Original Article

FREQUENCY OF DEPRESSION IN PATIENTS WITH MIGRAINE PRESENTING TO SERVICES HOSPITAL LAHORE

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Objective: To determine the frequency of depression in patients with migraine coming to Services Hospital, Lahore.

Methods: One hundred and fifty cases fulfilling the inclusion/exclusion criteria were enrolled in the study and informed consent was taken, regarding inclusion of patient in study. All patients after confirmation of migraine with consultant having at least 5 years of experience of consultancy, depression were evaluated by the researchers themselves.

Results: Frequency of depression in patients with migraine coming to services hospital, Lahore was recorded in 48 % (n=72) while 52 % (n=78) had no findings of the morbidity.

Conclusion: We concluded that the frequency of depression is high among patients with migraine. So, it is recommended that every patient who present with migraine, should be sort out for psychological disturbance.

Key words: Migraine, depression, frequency

Introduction

Migraine is chronic paroxysmal disorder characterized by stereotypical attacks of headache, focal neurological symptoms or a combination of both. It is one of the most burdensome of the primary headache disorders.¹ It affects as many as 18% of women and 6% of men aged 25-55 years and is under-recognized worldwide.² In addition it results in enormous expense to society. In United States, the direct and indirect costs of migraine are estimated to be more than 20 billion dollars annually.

Migraine is associated with higher than expected incidences of several neurological and psychiatric disorders, including epilepsy, stroke, depression, bipolar disorder, and anxiety disorders. Migraine also appears to be associated with irritable bowel syndrome, mitral valve prolapse, asthma, chronic fatigue syndrome, low-tension glaucoma, and Raynaud phenomenon.³ The association between migraine and depression is well established, but the mechanism is uncertain. Depression may mean the symptom of feeling sad, melancholic or low in spirit, or it may mean the syndrome of depression as characterized by low mood, lack of enjoyment, reduced energy and changes in appetite, sleep and libido loss.⁴ Many effective treatments are available for major depressive disorder, including psychotherapy (e.g. cognitive-behavioral, interpersonal, or expressive), used either alone or in combination with medication. However, the combined approach provides some patients with the quickest and most sustained response. Uncomplicated depression that is not severe typically responds equally well to psychotherapy or an antidepressant. Rationale of this study is to determine the frequency of depression in patients with migraine coming to Services Hospital, Lahore and also help to treat the co-morbidity well in time.

Methods

One hundred and fifty cases having age B/w 20-60 of both genders were enrolled in the study and informed consent was taken, regarding inclusion of patient in study. All patients after confirmation of migraine with consultant having at least 5 years of experience of consultancy, depression were evaluated by the researcher himself. Already diagnosed patients with depression or already taking any antidepressant medication and patient not willing to participate were excluded.

Results

In our study, We recorded age of the patients, where 56 %(n=84) were between 20-40 years, 44%(n=66)

Table-1: Age distribution(n=150).

Age (in years) No. of Patients		Percentage	
20-40	84	56%	
41-60	66	44%	
Total	150	100%	
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Mean+sd: 38.99+9.21

were between 41-60 years,

Gender distribution of the patients shows 62%(n=93) were male and 38%(n=57) were female. Duration of illness was recorded, it shows that 42.67%(n=64) were between 1-6 months and 57.33%(n=86) had >6 months of duration,.

Frequency of depression in patients with migraine coming to services hospital, Lahore was recorded in 48%(n=72) while 52%(n=78) had no findings of the morbidity. Stratification for age with regards to depression in migraine shows that out of 72 cases of depression 41 were between 20-40 years and 31 were between 41-60 years of age, p value was computed as 0.82 which is not significant.

Table-2: Sex distribution(n=150).

Gender	No. of Patients	Percentage
Male	93	62%
Female	57	38%
Total	150	100%

Tab	le-3:	Duration	of	Illness	(n=150))
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Duration of Illness in(months)	No. of Patients	Percentage
1-6	64	42.62%
> 6	86	57.33%
Total	150	100%
M + L < 24 + 2.72		

Mean+sd: 6.31+2.73

 Table-4:
 Frequency of depression in patients with

 migraine presenting to Services Hospital Lahore(n=150)

Duration of Illness in(months)	No. of Patients	Percentage
Yes	72	48%
No	78	52%
Total	150	100%

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Table-5: Stratification fro age with regards to depression in migraine (n=72)

Age (in Years)	Yes	No	Percentage
20-40	41	43	0.82
41-60	31	35	

Discussion

Several studies have reported significant associations between migraine, affective disorders and anxiety disorders. Two of the most important were longitudinal epidemiological studies of young adult populations using standardized operational criteria for the diagnosis of both migraine and psychiatric disorder. Merikangas et al5 found elevated 1-year prevalence rates for a wide range of psychiatric disorders in people with migraine ('migraineurs') compared with 'non-migraineurs', and reported odds ratios of 2.2 (95% CI 1.14.8) for major depressive disorder. In addition, Breslau et al⁶ found that lifetime prevalence rates of dysthymia, major depressive disorder, bipolar affective disorder, generalized anxiety disorder, panic disorder and phobia were significantly elevated among people with migraine compared with non-migraineur controls. The findings of our study are in agreement with Hamirani M' recorded frequency of Anxiety and Depression among patients with Migraine in 58.6% while another local study by Shehbaz N⁸ reveals 40% of the patients having migraine with depression.

Conclusion

We concluded that the frequency of depression is high among patients with migraine. So, it is recommended that every patient who present with migraine, should be sort out for psychological disturbance. However, it is also required that every setup should have their surveillance in order to know the frequency of the problem.

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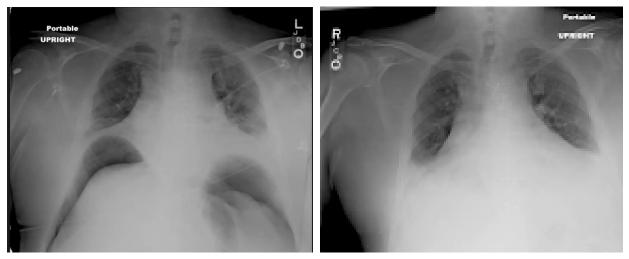
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Picture Quiz

WHAT IS DIAGNOSIS?



See Answer on page #44