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PSYCHIATRIC CO-MORBIDITY AND QUALITY OF LIFE IN PATIENTS WITH MIGRAINE

Neurology

Dr. Avinash Joe* Senior resident, department of Psychiatry, Father Muller Medical College Mangalore. *Corresponding Author

Dr. Chandini Assistant professor, department of Psychiatry, Father Muller Medical College Mangalore.

Dr. Safeekh A T Professor, department of Psychiatry, Father Muller Medical college, Mangalore.

ABSTRACT

Migraine is an important health problem affecting 324.1 million people worldwide. Recent literature suggests higher rates of psychiatric disorders in patient with migraine compared to general population. Psychiatric co morbidity affects the evolution of migraine, may result in increased prevalence of substance use disorders, suicides and essentially changing the outcome of this important disorder.

Aim: To estimate the prevalence of psychiatric co morbidity in patients with Migraine and to determine the impact of concomitant psychiatric co morbidity on quality of life.

Methodology: This study is an observational, cross sectional, hospital-based study. Patients diagnosed with migraine with IHS II criteria are included. MINI plus was used to evaluate the psychiatric comorbidity. QOLS used to assess the quality of life. MIDAS questionnaire used to gather information about disability.

Results: Psychiatric co morbidity is present in 41.66%. 36% of them has dysthymia and major depressive disorder each. 16% has adjustment disorder and 12% has panic disorder. MIDAS disability assessment showed grade 3 and grade 4 disabilities are more common among migraine with psychiatric comorbidity. Quality of life scale showed lower quality of life in patient with migraine associated with psychiatric co morbidity compared to migraine without psychiatric co morbidity.

KEYWORDS

Migraine, Psychiatric comorbidity, quality of life, disability

INTRODUCTION

Migraine is an important health problem affecting 324.1 million people worldwide. (1) Lifetime prevalence of migraine is found to be 12- 18% in various studies. Recent literature suggests higher rates of psychiatric disorders in patient with migraine compared to general population.(2) Prevalence of psychiatric disorders ranges from 23.1 – 56.4% in different clinical studies.(2)(3) Migraine can be described as recurrent headaches, in attacks lasting 4-72 hours with typical characteristics of unilateral location, pulsating quality, moderate to severe intensity, aggravated by routine physical activity and associated with nausea and/or photophobia and phonophobia. Migraine patient with psychiatric co morbidity has higher prevalence of disability, restriction of activity, poorer quality of life when compared to migraine patient without psychiatric co morbidity. Etiological basis underlying migraine and psychiatric co morbidity is not well understood and remains a priority for further research. Psychiatric co morbidity affects the evolution of migraine, may result in increased prevalence of substance use disorders, suicides and essentially changing the outcome of this important disorder. (4)

Cross sectional studies have shown higher prevalence of anxiety disorders and affective disorders in patient with migraine. (4) Migraine sufferers are 2.2 to 4 times more at risk to develop major depressive disorder and are associated with increased risk of suicide attempts regardless of depressive states. These rates are higher in people diagnosed with migraine with aura than migraine without aura. Migraine patients are 3 times more likely to suffer from bipolar spectrum disorders. Prevalence of anxiety disorders is twice that of major depressive disorder in patient with migraine compared to without migraine. There is also 4-5 times greater risk of generalized anxiety disorder, 5 times greater risk of obsessive-compulsive disorders and 3-10 times more likely to suffer from panic disorders. One 13-year prospective study showed phobic disorder as a predictor of future migraine. People with migraine and psychiatric co morbidity are also at higher risk of substance use disorders and medication over use. (5) An Indian study reported depression as the most prevalent psychiatric disorder followed by social phobia. There was also significant impairment of quality of life in all domain with functional disability.(6) Co-occurrence of migraine and several psychiatric disorders provide important insight into the pathology, genetic links and successful management of both conditions. Unidirectional models, bidirectional models shared environmental and genetic risk factors have been proposed to explain this co-occurrence. (7)

OBJECTIVES

Primary objective of the study is to estimate the prevalence of psychiatric co morbidity in patients with Migraine. Secondary objective is to determine the impact of concomitant psychiatric co morbidity on quality of life.

