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Research Article

SOCIODEMOGRAPHIC AND COMORBIDITY PROFILES OF MIGRAINE PATIENTS: AN OUTPATIENT-BASED STUDY IN A TERTIARY CARE HOSPITAL

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ABSTRACT

Objective: Migraine is a primary headache disorder. The study was undertaken to assess correlation between sociodemographic characteristics of migraineurs with their various comorbidities so as to determine most important factors influencing their comorbidity profile.

Methods: A prospective study was conducted between June 2018 –April 2020 in 323 patients suffering from migraine in out-patient department of Neurology. Patients were labeled as migraine on the basis of Simplified Diagnostic Criteria for Migraine. A structured questionnaire was used for evaluation of sociodemographic variables and evidence based approach was adapted to fill psychiatric and comorbidity profiles of patients.

Results: In 323 patients of migraine males were 30 (9.3%) and females 293 (90.7%). Mean age of males is 38.80±17.53 years and of females 35.38±13.29 years, (p=0.307). Most of them were in 21-30 years age group followed by 31-40 years Majority of patients were from district Srinagar followed by Ganderbal. Housewives formed major group of patients followed by students It was seen more in the illiterate class than in literates. 57% patients belonged to lower middle class. Psychiatric comorbidities including anxiety,depression and physical comorbidities like hypertension, hypothyroidism and comorbid pains were common associations. Comorbidities have been compared with mean age of the patients and it was found that psychiatric comorbidities, neuropathic pain, hypothyroidism, hypertension, Type 2 DM, comorbid pains and PCOD were statistically significant, (p=≤0.05).

Conclusion: Most common comorbidities associated with migraine are anxiety, depression, neuropathic pain, hypothyroidism, hypertension, Type 2 DM and comorbid pain. Comorbidities have direct impact on nature of treatment protocol and need to be addressed to achieve outcome based treatment.

Keywords: Migraine, Comorbidities, Sociodemography.

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INTRODUCTION

Migraine is a primary headache disorder. It is the second most common painful and debilitating disorder in the world, afflicts approximately 15% of women and 6% of men over a 1 year period [1]. It has a global prevalence of around one in seven people [2]. According to the Global Burden of Disease Study, it ranks as the seventh most common cause of disability worldwide, rising to the most common cause in the age of under 50 [3]. Migraine is an important cause of reduced health-related quality of life and has a significant and negative personal, societal, and economic burden and is often underdiagnosed, misdiagnosed (e.g., in sinusitis), and undertreated in both primary and secondary care [4-8]. The latest version of the International Headache society's International Classification of Headache disorders ICHD – III (beta) (Headache Classification Committee of the International headache Society, 2013) [9] classifies migraine as (i) migraine without aura, (ii) migraine with aura, (iii) chronic migraine, (iv) complications of migraine, (v) probable migraine, and (vi) episodic syndrome that may be associated with migraine. A simplified diagnostic criterion for migraine is quite reproducible which mentions as repeated attacks of headache lasting 4–17 h in patients with a normal physical examination, no other reasonable cause for the headache and at least 2 of these features as (i) unilateral pain, (ii) throbbing pain, (iii) aggravation by movement, and (iv) moderate or severe intensity plus at least one of the features such as nausea/vomiting, photophobia, and phonophobia [1]. There are several disorders that are commonly comorbid with migraine. Among the most common are anxiety, chronic pain, fibromyalgia, bipolar disorder, cardiovascular diseases, epilepsy, hypertension, headache (other than migraine), irritable bowel syndrome, sleep disorders, obesity, and GERD [10]. The present study, therefore, aims to provide insight into the prevalence of comorbidities in patients with episodic and chronic migraine in our ethnic population. Despite a better understanding of global migraine prevalence, the influence of sociodemographic factors has not been completely characterized. We need to understand how migraine fluctuates as a function of age, sex, race, ethnicity, socioeconomic status, occupation, exercise habits, and relevant family history. Hence, we planned this study to better understand the distribution and burden of migraine and help to define and identify the groups at greatest risk for developing the disorder [11]. Moreover, the study was also undertaken to assess the correlation between sociodemographic characteristics of migraineurs with their various comorbidities so as to determine the most important factors influencing their comorbidity profile.

METHODS

A prospective study was conducted between June 2018 and April 2020 in 323 patients suffering from migraines in the outpatient department of neurology. The study received approval from the Institutional Ethics Committee. Patients were labeled as migraines on the basis of Simplified Diagnostic Criteria for Migraine adapted from the International Headache Society Classification (Headache Classification Committee of the