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Research Article

**A HOSPITAL-ORIENTED RESEARCH TO ASSESS THE
LONGER MIGRAINE AILMENT AND ITS ASSOCIATION
WITH DEPRESSION, GENDER AND AGE**¹Munazza Mehak, ¹Aqsa Ibrahim, ²Fakhra Hussain¹Fatima Jinnah Medical University Lahore²Muhammad Medical College Mir Pur Khas Sindh**Abstract:**

Objective: To ascertain the cohabiting depression in detected instances of migraine.

Methods and Patients: We carried out this hospital-oriented research at Mayo Hospital, Lahore (February 2016 to March 2017). All patients of both genders irrespective of their age, hospitalized at the said locale were the population of the research. The researcher used the criteria devised by the International Headache Society to detect the cases of migraine. Moreover, to examine the cases of depression, the researcher selected HADS (Hospital Anxiety and Depression Scale). Member drew a comparison among the cases of depression under migraine (MWD) and migraine without depression acting as control variables (MC). Outcomes were measured in a time interval and rate of migraine, indisposition with depression.

Results: Total hundred patients were detained in the hospital. Initially, forty MWD were selected as research participants and forty MC were chosen from the rest of the patients, hospitalized. So we can make the case by examining the numbers that among all MC and MWD, females were common: 72% and 78% in turn. In terms of female MWD, most of them belonged to the 31-40 years old age group in contrast with MC in which the patients belonged to the age group of (21 – 30) years. Whereas, in both cases, MC and MWD, males belonged to the age group of (22 – 30) years, that is about 56% (05) and 46% (5) separately. The study explored that, 50% of MWD were facing the attacks of indisposition for regular ten years. For the same duration, eighteen percent of MC bears the same disease. A headache caused the root of disability for 90% of MWD. On the other hand, MC has had 62.5% for maximal disease period.

Conclusion: The migraine patients who are bearing this ailment for the longer period of time with high rate are advised to be evaluated by the psychiatric. Moreover, antidepressant medicines can benefit their healing procedure.

Keywords: *Depression, Comorbidity and Migraine.*

Corresponding author:**Munazza Mehak,**Fatima Jinnah Medical University,
Lahore

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INTRODUCTION

Migraine has become generic among the masses, which affected both males and females, six percent and eighteen percent respectively [1]. It has burdened the life in society economically and socially. In this regard, human life has to make many compromises. Migraine and depression commonly start in the early period of life. Depression rate is four times greater in migraine cases as compared to the other severe diseases [2, 3]. In some other similar researches, in the similar locale, revealed that more than ten percent patient has depressive personalities that were the highest rate noted in all other types of personalities [4].

A neurological ailment cohabiting with other physical diseases can be the reason to create more trouble due to the warning signs of illness. It can be accelerated due to delay in cure and unnecessary medical examination. The exploration of both diseases and the regular treatment for both enhances the burden of migraine- economically and socially. The aim of this research is to explore the cohabiting depression in reported cases of migraine. Moreover, it should focus on the study of their effect on headache.

PATIENTS AND METHODOLOGY:

For the collection of data, under the guidance of international Headache Society, a questionnaire was developed to explore migraine [5]. Moreover, to identify depression, HADS was applied. This scale was meant to be used for the patients who suffer from physical ailments. These HADS includes subscales for anxiety and depression [6]. Furthermore, one subscale includes seven questions with four possible answers. To analyse, responses were examined under certain criteria- seven and less for non-instances, eight to ten for disputed and uncertain and more than eleven are the certain ones. The subscale score should indicate the rigorousness of anxiety and depression [6].

We carried out this hospital-oriented research at Mayo Hospital, Lahore (February 2016 to March 2017). In Neurology OPD, all the patients were examined closely; a total one hundred patients were reported as having migraine. Most of the patients have had the low socio-economic background. This

study could have had created some more economic burden for the patient so it was considered to select only those patients those had no changes in their characters or the point of origination of a headache.

All those patients who fulfilled the criteria of IHS were later on given with Urdu Version. At initial stage, patients were to read out the questions for their understanding. The researcher gave lucid instructions to attempt the answers. Some patients were not literate enough to the answer but rest of the patients filled in the questionnaire by themselves. The patients less than seven were chosen as a control group (MC), greater than ten were regarded as a certain case (MWD) and those who lied on the borderline were not included in this investigation. Forty cases of MWD could become the part of the study and later MC and MWD were divided into three groups according to their age suitability - (11 – 20), (21 – 30) and (31 – 40) years.

