

Migraine and Life Quality: A West African Survey

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Abstract

Migraine-related disability is multidimensional and is poorly appreciated by the diagnostic criteria of the International Society of Headache. The Headache Impact Test-6 (HIT 6) and the Migraine Disability Assessment Questionnaire (MIDAS) are the main scales validated in order to assess the burden associated with migraine. We wanted through this study prospective, transversal, determine the disability associated with migraine in the Mauritians. The study concerned migraine patients according to the criteria of the International Society of Headache (2013), accepting any treatment. The impact of the disease has been appreciated by the MIDAS and HIT6 scales. Seventy four (74) migrainous have been included. The average age was 30 years and the sex ratio of 3.6 (F/H). All patients have noted a decrease in productivity in relation to migraines. The loss of productivity per quarter was more than 20 days in 78.60% of cases, between 10 and 20 days in 11, 80%, 6-10 days in 6.20% and less than 6 days in 3.40%. The impact of migraine was major in 90, 54% of migraineurs according to the HIT6. The impact of migraine on the quality of life of the Mauritanian patient is huge. Due to the high productivity loss, migraine can be an impediment to the development where the need to encourage physicians to training on the management of pain and put in place support units dedicated to pain.

Keywords: Migraine; Disability; West Africa

Introduction

The headache is defined as pain felt at the level of the skull. The etiologies are diverse and varied where the need for a thorough clinical examination. A headache is called primary if no structural damage was found. Primary headache disorders are a heterogeneous group of migraine, tension headache, paroxysmal hemicrania and other primary headache. These include primary headache associated with cough, primary stabbing headache, primary headache in the effort, the primary headache associated with sexual activity, the discharge headache, primary headache in thunderclap, the hemicrania continued. Among this diverse group of primary headache, migraine is the better studied. The prevalence of migraine in the general population varies between 9 and 14% [1-5]. It is higher in women. The diagnostic criteria of migraine according to the International Headache Society do not allow assessment of disability related to migraine [6] It is established that this disability is related to the frequency of attacks, their duration and intensity, especially digestive signs of support and the alteration of the quality of social, professional and family [7]. The functional impact and alteration of productivity related migraine can be assessed by the quality of life scale HIT6 (Headache Impact Test) and possibly scaling MIDAS (Migraine Disability Assessment Questionnaire) that are validated in French [8]. Disability related symptoms are measurable by the agenda of the headache. This is to list the day's number of attacks a month, the

duration and the intensity of the pain, the patient the Triggering factors and all drugs used an each migraine attack.

Objective

To measure the impact of migraine on the productivity of a segment of the Mauritanian population.

Methodology

We realized a prospective cross-sectional study at the Neurology department of the Hospital of the specialities in Nouakchott from 1st April to 30 September 2015. The diagnosis of migraine was made under the supervision of neurologists. Patients over the age of 10 years, received for chronic headache, responding to the diagnosis of migraine according to the criteria of the International Headache Society of 2013, and who accepted any treatment were included. Socio-demographic data, the characteristics of headache, associated signs have been identified and the quality of life enjoyed by MIDAS and HIT6 scale. The MIDAS (Migraine Disability Assessment Questionnaire) questionnaire validated in French, is used on the assessment of the loss of productivity associated with migraine in the last 3 months. This loss of productivity is measured for professional life, domestic life and social life. It assesses the number of days of activity lost in each of these 3 aspects as well as the number of days for which productivity was reduced by half. Finally, 2 questions to assess the frequency and the intensity of the headache. Stewart WF [9]. The findings are expressed in grade:

Grade 1: Less than 6 days of lost productivity by quarter

Grade2: Between 6 and 10 days

Grade3: Between 11 and 20 days

Grade 4: More than 20 days

The HIT-6 (Headache Impact Test), validated in french, is a fast measurement scale of disability related to migraine [8,10]. It has the advantage of a very large of disability design, since she is studying several areas. An item directly evaluates the severity of pain during crises, 2 other items evaluate factor calming crises (desire to lie down and inability to perform daily activities). Finally the last 3 items assess comprehensively the impact of migraine disease on aspects as various as fatigue, feeling emotional and work capacity. The score is 36 (impact tie) 78 (maximum impact). It is very simply obtained by adding up the scores of each item. A total below 55 is the witness of a light or medium impact. Beyond that, he translated a major impact. Data was analyzed by the R software.

