CORRESPONDENCE

Prevalence of Associated Co-morbidities Influencing Choice of Migraine Prophylaxis in a Headache Clinic

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Sir,

The choice of migraine prophylaxis medication is often dictated by associated co-morbidities, leading to contra-indication to a particular prophylactic medication, or a desirable side-effect of another.[1] Amitryptiline would be preferred in associated insomnia, depression and neuralgic pain, whereas Divalproex or Topiramate would be preferred in associated Epilepsy and bipolar mood disorder. Beta blockers would be chosen if there is associated Angina or Hypertension, but avoided in presence of asthma or brittle Diabetes.

We conducted a prospective observational study to assess burden of associated co-morbidities in Migraine, with serial recruitment of subjects from the Neurology and Headache clinics of a large teaching hospital. All patients with newly diagnosed or previously diagnosed Migraine, requiring prophylactic medications (2 or more migraine episodes per month, causing significant disability despite abortive medications), were included. There were no exclusion criteria. Migraine was defined as per the International Classification of Headache Disorders (ICHD)-2 criteria for Migraine with and without aura.[2]

Evaluation of co-morbidities was done by interview, clinical examination on more than 2 visits, checking of lab data, EEG, X-rays, ECG, 2DEcho, and MRI brain. Depression was diagnosed as per DSM-4 criteria by standard interview format.

Windows SPS v 16 was used for analysis.

The study included 212 patients (162 women). There were 29 patients under 20 yrs of age , 91 in the 21-30, 69 in the 31-40, 20 in the 41-50 and 3 in the over 50 years age group. Migraine with aura was seen in 59/212 (27.8%) patients. Migraine duration was under 1 year in 40.5 % patients, and over 4 years in 12.2% patients. Among women older than 40 yrs (23/162), only 12 were newly diagnosed. The commonest trigger for headache was bright light and the commonest associated symptom was nausea.

Regarding co-morbidities, we found that Diabetes was present in 2.3% (5/212), Obstructive airway disease in 3.3% (7/212), Cardiac failure in 0.4%(1/212), Depression in 3.7% (8/212), associated vestibular symptoms in 33.4%(71/212), syncope/seizure in 2.3% (5/212), Ischemic heart disease in 0.9% (2/212), and hypertension in 4.7% patients (10/212). Depression among chronic migraineurs has been well documented.[3] Among the 5 women (all under 40 yrs) with syncope/ seizure, 3 had had more than 1 adult onset generalized tonic clonic seizure, with a normal epilepsy-protocol MRI brain and EEG; the other 2 had syncope with a normal EEG, normal MRI brain with angiogram and normal Tilt table testing response. The syncope was attributed to a complicated or basilar Migraine.

Depression and vertigo were both significantly commoner in women over 40 years as compared to younger women. (P 0.03, OR 3.58, 95% CI 1.12-11.41, and P < 0.0001, OR 3.78. 95% C I 2.10-6.81 respy.). The higher rates of Depression among older women could be related to longer Migraine duration, and higher prevalence of chronic vertigo.

Among the 50 men migraineurs , co-morbidities were significantly fewer (1 each had Diabetes, hypertension and asthma), probably due to their lower mean age (24 years -range 13-32).

References

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