PREVALENCE OF MIGRAINE AMONG PATIENTS PRESENTING IN OUTDOOR DEPARTMENTS

AUTHORS:
1. DR. MUHAMMAD HAKIM KHAN, RHC JANDANWALA TEHSIL KALURKOT
2. DR. AQSA MUNAWAR, ALLAMA IQBAL MEDICAL COLLEGE LAHORE
3. DR. AROOBA, MAYO HOSPITAL LAHORE

ABSTRACT:
Migraine is a primary headache disorder characterized by recurrent headaches that are moderate to severe. Typically, episodes affect one half of the head, are pulsating in nature, and last from a few hours to 3 days. This cross-sectional study was conducted among outdoor patients presenting in different hospitals. Name, age, gender, presence or absence of migraine, its intensity and treatment modalities were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 120 patients included in this study i.e., 70 males (58.33%) and 50 females (41.67%). The mean age of the patients was 35.33±6.23 years. Out of 120 patients, thirteen (n=13, 10.83%) had history of occasional and frequent migraine of moderate to severe in intensity and that they were taking medication for this condition.

KEYWORDS: MIGRAINE, OUTDOOR PATIENTS
INTRODUCTION:
Migraine is a primary headache disorder characterized by recurrent headaches that are moderate to severe. Typically, episodes affect one half of the head, are pulsating in nature, and last from a few hours to 3 days. Associated symptoms may include nausea, vomiting, and sensitivity to light, sound, or smell. The pain is generally made worse by physical activity, although regular exercise may have prophylactic effects. Up to one-third of people affected have aura: typically a short period of visual disturbance that signals that the headache will soon occur. Occasionally, aura can occur with little or no headache following it.

Migraine is believed to be due to a mixture of environmental and genetic factors. About two-thirds of cases run in families. Changing hormone levels may also play a role, as migraine affects slightly more boys than girls before puberty and two to three times more women than men. The risk of migraine usually decreases during pregnancy and after menopause. The underlying mechanisms are not fully known. They are, however, believed to involve the nerves and blood vessels of the brain.

Initial recommended treatment is with simple pain medication such as ibuprofen and paracetamol (acetaminophen) for the headache, medication for the nausea, and the avoidance of triggers. Specific medications such as triptans or ergotamines may be used in those for whom simple pain medications are not effective. Caffeine may be added to the above. A number of medications are useful to prevent attacks including metoprolol, valproate, and topiramate.

Globally, approximately 15% of people are affected by migraine. In the Global Burden of Disease Study of 2010, it was ranked as the third most prevalent disorder in the world. It most often starts at puberty and is worst during middle age. As of 2016, it is one of the most common causes of disability. An early description consistent with migraines is contained in the Ebers papyrus, written around 1500 BC in ancient Egypt (1-3). The purpose
of this study was to see the prevalence of migraine among patients presenting in outdoor department of different hospitals.

MATERIAL AND METHODS:
This cross-sectional study was conducted among outdoor patients presenting in different hospitals. Name, age, gender, presence or absence of migraine, its intensity and treatment modalities were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
There were 120 patients included in this study i.e., 70 males (58.33%) and 50 females (41.67%). The mean age of the patients was 35.33±6.23 years. Out of 120 patients, thirteen (n=13, 10.83%) had history of occasional and frequent migraine of moderate to severe in intensity and that they were taking medication for this condition.

DISCUSSION:
Preventive treatments of migraine include medications, nutritional supplements, lifestyle alterations, and surgery. Prevention is recommended in those who have headaches more than two days a week, cannot tolerate the medications used to treat acute attacks, or those with severe attacks that are not easily controlled. Recommended lifestyle changes include stopping tobacco use and reducing behaviors that interfere with sleep. The goal is to reduce the frequency, painfulness, and duration of migraine episodes, and to increase the effectiveness of abortive therapy. Another reason for prevention is to avoid medication overuse headache. This is a common problem and can result in chronic daily headache. Preventive migraine medications are considered effective if they reduce the frequency or severity of the migraine attacks by at least 50%. Guidelines are fairly
consistent in rating topiramate, divalproex/sodium valproate, propranolol, and metoprolol as having the highest level of evidence for first-line use. Propranolol and topiramate have the best evidence in children; however, evidence only supports short term benefit as of 2020.

Medical devices, such as biofeedback and neurostimulators, have some advantages in migraine prevention, mainly when common anti-migraine medications are contraindicated or in case of medication overuse. Biofeedback helps people be conscious of some physiological parameters so as to control them and try to relax and may be efficient for migraine treatment. Neurostimulation uses noninvasive or implantable neurostimulators similar to pacemakers for the treatment of intractable chronic migraine with encouraging results for severe cases. A transcutaneous electrical nerve stimulator and a transcranial magnetic stimulator are approved in the United States for the prevention of migraines. There is also tentative evidence for transcutaneous electrical nerve stimulation decreases the frequency of migraines. Migraine surgery, which involves decompression of certain nerves around the head and neck, may be an option in certain people who do not improve with medications (4-6).

REFERENCES: