ORIGINAL RESEARCH PAPER

Volume-7 | Issue-1 | January-2018 | PRINT ISSN No 2277 - 8179

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

STUDY OF PHENOMENOLOGY OF HEADACHE & PREVALENCE OF PSYCHIATRIC CO-MORBIDITY

General Medicine

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ABSTRACT

Background: Headache is a leading public health problem. The comorbidity of headache and psychiatric disorders is a well-recognized phenomenon. Co-existence of psychiatric conditions is relatively commonplace among headache patients. The present study studies the phenomenology of headache and associated psychiatric morbidity.

Materials & Methods: 100 consecutive patients of headache coming to the Medicine & Psychiatry outpatient department of a general teaching hospital in an urban area were included in the study. Sociodemographic data of the patients & details about the illness including associated complaints were collected using semi-structured proforma specifically designed for the study. Data thus collected was tabulated and statistically analyzed.

Conclusions: Psychiatric morbidity was present in majority (82%) of the patients indicating significant co-existence. Major Depressive Disorder was most common psychiatric disorder followed by pain disorder, anxiety and somatoform disorder.

KEYWORDS

Headache, Psychiatric co-morbidity, Major Depressive disorder

INTRODUCTION:

Headache is one of the most common complaints in the general population.[1] It can be bothersome and interfere with routine activities and quality of life. Headache is a nearly universal phenomenon with a one-year prevalence of 90% and a life-time prevalence of 99%. The comorbidity of headache and psychiatric disorders is a well-recognized clinical phenomenon warranting further systematic research. Psychiatric disorders occur with greater frequency among recurrent headache patients than among the general population, and the prevalence of psychopathology increases and is over represented in clinical populations. [1,2] When present, psychiatric comorbidity often complicates headache management and portends a poorer prognosis for headache treatment. There has been much discussion about a possible relationship between psychological factors and headache for a very long time. In 1937, Wolff defined the "migraine personality" including ambition and perfectionism, mental instability and immaturity, vulnerability to frustrations, and shyness. Several studies at the community level have discussed the frequent association between headache of any type and psychiatric comorbidity. Psychiatric comorbidity is, in fact, relatively commonplace among headache patients who present for treatment (especially those presenting for specialist care) and an important consideration in headache treatment planning. The presence of psychiatric comorbidity in headache patients is associated with decreased quality-of-life, poorer prognosis, chronification of disease, poorer response to treatment, and increased medical costs. But very few well-planned studies have been conducted to study the prevalence of headache and associated psychiatric morbidity.[4,5] Keeping this background in mind, the current study was undertaken.

MATERIALS AND METHODS:

This was a cross sectional study conducted in the medicine & psychiatry outpatient department of a general teaching hospital in an urban area. 100 consecutive patients presenting with primary complaint of headache were included.

INCLUSION CRITERIA:

1. All patients presenting with headache.
2. Patients above 18 years of age.
3. Patients willing to give informed consent.

EXCLUSION CRITERIA:

1. Patients who are medically unstable or terminally ill.
2. Patients who are previously diagnosed with psychiatric illness.

Ethical consent:

Ethics committee approval was obtained before proceeding with this study. The study was carried out as per the tenets of the 1964 declaration of Helsinki. Participation was voluntary and no incentives were provided. Informed consent was taken from the patients before their inclusion in the study and they were assured of the confidentiality of their answers.

Methods:

Sociodemographic data of the patients & details about the illness including associated complaints were collected using semi-structured proforma specifically designed for the study. Detailed neurological and ophthalmic examination was done. Relevant blood and radiologic investigations were then carried out to make an appropriate diagnosis. Headache was grouped according to International Headache Society classification.[6] Psychiatric diagnosis was arrived based on DSM-IV TR multi-axial diagnostic system. Data thus collected was tabulated and statistically analyzed.

RESULTS & DISCUSSION:

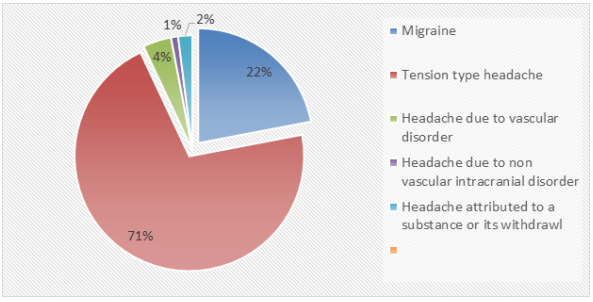
Table 1: Socio demographic profile

STUDY PARAMETERS		TOTAL PATIENTS = 100
1. AGE:	Ÿ 18-30 yrs	41(40.6%)
	Ÿ 31-45yrs	46(45.5%)
	Ÿ 46-60 yrs	11(10.9%)
	Ÿ >60 yrs	2(2%)
2. GENDER:	Ÿ Male	30(29.7%)
	Ÿ Female	70(69.3%)
3. MARITAL STATUS:	Ÿ Single	15(14.9%)
	Ÿ Married	81(80.2%)
	Ÿ Widow/Widower	4(4%)
		0(0%)

