presenting with headache and to assess the prevalence of psychiatric comorbidities in such patients.

Methods: A cross-sectional descriptive study was undertaken in the psychiatric OPD of Government Medical College, Anantnag. The patients who presented with headache were evaluated by a semi-structured pro forma and psychiatric morbidities assessed by MINI.

RESULTS: 315 patients were enrolled over a period of six months, from February 2021 to august 2021. Migraine was the most common type of headache followed by Tension type headache. Females outnumbered males and stress was the most common triggering factor. Psychiatric comorbidity was diagnosed in 30.47% with depression being the most common diagnosis followed by OCD.

Conclusion: patients with headache who presented to Psychiatric OPD ,had migraine as the commonest type of headache as is triggered by both emotional and physical stress . Tension type headache was also seen to be triggered predominantly by stress.

KEYWORDS : comorbidity, tension type headache (TTH), Migraine ,stress

INTRODUCTION

Headache is one of the most common complaints encountered in clinical practice. Headache is a heterogeneous condition that varies in global severity as well as severity in individual attacks. Epidemiological research has systematically documented a strong association between primary headaches and Psychiatric disorders⁽¹⁾, well known to clinicians for more than a century. The association between headache and psychiatric disorders is undisputed, with depression, bipolar disorders, anxiety and somatoform disorders being the commonest complaints^{2, 3, 4}. The overall prevalence of tension type headache is the highest although there are global variations⁵. In India also, headache is one of the commonest complaints in neuropsychiatric Outpatient services.

It has been implicated that there are some common mechanisms underlying migraine and mood disorders, particularly the decrease in platelet serotonin concentrations, increase in urinary 5-hydroxytryptamines and a possible increase in 5-hydroxy indole acetic acid⁶. However, the mechanisms are quite complex as reported by studies which reflect a bidirectional influence⁷. The association of psychiatric comorbidities with headaches may be explained by emotional distress, personality traits and maladaptive coping mechanisms⁸.

Despite the vast research conducted on headache and its psychiatric comorbidities, no definitive data is present from our hospital which is a tertiary care centre catering to the whole South Kashmir. The aim of our study was designed to study the clinical profile of patients presenting with headache and the psychiatric comorbidities associated.

METHODS:

The current study was cross sectional and descriptive. The study was conducted over a period of five months from February 2021

to August 2021, in the psychiatric OPD of Government Medical College, Anantnag. Patients above 18 years of age presenting with headache as the primary complaint and who gave consent were enrolled for the study. Patients with severe debilitating headache, under 18 years of age and those who did not consent were excluded. A total of 315 patients, hence formed our study sample. In each patient the main demographic feature, headache clinical features and provoking factors were sought using semi structured pro forma. Detailed history was taken and clinical examination including a detailed neurological examination was done. Relevant investigations including complete blood count, liver and renal function tests, and serum electrolytes were checked in all patients. Wherever indicated, brain imaging was also done. After thorough history, clinical examination and relevant investigations, the type of headache was broadly diagnosed as per International Classification Of Headache Disorders, 2nd edition⁹. The prevalence of Psychiatric Disorders was also assessed by mini International Neuropsychiatric Interview (MINI)¹⁰.

For The Purpose Of Present Study, The Following Sections Were Used

- 1) Major depressive disorder
- 2) Panic disorder
- 3) Obsessive-compulsive Disorder
- 4) Generalised Anxiety Disorder

Statistical Analysis:

Descriptive statistics were used for the demographic and clinical features. Data was adjusted for age, gender, marital status, education and occupation. The data was analysed using the Statistical package for Social Sciences (SPSS version 24.0).

RESULTS:

Migraine was the most common type of headache

(168,53.30%) that presented to Psychiatric OPD, while Tension type headache was seen in (125)39.6%. the less common types diagnosed were New daily persistent headache(NDPH) and neuralgias(Trigeminal and post herpetic). Regarding gender, females outnumbered males with 33.01%presenting with migraine and 27.30% with Tension type headache. Only the patients presenting with neuralgias (5, 1.58%) were all males.