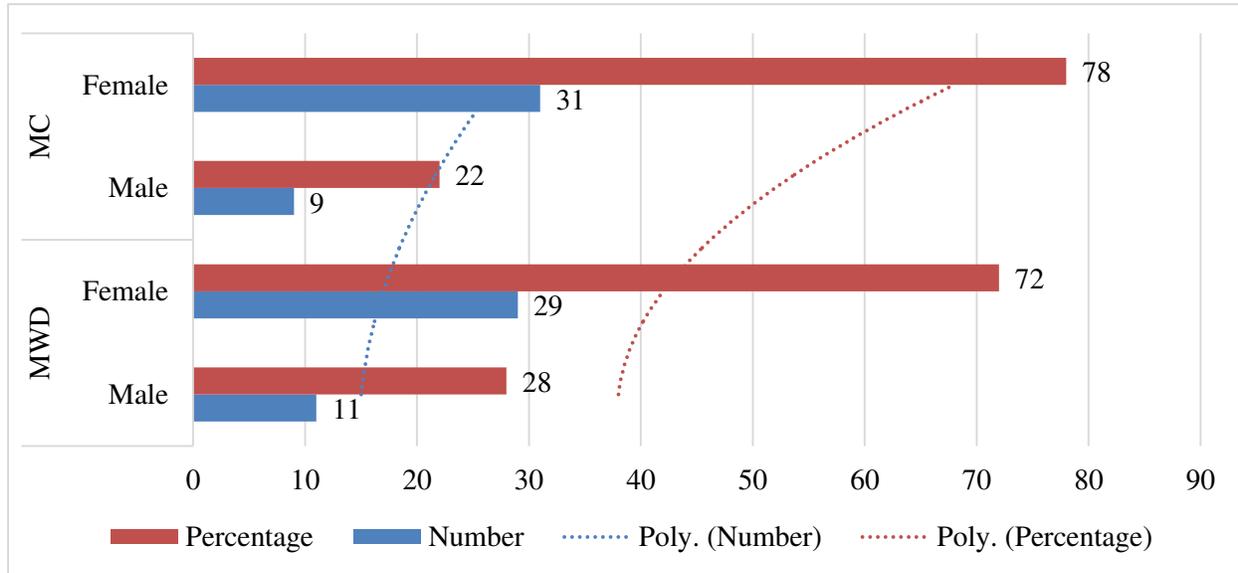
Similarly, suffering durations for a headache were also grouped into three, for those who were suffering from less than five years grouped separately, bearing for (6 – 9) years grouped together and the rest who were going through it laid in one group. Some of the patient was reported as a maximal condition in migraine and were totally limited to the bed rest and were unable to move their heads. Moreover, students with less severity of the case were doing their normal physical activities. Patients were also grouped into there in terms of the rate of a headache: the first group for those who had one attack per month, second for those who suffer (2 – 3) attacks in a month and who beard more than four attacks laid in the third group.

RESULTS:

A hundred patients were examined and forty of them are reported as MWD on the criteria of HADS. In the reported cases 72% were female patients and 28% were male: 29 and 11 respectively. These all patient lied in the age group from sixteen to forty. These numbers correspondent with MC cases as 78% and 22% respectively. Fifteen MWD females belonged to the age group of [31-40] years which followed by 31% of the group: (21 – 30) years and 17% to (11 – 20) years. For MC, comparative numbers were 58%, 29% and 13% respectively.

Table – I: Gender Distribution in MWD & MC

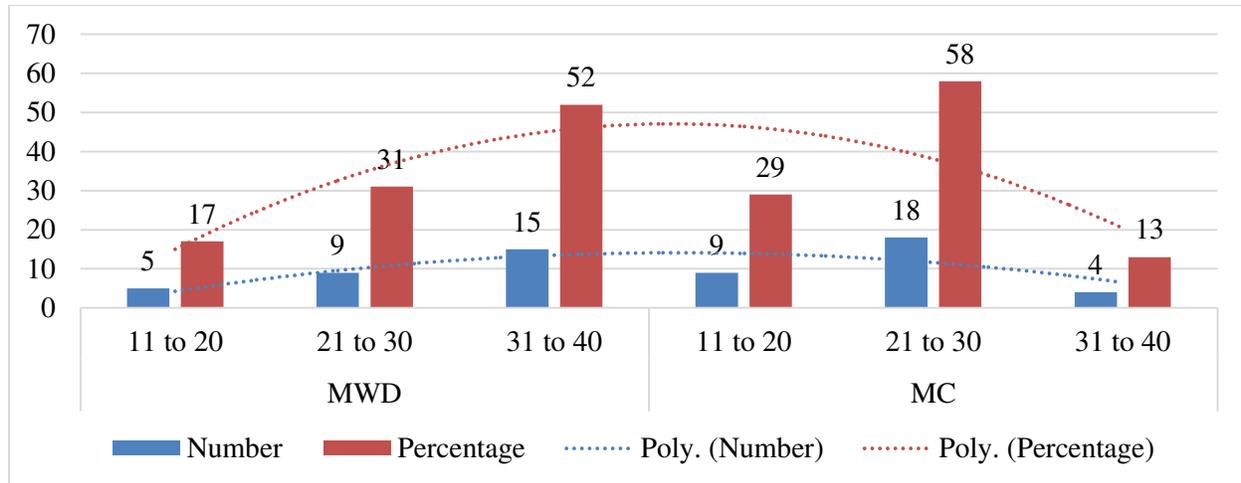
| Group / Gender | | Number | Percentage |
|----------------|--------|--------|------------|
| MWD | Male | 11 | 28 |
| | Female | 29 | 72 |
| MC | Male | 9 | 22 |
| | Female | 31 | 78 |



In the case of males, the majority of the numbers belonged to (22 – 30) year age group in MWD and MC equally: respectively five each. Thirty-four percent MWD was reported followed by 18% who fell in the age group of (31 – 40) years and (11 – 20) years respectively in the second group.

