THE PREVALENCE OF MIGRAINE IN ANXIETY DISORDERS: A CLINICAL STUDY

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Introduction:

The screening for psychiatric disorder in migraine has been reported in several clinical and epidemiological studies. However, the prevalence of migraine in psychiatric populations has not been widely studied and few researches have been done to evaluate the characteristics of migraine in patients followed for anxiety disorders. This study aimed to evaluate the prevalence and characteristics of migraine in a group of Tunisian patients followed with anxiety disorders in order to better understand the relationship between these two pathologies commonly associated.

Materials and Methods:

We carried out a retrospective study in patients followed with anxiety disorders at the psychiatric department of the Military Hospital of Tunis. We used the DSM-V criteria for assessing anxiety disorders and the diagnosis of migraine has been established according to the criteria of the International Headache Society. The patients were divided into two groups according to the presence or absence of the migraine diagnosis.

Results:

Between January 1st and July 31th 2017, a total of 78 patients with anxiety disorders were included into the study. 47.4% of our population were diagnosed with migraine (n=37).

Table II. Headache characteristics in migraineur patients

Migraine characteristics	Patients diagnosed with migraine (N=37)
Seniority, years ±SD	4.48±3.16
Number of attacks per month, n±SD	2.73±2.5
Mean duration, hour ±SD	31.54±22.02
Start mode, n (%)	
-Brutal	5 (13.5)
-Progressive	32 (86.5)
Severity, n (%)	
-Discreet	1 (2.7)
-Moderate	16 (43.2)
-Severe	20 (54.1)
Trigger factors, n (%)	
-Climate	10 (27)
-Psychological	6 (16.2)
-Menstruation	2 (5.4)
-Stress	19 (51.4)
Modifying factors, n (%)	
-Effort	15 (40.5)
-Decubitus	4 (10.8)
-Rest	18 (48.7)
Aura, n (%)	
-Yes	6 (16.2)
-No	31 (83.8)
Symptoms, n (%)	
-Insomnia	3 (8.1)
-Nausea	3 (8.1)
-Photophobia	20 (54.1)
-Sonophobia	7 (18.9)
-Vomiting	4 (10.8)
Migraine calmed by the usual analgesics, n (%)	
-Yes	32 (86.5)
-No	5 (13.5)
Headache attack treatment, n (%)	
-Paracetamol	15 (40.5)
-NSAIDs*	11 (29.7)
-Paracetamol+NSAIDs*	8 (21.6)
-Codeine*Paracetamol	4 (10.8)

*Non-steroidal anti-inflammatory drug

Table I. Baseline clinical characteristics according to the presence or absence of migraine

	All (N=78)	Non-migraine patients (N= 41)	Patients diagnosed with migraine (N= 37)
Age, years, mean ±SD	38.7±10.7	40.5±9.8	37.1±10.8
Age strata, n (%)			
<45 years	28 (33.3)	9 (21.9)	19 (51.4)
65-74 years	43 (51.2)	27 (65.9)	16 (43.2)
>75 years	7 (8.3)	5 (12.2)	2 (5.4)
Gender, n (%)			
-Female, n (%)	52 (66.7)	24 (58.5)	28 (75.7)
-Gender, n (%)	26 (33.3)	17 (41.5)	9 (24.3)
Years of education, n (%)			
-Illiterate	3 (3.8)	2 (4.9)	1 (2.7)
-Primary school	12 (15.4)	7 (17)	5 (13.5)
-High school	42 (53.8)	22 (53.7)	20 (54.1)
-University	21 (26.9)	10 (24.4)	11 (29.7)
Marital status, n (%)			
-Single	19 (24.4)	10 (24.4)	9 (24.3)
-Married	59 (75.6)	31 (75.6)	28 (75.7)
Family income, n (%)			
-High	6 (7.7)	4 (9.8)	2 (5.4)
-Moderate	71 (91)	37 (90.2)	34 (91.9)
-Low	1 (1.3)	0 (0)	1 (2.7)
Psychiatric comorbidities, n (%)			
-Yes	36 (46.2)	14 (34.1)	22 (59.5)
-No	42 (53.8)	27 (65.9)	15 (40.5)
Substance abuse, n (%)			
-Alcohol	19 (24.3)	9 (21.9)	10 (27)
-Tobacco	24 (30.8)	12 (29.3)	12 (32.4)
-Drugs	0 (0)	0 (0)	0 (0)
-Caffeine	35 (44.9)	20 (48.8)*	15 (40.6)
Scarification, n (%)	5 (6.4)	1 (2.4)	4 (10.8)

No significant differences in clinical characteristics were observed between the non-migraine patients and patients diagnosed with migraine (all p<0.05)

Discussion and conclusions:

In our study, a high prevalence of migraine among patients followed with anxiety disorders was found. Previous prospective studies have demonstrated a temporal relationship for the onset of migraine and psychiatric disorders. In contrast, our study did not find a clear relationship. Furthermore, a bidirectional association between migraine and anxiety disorders was reported suggesting a shared etiological mechanism involving biological or environmental risk factors. Further studies are needed to investigate this.

Keywords: Migraine, Anxiety disorders, Pain, Disability, Gender