Table 1: clinical parameters

DIAGNOSIS	NUMBER	%AGE	MALES	%AGE	FEMALES	%AGE
migraine	168	53.30	64	20.31%	104	33.01%
Tension type(TTH)	125	39.60%	39	12.38%	86	27.30%
NDPH	17	5.39%	05	1.58%	12	3.80%
Neuralgias	05	1.58%	05	1.58%	0	0%
TGN						
PHN						

TGN-trigeminal neuralgia, PHN-post herpetic Neuralgia, TTH-tension type headache, NDPH-new daily persistent headache

The median age of presentation of migraine patients was 28 years with majority of patients presenting in the range of 18-38 years. Patients with TTH presented slightly later with a median age of 35. Patients with neuralgias presented even later between 38-60 years and a median age of 49 years.

Table 2: Median age of presentation

DIAGNOSIS	MEDIAN AGE OF PRESENTATION	RANGE(years)
Migraine	28	18-38
TTH	35	20-50
NDPH	30	20-40
Neuralgias	49	38-60

Table 3: Marital Status Of Patients Presenting With Headache

DIAGNOSIS	MARRIED	%AGE	UNMARRIED	%AGE	DIVORCED	%AGE	WIDOWED	%AGE
MIGRAINE	72	22.85%	56	17.77%	40	12.69%		
TTH	84	26.66%	19	6.03%	22	6.98%		
NDPH	11	3.49%	06	1.90%	0	0		
NEURALGIAS	05	1.58%	0	0	0	0		

Majority of headache patients were married with 22.85% presenting with migraine and 26.66% with TTH. Migraine was the commonest diagnosis in 17.77% as well as in divorced/widowed group at 12.69%.

Table 4: occupational status of patients

Diagnosis	unemployed	%age	student	%age	Employee	%age	Business	%age
migraine	78	24.70	30	9.52	38	12.06	22	6.98
TTH	86	27.30	06	1.90	22	6.98	11	5.39

Most of the patients of headache belonged to the unemployed group with 78 (24.70%)having migraine and 86(27.30%) presenting with Tension type headache. Among students, 9.52% had migraine while a meagre 1.90% presented with tension type headache. The salaried employees also had a higher number of migraine patients (38, 12.06%) compared to 22(6.98%) TTH.

Table 4: triggering factors of headache reported by patients

Triggers	migraine	%age	TTH	%age
Emotional stress	26	8.25	64	20.31
Physical Stress	34	10.79	20	6.34
fasting	30	9.52	20	6.34
Sleep disturbances	32	10.15	08	2.53
menstruation	18	5.71	08	2.53
cheese	5	1.58	0	0
Aerated drinks	3	0.95	0	0

sunlight	20	6.34	13	4.12
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Emotional stress was reported as trigger in 20.31%patients of TTH and 8.25% of migraine patients. Other triggers for migraine included physical stress (10.79%)and sleep disturbances (10.15%). In case of TTH, fasting and physical stress acted as provoking factors in addition to the predominant trigger of emotional stress. Strong sunlight provoked migraine more than TTH(6.34% as opposed to 4.12%)

Table 5: psychiatric disorders in patients with headache

Psychiatric diagnosis	migraine	%age	TTH	%age
Major depression	36	11.42	48	15.23
Obsessive compulsive disorder	20	6.34	30	9.52
Generalized anxiety disorder	18	5.71	16	5.07
Bipolar disorder	04	1.26	02	0.63
No psychiatric diagnosis	190	60.31	29	9.20

Even though 69.50% did not have any psychiatric comorbidity, 30.05% did report psychiatric symptoms to warrant a diagnosis. In migraine, major depression was the most common psychiatric disorder, while a significant 60.31% had no psychiatric disorder. In TTH, psychiatric comorbidities were found at a higher number with 48 patients (15.23%) having depression and 9.52% having obsessive-compulsive disorder.29 (9.20%) had no psychiatric comorbidity.

