PERSONAL CHARACTERISTICS OF THE PATIENT AND QUALITY OF LIFE IN MIGRAINE

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INTRODUCTION

The emergence of new doctor–patient relationships and the understanding of the importance of compliance in these relationships has led in recent years to the development of patient-centered medicine [9]. In accordance with this, the treatment of any disease should take into account not only the standards of evidence-based medicine, but also the patient's desires and ultimately aim to improve his quality of life.

The quality of life is an integral characteristic of the physical, psychological, emotional and social functioning of a person based on his subjective perception [2]. Since well-being is largely determined by the state of human health, the quality of life associated with health is distinguished In the study, the quality of life is assessed [10] not the disease itself, but its impact on the patient's life, since this indicator [1], in addition to the actual state of health, depends on the subject's assessment of his well-being in in the context of the culture of the accepted value system of their goals and interests (10).

The study of health-related quality of life is carried out using questionnaires common to all categories of patients and specific questionnaires for patients with certain diseases who are more sensitive to changes [2], quality of life in particular during the treatment of the disease [16].

Migraine significantly worsens the quality of life of patients, having an adverse effect on professional activity and social life (7). The quality of life in patients with migraine, regardless of age, is lower than in those who do not suffer from headaches [3, 11], while there is a violation of all components of the quality of life (12). The effect of migraine the impact on the patient's life is not limited to aspects only, related to physical health and taking medications.

The quality of life of family members of migraine patients and family relationships suffer [13]. Reduced quality of life in migraines It turns out to be more pronounced than in diabetes, hypertension, osteoarthritis, and lower back pain and approximately corresponds to the quality of life [16]. In heart failure [19], the effect of migraine on the well-being of patients is significant and comparable to other chronic diseases known to undoubtedly worsen the quality of life (19). However, to date, it remains unclear exactly which clinical features of migraine have an adverse effect the effect on the quality of life. The research results are therefore contradictory to the issue.

It is reported that a decrease in the quality of life in patients with migraine correlates with the frequency of attacks or with the intensity [8], pain during an attack or with the duration of attacks (15). The aim of the study was to study the quality of life of patients suffering from migraine and its relationship with the personal characteristics of patients, levels of anxiety and depression, coping strategies of patients and clinical features of the disease (18).

MATERIAL AND METHODS

116 female patients with migraine and migraine + hypertension (36 (31%) man, 80 (69%) woman) aged 16-57 years were examined, average age (38.01 ± 9.84) years), migraine sufferers who consistently sought help. The examination was carried out in the inter-admission period in an outpatient setting. Criteria for inclusion in the study age 16-57 years migraine diagnosis established in accordance with the diagnostic criteria of the International Headache Society [17];

Absence of clinical signs of other types of headaches other than abusive written informed consent to participate in the study Exclusion criteria combination of migraine with other types of headaches other than abusive presence of focal neurological symptoms or pathological foci on CT or magnetic resonance imaging MRI presence of somatic diseases in the decompensation stage age younger and older, 16-57 years. The presence of a medicinal abuses was not considered an exclusion criterion.

Patients were diagnosed with migraines without aura 62, 8 people with an aura have a typical aura with a migraine headache. A general neurological examination was performed to determine the clinical features of the disease according to a standardized patient chart, if necessary, patients were referred for CT or MRI examination, pain intensity was assessed on a 100-point visual analog scale VAS.

Patients filled out the MIDAS questionnaire, which allows to determine the degree of maladaptation in connection with migraine attacks, the Spielberger questionnaire, to assess the actual and constitutional anxiety Beck Depression Questionnaire Vanderbilt Pain Management questionnaire to identify coping strategies familiar to the patient Migraine Questionnaire (AST Assessment Current Treatment) questionnaire to determine the adequacy of drug therapy for seizures, the quality of life of patients was assessed using the nonspecific Gothenburg Quality of Life questionnaire and the migraine-specific questionnaire [5].

The control group consisted of practically healthy individuals with 10 of the appropriate age, not suffering from headaches. Statistical processing of the obtained results was carried out using the Statistic 6.0 application software package with parametric mean values (t) tests and nonparametric coefficient (R), Spearman Tau Kendall methods. The results were considered statistically significant at $p < 0.05$.

RESULTS AND DISCUSSION

The characteristics of the group of migraine patients are presented in Table.1. The examined patients suffered from migraine for a long time: the duration of the disease was

from 1up to 42 years of age; the average duration is 15.56 years. In most cases, the disease debuted in adolescence or at a young age. Patients had a family history of migraine (46).

Clinical characteristics of migraine and the severity of emotional disorders in the group of examined patients

Table 1.

	Мигрень	Мигрень+АГ
The duration of the disease is years	3,1 ±1,7	4,9 ±1,9
The age of the disease's debut is years	19,4 ± 8,8	22,5 ± 9,1
The average frequency of seizures per month	4,6 ± 0,9	5,9 ± 1,0
The average duration of seizures is one hour	40,1± 10,1	33,7 ± 10,7
Average intensity of headache during an attack score	75,8 ± 9,3	86,8 ± 13,3
The number of analgesic pills taken per attack	2,7 ± 3,2	3,4 ± 3,5
Current anxiety score	33,6 ± 7,1	42,9 ± 9,2
Depression level scores	7,6 ± 5,1	9,77 ± 7,07

The disease was characterized by the presence of frequent and prolonged bouts of intense headaches lasting 4-72 hours, accompanied by nausea and in some cases vomiting, as well as photophobia and sound hyperesthesia, most headaches worsened with physical exertion. Migraine with aura diagnosed in patients was manifested by the appearance of photopsia and colored asterisks in the visual fields of both eyes and or narrowing of the visual fields before a cephalic attack. Bilateral diffuse headaches were observed in 78 of the examined patients, in the rest, cephalic seizures were unilateral in people mainly on the right 43, mostly on the left 38, 35 patients have unilateral cephalgia without predominance of any of the sides.

