



Assessment of multimorbidity found crucial for the management chronic migraine.

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The multimorbidity in patients with medication chronic migraine (CM) with an overuse headache (MOH) increase the risk of CM/MOH chronification and interrupts its management, as per a recently published study in the journal, Acta Neurologica Scandinavica. Multimorbidity involved the concurrence of minimum two chronic disease states at the same time in the same person.

The cardiovascular and psychiatric were the major comorbidities occurred in patients with CM. The study addressed the effect and rate of these comorbidities among CM patients with MOH.

A comparison of patients with and without multimorbidity was conducted for the quality of life (QoL), disability and clinical and demographic variables. The patients with multimorbidity were also assessed for relapse into CM, higher likelihood to attend the emergency room and needed further withdrawal management by one year.

A total 194 patients selected for the study; out of which 32% were with multimorbidity conditions and 61% with single morbidities such as endocrine (13%), circulatory (18%) and mental (34%) issues. Higher headache frequency, disability and lower QoL were found among patients with multimorbidity accompanied by lower employment rates, lower education and older age. After adjusting gender, years of education, headache frequency and age, the people in multimorbidity group were more likely to attend ER, use more barbiturates/opioids, undergo another withdrawal by one year and relapse into CM. Therefore it is very crucial to recognize and manage these multimorbidities on time.

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| Source: | Acta Neurologica Scandinavica |
| Link to the source: | https://www.ncbi.nlm.nih.gov/pubmed/30107027 |
| Original title of article: | Multimorbidity in patients with chronic migraine and medication overuse headache |
| Authors: | Domenico D'Amico et al. |

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