

## THE BURDEN OF MIGRAINE

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Millions of people all round the world suffer from migraine. According to many studies, it leads to significant economic burden for the society (direct and indirect costs) and the reduction of patients' quality of life. To get a complete picture, one should ask about the effect on the life of partners and children, and on the possible impact even when headache-free (fear of the next attack). The burden of migraine should be measured by validated instruments.

According to the World Health Organization, the preferred measure of disease burden is Disability Adjusted Life Years (DALYs), which is a sum of the years of life lost (YLL) and the years lived with disability (YLDs). Although migraine entails no increased mortality (i.e. YLL=0), it ranked the 12th among the leading causes of DALYs among women and 19th for both sexes.

The level of disability due to migraine has been evaluated with the Migraine Disability Assessment Scale (MIDAS). With this instrument, days with work absence (job or household chores), days with reduction in productivity, and days with inability to participate in social activities are counted during a 3-month period. MIDAS III or IV (moderate or severe disability) are about twice as common among migraineurs.

The Short-Form Health Survey (SF-36) is a validated instrument to measure quality of life (QoL), containing eight dimensions: physical functioning, role limitations due to physical problems, role limitations due to emotional problems, social functioning, mental health, energy/vitality and general perception of health. Migraineurs had significantly lower scores than headache-free controls on all SF-36 dimensions, and lower scores on the pain dimension than those with other headache or with tension-type headache. A shorter QoL instrument, the SF-12, contains a physical and a mental component. Migraineurs had lower scores than controls on both components also after adjusting for socioeconomic status and depression. Depression and/or anxiety occur two to three times more often among migraineurs than in the general population. Depression adds to the reduction in QoL in migraine. The negative influence on QoL are larger than that of e.g. asthma, and it increased with increasing headache frequency.

Migraine confers a high degree of disability with more forced absence from work and leisure activities, and migraineurs also have a measurably reduced quality of life. In future studies it is important to get population-based data to assess the whole burden of migraine in Russia.