DISCUSSION

For the first time, 'ICHD-II, has recognised 'headache attributed to psychiatric disorders' even though it is only related to somatization and psychotic disorders. The previous classification (Headache Classification Committee of the International Headache Society, 1988) recognized psychosocial stress, anxiety, and depression as potential "causes" of headache, but only in regard to tension-type headache. The ICHD-II does not give criteria to diagnose headache characteristics ("no typical characteristics known"), stressing the fact that migraine, tension-type, and cluster headache may be attributed to psychiatric disorders. A general rule allowing the attribution of headache to psychiatric disorder is the temporal connection, with head pain first appearing in close relationship to a psychiatric disorder, and resolving or improving when psychiatric disorder remits. When a pre-existing primary headache is made worse in close relation to psychiatric disorder, both diagnoses may be made. However, both the primary headache and headache attributed to psychiatric disorder may be diagnosed if clinical judgment deems it convenient¹¹.

Our study showed migraine as the most common type of headache (53.30%) in contrast to studies which report tension type headache as the most common¹². Variation in the prevalence of migraine among studies is largely due to differences in case definition and in the age and gender distribution of study sample¹³. Studies all over report migraine to be predominant in females, with the prevalence in USA being 18%as compared to 6%in men. In Asian studies also, prevalence of migraine was higher in females (11.3%to 14.4%) in comparison to males (3.6% to 6.7%)¹⁴. These findings were replicated in our studies as well which reported female dominance at 33.01%.

The second most type of headache which present in our study was tension type headache(TTH) at a prevalence of 39.6%.the female to male ratio was higher in TTH as compared to in migraine(2.2 vs 1.6) which is in contrast to the study conducted by Agarwal et al where female preponderance for TTH was lower¹⁵

Other less commonly reported headaches in our study were NDPH at 5.39% which is higher than reported by Agarwal et al

¹⁵ where the prevalence was 1%. In our study, neuralgias were 1.58% which is higher than in other studies^{16,17}.

Emotional and physical stress were the most common triggering factors in TTH (20.31% and 6.34% respectively). In migraine physical stress and sleep disturbances provoked the most cases at 10.79% and 10.15%. Various population based studies have reported stress as a trigger for migraine in 36-42%,¹⁸. Also, fasting has been shown to trigger stress in 40-45% in various clinic based studies¹⁹. In our study as well, fasting was a significant stressor in 9.52%. Other triggers like sunlight, cheese and menstruation were not as significant in TTH as in migraine.

The present study reported psychiatric disorders in 30.05% of headache patients. These findings are not unexpected as several clinical and community based studies report association between headaches and psychiatric disorders^{20,21}. Major depression was the most predominant psychiatric in migraine at 11.42% followed by OCD and generalized anxiety disorder at 6.34% and 5.71% respectively. Depression was the predominant psychiatric diagnosis in other studies like Agarwal et al¹⁵ and Breslau and Co-workers²², who found major depression in 40.7% of migraine cases and 35.8% of other types of headache. In TTH, the prevalence of depression was higher at 15.23% followed by OCD (9.52%). This finding is in concordance with other studies which report higher levels of anxiety, depression, and obsessive-compulsive symptoms in both TTH and migraine²³. The higher prevalence of OCD in our study (9.52% and 6.34%) is consistent with other studies²⁴ which report OCD higher in those patients who have TTH and migraine.

CONCLUSION

The present study documents that migraine was the predominant headache diagnosis in patients reporting to neuropsychiatric OPD which TTH being the second most common type. Stress has been found the most common trigger for both TTH and migraine, while other triggers like sleep disturbances, fasting, cheese and sunlight were predominantly seen to trigger migraine. Psychiatric comorbidity was seen in a significant proportion with depression being the most common diagnosis in both migraine and TTH, followed by OCD in both types of headache.

Limitations

Our study being time bound, number of patients enrolled were much lower than expected. Since we excluded patients below 18, the sample size got further restricted. Our study was hospital based, so the results could not be generalized to community. We did not include a control group (patients without headache), hence the exact estimate of psychiatric risk attributed to migraine and Tension type headache could not be calculated.

Conflict Of Interest: NIL

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