METHODOLOGY

This clinical investigation was conducted in Father Muller Medical College, Mangalore. The study recruited 60 patients with migraine, who satisfy inclusion and exclusion criteria, from the outpatient and inpatient departments of Father Muller medical college hospital, Mangalore. Inclusion criteria included patient diagnosed with migraine within age group of 18 – 55 years. We excluded any patients with intellectual disability, patients with cognitive deficits, patients with defective hearing, speech or vision, patients with any other severe debilitating medical disease. This is an observational, descriptive, cross-sectional study. Following tools are used for assessment. Quality of life scale (QOLS), Migraine disability assessment scale (MIDAS), The visual analogue scale (VAS) and MINI Plus: mini-international neuropsychiatric interview plus .

The institutional ethical committee clearance obtained. The design and nature of the clinical study explained to all the patients. Informed consent obtained from all the patients. All the patients in the sample subjected to thorough physical and mental state examination within one week of the first contact with the investigator. The diagnosis of migraine made using International Headache Society-II (IHS- II) criteria. Mini International Neuropsychiatric Interview used for the diagnosis of psychiatric co morbidity. Quality of life scale (QOLS) used to assess quality of life. The MIDAS questionnaire used to gather information on disability in terms of missed days of paid work (or school), housework (chores), and non-work time. The VAS used for evaluating variations in pain intensity. The relationship between sociodemo graphic and clinical variables assessed by a semi structured proforma.

RESULT

Among the study sample 28.33% of the individuals belong to the age group of 18-25 years and 36- 45 years each. Around 20% of the study sample belongs to the age group of 46- 55 years. Females form 63.33% of the study. Subjects following Hindu religion are 48.33%. Dominant caste and other backward classes include 46.66% of sample size each. Subjects educated up to primary school are 41.66% and 25% are high school educated. Two thirds of the sample are married. Individuals residing at rural area are 61.66%. Duration of Migraine lasted for 6-24 hours in 40% of the sample followed by less than 6 hours in 35%. Family history of migraine is present in 60%. Half of the sample had moderate pain on VAS and 28.33% had severe pain. Psychiatric co

morbidity is present in 41.66%. 36% of them has dysthymia and major depressive disorder each followed by16% has adjustment disorder and 12% has panic disorder. MIDAS disability assessment showed grade 3 and grade 4 disabilities are more common among migraine with psychiatric comorbidity. Quality of life scale showed lower quality of life in patient with migraine with psychiatric co morbidity. Although most people had age of onset at earlier age, the percentage of psychiatric comorbidity increases as the age increases. Psychiatric comorbidity was more among people who had more severe headache and who had prolonged duration of migraine. Disability was more with frequent episodes. Longer duration of headache resulted in more disability but was not statistically significant. Migraine with moderate to severe score on VAS had more disability.

DISCUSSION

This study shows that psychiatric co morbidity among patients with migraine is around 41% which is in line with earlier studies. Only 14% of people diagnosed with migraine without psychiatric co morbidity had grade 3 or 4 in disability assessment. Whereas 48% of people diagnosed with migraine with psychiatric co morbidity had grade 3 or 4 in disability assessment. This was statistically significant. The study also shows that patient diagnosed with migraine with psychiatric co morbidity had statistically significant poorer quality of life when compared with those without. QOL score from previous studies have shown - 83 for rheumatoid arthritis, 84 for systemic lupus erythematosus, 87 for osteoarthritis, 82 for psoriasis, urinary incontinence and chronic obstructive pulmonary disease. In this study the average QOLS score is 81.48 which shows that quality of life among migraine patients are similar to patients with rheumatoid arthritis, COPD or psoriasis.

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