The present study showed majority of headache problems in young population (30-45years-45%) with predominant cases being females. This correlates with a study done by A.P. Jain et al [7] indicates that majority of headache problems occur in young population aged 21 to 40 years (76.49%). There are significant gender differences in

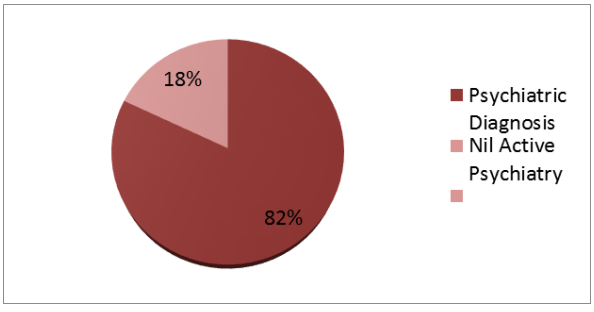
comorbidity. Women are significantly more likely than men to receive lifetime diagnoses of both migraine (24% vs 9%) and major depression (24% vs 13%) by age 30, with relative female risk increasing for migraine in late adolescence and for major depression after about age 20. Longitudinal data indicate that relative to men, women are four-fold more likely to develop migraine and two-fold more likely to develop major depression.

Chart 1 : Type of Headache.



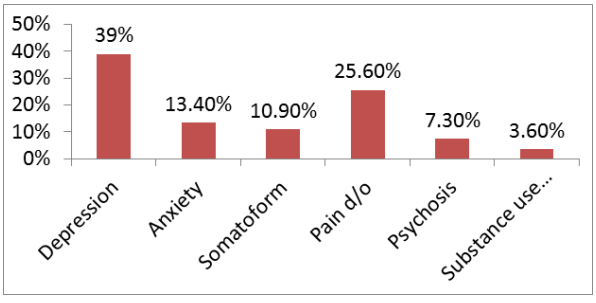
Tension-type headache was the most common type of primary headache recorded in the present study. Migraine-type headache was second common headache disorder more commonly diagnosed in females. Females (70%) outnumbered males in both tension type and migraine headache and distribution was more in married persons (80.2%).

Chart 2: Prevalence of Psychiatric Morbidity



The present study revealed 82% prevalence of psychiatric co-morbidity in the patients of headache. This correlates with a study done by Sharma and Shah (8) which found that 86.25% of patients referred with complaints of headache had psychiatric morbidity according to the DSM-IV classification. The relation is significant and needs to be considered in the management protocol of headache cases.

Chart 3: Distribution of Psychiatric co-morbidity among headache patients:



As charted in Chart 3. Major Depressive Disorder (39%) was the most common psychiatric disorder followed by pain disorder (25.6%), anxiety (13.4%) and somatoform disorder (10.9%). This correlated with Guidetti et al. [8] studying 100 patients from a Headache Center, found that from the youngest ages onwards, anxiety and depressive disorders represent a considerable clinical problem for both migraine and tension-type headache sufferers. Sharma and Shah [8] in their study found MDD in 32%, dysthymia in 13%, panic disorder with agoraphobia in 14.5%, phobia in 2.9%, somatoform disorder in 6% and substance dependence in 26% of patients. Study by Alvin et al [9,10] revealed: MDD (34%), dysthymia (9%), bipolar II (4%), manic episode (5%), panic disorder (11%), generalized anxiety disorder (GAD) (10%), obsessive–compulsive disorder (OCD) (9%), phobia (40%), illicit drug use (20%), and nicotine dependence (33%).

Conclusion:

- Of the 100 patients with headache, majority were in the age group 31-45 (46%), females (70%), primary educated (53%) and married (81%).
- Psychiatric morbidity was present in 82% of the patients indicating significant prevalence in patients with primary headache.
- Major Depressive Disorder (39%) was most common psychiatric disorder followed by pain disorder (25.6%), anxiety (13.4%) and somatoform disorder (10.9%).

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