Table – II: Age Distribution in MWD & MC

| Age (Years) | | Number | Percentage |
|-------------|----------|--------|------------|
| MWD | 11 to 20 | 5 | 17 |
| | 21 to 30 | 9 | 31 |
| | 31 to 40 | 15 | 52 |
| MC | 11 to 20 | 9 | 29 |
| | 21 to 30 | 18 | 58 |
| | 31 to 40 | 4 | 13 |



In comparison with MC, whose total numbers of reported cases are (25) that is 62%, MWD is 90% (36) with maximal disability in the disease. Cases of MWD coded that they have had a modest disability during the time of the attack. On the other hand, 37% (15) MC cases have had high intensity during the shock. As a whole 62.5% MWD had 4 shocks, 25% MWD had (2 – 3) shocks and just 12% have had one shock a month. In the case of MC, 55% had 1 shock, 37% had (2 – 3) and just 7.5% had 4 shocks in a month.

As the hundred participant patients were selected for the study at the initial stage from whom 67 fulfilled the conditions of migraine without impression, 29 suffered from aura and 9 had a blended pattern. Among these 7 had cohabiting migraine, one had migraine with ophthalmologic and one had occasional attack who was suffering from migraine without aura. Seventy-five of these patients a one-sided headache that used to change its position.

Females had the higher level of depression as compared to male i.e. 15.2 for females and 14.5 for males thirty-five patient inherited this disease from their families. In terms of MC, males and females had slight variation and depression is (6 ± 1) . The age group (30 – 40) years had the high ranking in the depression scale, that is sixteen for males and females, 14 for (21 – 30) years and 13 for (11 – 20) year's age group.

DISCUSSION:

Forty percent of the research patients came into consideration of migraine with depression fulfilling the criteria of IHS for migraine and depression based on HADS. Fifty-seven percent of headache patients had depression disorder, 20% of migraine and 47% migraine with depression [7]. Further study revealed

that MWD had an extended the history of a regular headache [8]. Total 50% of MWD had attacks for 10 years or more as compare to 10% of MC. Fifty-two percent of patients had had a psychological basis for the disease. So MWD had more severity in nature and suffered for a much long time period as compare to MC [9]. This study overtly explored that fifty patients had one or two attacks in a month and fifteen percent had up to five attacks [10].

MWD patients had more severity in nature of headache attacks i.e. 90%. On the other hand, in terms of MC, this ratio is 67%. More exploration revealed that eighty percent patients even unable to continue their routine working. As the last four decade had more demands to establish and progress in the field of economy, depression had attempted to halt the process or at least became one of the major factors to disrupt the life [12]. Depression was accelerated with continuous headache attacks and the ruined to the situation to its worst condition. As a result, these combinations of different but interlocking disabilities made the public handicapped [11]. This study also reveals that the patients in the upper age group are more vulnerable in terms of no option of recovery. Only in America, this disorder cost the state with 13 billion dollars a year because a large stratum is unable to produce [16, 17].

A total number of 38 patients had recurrent attacks of a headache with migraine. It may possible that there may be some other factors which affect or worsen the condition e.g. a cluster headache [18]. Some more insight discovered that depression may descend mostly from the mother's bloodline. Around seventy-five patients could recognize a stimulus for the attacks and rest identified the stress as a major factor [19 – 21].

The responses were feeble from the MWD patient during the anti-migraine treatment that could be enhanced when they were given with anti-depressant medicine [13]. All the research participants were used to take analgesic that is another factor for a rebound headache and forty-seven percent of the patients are used to take it daily [13, 14].

The one cause in the increase of such cases is less information about the reality of disease or poor education. Sometimes, it may become inevitable for the patients to take an analgesic for six months until the rebounds of headaches stop. But due to lack of information patients are used to visit Fakeers and Hakeems in spite of knowing the situation that may keep the patients' families in the trauma of uncertainty [22].

CONCLUSION:

When migraine syndicates with depression it increases the time duration, its rate of recurrence and makes the nature of disease more severe. It also makes the treatment much hindered. It makes the person socially retired and disrupts the life. A psychiatric evaluation can be the alternative for the patients who have a prolonged period of disease and high numbers of attacks.

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