COMORBIDITY OF MIGRAINE AND DEPRESSION

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Comorbidity is defined as conditions which are associated with the specific disorders and may occur in the general population at the same time. The association of migraine with various psychological characteristics such as depression perfectionism and autonomic reactivity has been described by clinicians for more than a century. The data generated from numerous large, population-based studies have demonstrated that impact of comorbidity on the onset, course and severity of migraine, as well as use of services and response to treatment. The strong association of migraine with both depression and anxiety should be considered in the treatment of individuals with migraine.

A case report illustrates the complex issue of psychiatric comorbidity. Overall, the young patient presents with migraine without aura, exacerbated by the onset of possible medication overuse headache during past six months. The disorder worsened since she began to have depression, which was determined to be of moderate severity. On account of the family history of alcoholism and current medication overuse, there is a need of assessment of dependence on acute antimigraine drugs and other substances. The possible history of anxiety disorders, and major depressive episodes, when considered together with her family history of maternal puerperal major depression and alcoholism in the paternal grandfather, raise concerns about major depression and anxiety.

In a first step, ambulatory withdrawal was proposed to the patient after two consultations with a neurologist and psychiatrist. These interviews were intended to access the current medical condition, to make treatment objectives clear for the patient and to initiate therapeutic education. During the withdrawal period, the patient was asked to take no more than two tablets per week of frovatriptan and we initiated a preventive treatment with topiramate. Withdrawal headaches staggered over the first five days and were bravely endured by the patient. We also performed psychological support and relaxation sessions once per week during the first two months, and we advised the patient to complement them with a stress management therapy. Evolution was favorable, both concerning the migraine as well as mood.

Individuals with migraine shoe increase odds of developing depression or anxiety. The mechanisms of comorbidity likely comprise both common risk factors and causal links. Potential treatment for migraine accompanied by depression include antidepressants and other mood regulators; they may lead to remission of symptoms of migraine and co-occuring depression and anxiety.

Literature:

Zvan B. Ali je glavobol lahko znak depresije? In: Zvan B, Zaletel M, eds. Glavobol in nevropatska bolečina. Ljubljana: Društvo za preprečevanje možganskih in žilnih bolezni, 2012; 159-68.