Results

Hundred and ten patients were received for our study, which includes 74 migraine patients. The average age was 30, with extremes of 12 years and 60 years. The age range (21-30 years) was more represented (52.7%). Other age groups (31-40) (41-50) (10-20) and (51-60) are present to respective percentages of 18.92; 14.87; 10.81 and 2.70. About sex (78.38%) of migraineurs were sex female is a sex ratio of 3.6 (F/H). Ninety-two percent (92%) of the patients had a migraine without aura. Migraine with aura was noted in 8% of cases. Them get were all visual type. Nine percent (9%) of the migraine followed contraception. Oral contraceptive (10%), the intrauterine device (3%) and implants (1%) have been used contraceptives. A family history of chronic headache was noted at 82.43% of Migraineurs. The seat of the headache was temporal (81.08%), frontal (14.86%). The headache was pulsatile (91.89%), constructive (8.11%). The average duration of a migraine attack was 25 hours while the duration of average evolution of the disease is 4.1 years. The headache was unilateral (19%), bilateral (9%) and mixed (72%). Concerning crisis (67.81%) of migraineurs had at least 3 attacks per month and 98.85% rated the pain of severe. Physical exertion was the aggravating factor more found (85.14%), followed by the climate exposure factors. These were formed of: exposure to sunlight (75.68%), ventilation (55.41%), the current of air (55.41%), air conditioning (52.7%). Nausea (93.24%), phonophobia (61.8%), photophobia (51.35%), vomiting (17.57%) were signs of more found support at our migraine. All patients have noted a decrease in productivity in relation to migraines. The loss of productivity per quarter was more than 20 days in 78.60% of cases, between 10 and 20 days in 11.80%, 6-10 days in 6.20% and less than 6 days in 3.40%. The impact of migraine was major in 90.54% of migraineurs according to the HIT6.

Discussion

The overall prevalence of migraine is around 10% [11-15]. This prevalence varies according to sex, age, profession, level of study [12,13,15]. We could not determine the hospital prevalence of migraine in Mauritania because recruitment was from a single universitar neurologist. The impact on the quality of life is assessed using generic scales (SF 36, SF12) but also specific scales (quality of life migraine). Duru G, through a study in 2004, 1486 patients suffering from headache had established that those with chronic daily headache was

more impaired than Migrainous patients life quality and the quality of life was obtained by patients with episodic migraine [16]. These data have allowed to conclude that a quality of life for patients who suffer from headache is correlated with the frequency of crises. The quality of life of the migraine is also significantly correlated to the severity of the pain, and the resistance to treatment [17]. Henry P and al, through its study found that the quality of life of migraine sufferers 'safe' is more impaired than the migraine "possible". Those have a quality of life more impaired than the suffering of headaches without migraine and that this difference is relative especially to crisis [17]. Furthermore, the signs and symptoms of the migraine would influence the quality of life of patients significantly. Episodic headache disability is multidimensional and can't be appreciated by one-dimensional scales [18]. Alberto Ruggi. In a systematic review of the psychosocial difficulties relevant to patients with migraine found that the most frequent psychological difficult were reduced vitality and fatigue, emotional problems, pain, difficulties at work, general physical and mental health, social functioning and global disability [19]. This could be in relation to the intensity of the pain in our study population probably because of the high dependency of women [20] but also the absence of therapy before the study. In our study, the pain was severe only in 35% (severe), 43% (moderate), and 22% (slight).

We noted a headache-related disability was more significant appreciated by the HIT6 than MIDAS. In our study, disability was severe according to the MIDAS (more than 20 days loss of productivity per quarter) in 78.60% of cases, against 90, 54% according to the HIT6. What's in the sense of the conclusions of Sauro et al. in 2010, WHO noted a correlation between the scores, HIT6 and MIDAS but reported a correlation between pain intensity and HIT6 more than MIDAS [21].

Conclusion

Migraine is a condition common in the general population, especially among young women. It's is responsible for a loss of productivity in the workforce in relation to the pain, associated signs, aggravating factors and the alteration of the quality of life. Migraine therapies are accessible to our population. Thus, early and appropriate management is expected to ease this burden.

Conflict of interest

Authors declared no conflicts of interest.

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