The frequency of seizures in the 3 months preceding the study ranged from up to 4.9 ±25seizures per month. The average duration of cephalic attacks was 40.1 hours. The intensity of headaches during the attack was 75.8 ± 9.3. Pain attacks significantly limited the daily activity of patients, although the number of points according to the MIDAS questionnaire varied widely, the average was (26.96 ± 24.85) points. Patients used various medications to relieve the pain attack, as a rule, combined analgesics pentalgin, baralgin, citramon, sedalgin, tempalgin, etc. taking up to 20 during the attack tablets, which indicates the insufficient effectiveness of the treatment of the results of the questionnaire.

Migraine-ACT also showed low patient satisfaction with the effect of medications: the average indicator according to the questionnaire was (2,7 ± 3,2).

The examined patients showed high levels of actual and constitutional anxiety, while the level of depression. The indicators of anxiety and depression in the control group were lower than in migraine sufferers, but the differences were not statistically significant. Actual anxiety in healthy individuals averaged (33.6 ± 7.1) points (t = 1,748; p = 0.084), personal – 43.20 ± 11.42 (t = 1,290; p = 0.201). According to the non-specific Gothenburg questionnaire, the quality of life in patients with migraine was reduced, averaging (56.00 ± 10.71) points. In the control group, the same indicator was (67.00 ± 6.45) points (the difference was significantly t = 2,806; p = 0.006). Correlations between the quality of life of patients suffering from migraine and the clinical features of the disease are presented in Table 2.

Correlations of the quality of life indicator of migraine sufferers (according a non-specific questionnaire) with the clinical characteristics of the disease and personal characteristics of patients

Table.2.

Indicators	R	t	p
Age	−0,376	−2,758	0,008
Duration of the disease	−0,410	−3,056	0,003
The intensity of cephalgia	−0,313	−2,240	0,029
MIDAS	−0,564	−4,479	0,00005
Current alarm	−0,598	−5,067	0,000007
Constitutional alarm	−0,553	−4,508	0,00004
Depression	−0,650	−5,801	0,000001

The global QVM index was statistically significantly correlated with the indicator of current anxiety with the severity of depression according to the beck questionnaire. In addition, the global index depended on the intensity of pain according the degree of disruption of daily activity according to the MIDAS questionnaire. The global QVM index in the group of patients with migraine complicated by migraine status turned out to be significantly lower than in those with a duration of seizures that did not exceed 72 hours There was no dependence of the global index on the age of patients as well as on the length of the disease, duration and frequency of seizures is a functional index.

QVM depended on the MIDAS index, the indicator of actual anxiety, the level of depression, as well as the degree of adherence to passive coping strategies. The functional index was significantly lower in patients with a history of nocturnal cephalgia seizures. The psychological index correlated with an indicator of actual and constitutional anxiety, depression, cephalgia intensity, and an indicator of impaired daily activity according to the MIDAS questionnaire. The presence of a migraine status in the anamnesis significantly reduced the index.

In relation to the QVM social index, a reliable dependence was also established on the levels of actual and constitutional anxiety, the level of depression and the use of passive coping strategies, as well as on the MIDAS questionnaire indicator.

The QVM medical index, reflecting a decrease in the quality of life of patients in connection with the treatment of migraine, found correlations with the duration of cephalgic attacks, the intensity of headaches, and the presence of a migraine status in the anamnesis.

In patients suffering from migraine, a decrease in the quality of life was revealed according to two questionnaires, general and specific, while the indicators for both questionnaires were highly reliably correlated with each other. A decrease in the quality of life in migraine patients compared with those in the control group has already been reported [4, 10].

In particular, no correlations were found between the quality of life and the frequency and duration of seizures, as well as with the average number of painful days per month . At the same time, attention was drawn to the statistically significant relationship between the quality of life indicators and the levels of actual and constitutional anxiety about the level of depression and preference for passive pain management strategies earlier.

The relationship between QOL and coping strategies in children has been reported [6]. In the present study, the indicator of preference for passive coping strategies in the group of migraine sufferers turned out to be significantly higher than in the control group and the quality of life in patients was highly significantly correlated with this indicator. The main clinical features of the disease affecting the quality of life were the intensity of headaches during seizures and the degree of disruption of daily activity according to the MIDAS questionnaire, as well as the presence of night attacks and migraine status.

In the anamnesis, it seems interesting that the quality of life in patients did not correlate with the indicators of the effectiveness of attack therapy, the number of tablets taken to stop the attack and the assessment of the effectiveness of treatment according to the Migraine-ACT questionnaire), the impact of which on the quality of life was previously reported [14].

CONCLUSION

The quality of life in migraine is significantly influenced by the characteristics of the patient's personality, namely adherence to passive pain management strategies, anxiety levels and depression.

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