

To Evaluated The Changes In Quality Of Life With Chronic Daily Headache.

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ABSTRACT

Background: Chronic Daily Headache causes significant distress with substantial impact on the quality of life of an individual and huge economic cost to the society through occupational disability and healthcare consultations. Hence; we planned the present study to assess quality of life (QOL) in patients with CDH. **Methods:** The present study included assessment of quality of life in patients with CDH. We included a total of 200 patients. SF-36 questionnaire is also used to evaluate the quality of life in medication overusers and non-abusers. SF-36 QOL also studied in CDH subjects with psychiatric comorbidity subjects and CDH without psychiatric comorbidity. All the results were analyzed by SPSS software. **Results:** Short Form-36 (SF-36) scores in healthy subjects and in chronic daily headache (CDH) cases were statistically significant for all items. **Conclusion:** CDH causes significant impairment of QOL in every component of SF-36.

Keywords: Chronic, Daily, Headache, Prevalence, Quality of life.

INTRODUCTION

Chronic Daily Headache is a descriptive term that includes disorders with headaches on more days than not and affects 4% of the general population. It causes significant distress with substantial impact on the quality of life of an individual and huge economic cost to the society through occupational disability and healthcare consultations.^[1,2] In comparison to episodic headache disorders, CDH is less responsive to acute and preventive treatments. Chronic daily headache (CDH) include five major subtypes (1) Chronic Migraine (CM),(2) Chronic Tension Type Headache (CTTH), (3) Medication Overuse Headache (MOH), (4) New Daily Persistent Headache (NDPH), (5) Hemicrania Continua” (HC). “Medication overuse headache” mostly associated with other subtypes of chronic daily headache.^[3-6] Chronic daily headache mostly transforms from episodic headache through a gradual progression over months to years. It affects approximately 3-5% of the population.^[7,8]

Hence; we planned the present study to assess quality of life in patients with CDH.

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MATERIALS AND METHODS

We planned and carried the present study in the department of psychiatry of the Mahatma Gandhi Hospital, Bhilwara, Rajasthan, India. It included assessment of quality of life in patients with CDH. We initially got the plan of thesis approved from the ethical committee of the institutional, after which, we got informed consent from all the patients after explaining in detail the entire research protocol. We included a total of 200 patients who reported to the college OPD with the chief complaint of CDH. Inclusion criteria for the present study included:

Patients more than 40 years of age,
Patients with negative history of systemic illness,
Patients with negative history of any known drug allergy

So to identify the type of headache we asked about duration of headache, duration of each headache attack, frequency of headache per month, associated symptoms, functional disability, analgesic use and response to treatment. SF-36, a generic questionnaire is used to evaluate the quality of life-related to health in chronic daily headache patients and in healthy subjects. SF-36 questionnaire is also used to evaluate the quality of life in medication overusers and nonabusers. SF-36 QOL also studied in CDH subjects with psychiatric comorbidity subjects and CDH without psychiatric comorbidity. It has 36 items that include 8 domains: physical functioning, physical health, bodily pain, general health, vitality,

social functioning, emotional health and mental health. Each SF-36 domains present a final score ranging from 0 to 100. 100 indicate the best quality of life and 0 indicates the worst quality of life in each respective domain. A detailed history was taken and general physical, systemic examination done using predesigned structured proforma to exclude secondary causes of CDH. Neuroimaging (CT/MRI) of brain is advised whenever indicated to rule out other causes of headache. All the results were analyzed by SPSS software. Chi- square test and student t test was used for the assessment of level of significance.

RESULTS

In this study, medication overuse is more common in Chronic Migraine patients (48.33%) as compared to Chronic Tension Type Headache patients (25%). The difference was statistically significant (P-value =0.0266). Medication overuse is almost equal in both male and female. In this study mean age of CDH patients (34.21±11.82) was lower than mean age of CDH with medication overuse, Difference is not statistically significant (P-value=0.4154). Mean age of CDH patients without medication overuse (33.35±11.36) was lower than mean age of CDH with medication overuse, This difference is not statistically significant. Short Form-36 (SF-36) scores in healthy subjects and in chronic daily headache (CDH) cases were statistically significant for all items.

Table 1: Chronic daily headache subtypes association with MOH

Subtypes	Total CDH	CDH with MOH	P- value
CM	120	58	0.0266
CTTH	80	20	

Chronic migraine: CM, Chronic Tension Type Headache: CTTH

Table 2: SF- 36 quality of life scores in subjects with CHD as compared with healthy controls

Scale	Healthy	CDH	P-value
Physical functioning (PF)	84.75	63.48	<0.001
Physical health (PH)	71.88	35.88	<0.001
Emotional health (EH)	77.47	37.33	<0.001
Vitality energy (VH)	65.83	48.63	<0.001
Mental health (MH)	69	51.03	<0.001
Social functioning (SF)	86.88	52.93	<0.001
Bodily pain (BP)	80.13	47.63	<0.001
General health (GH)	68.13	42.35	<0.001

PF=physical functioning, PH= physical health, EH=emotional health, V=vitality, MH=mental health, SF=social functioning, BP= bodily pain, GH= general health.

DISCUSSION

The term chronic daily headache comprises group of headaches that manifests in 15 or more days a month, lasting more than 4 hours, including the headaches associated with the excessive use of medication.^[6-8] Headache is a subjective complaint. It could not be detected by specific examination. It also not increases mortality but it causes impairment of life. However in chronic daily headache there is significant impairment of quality of life. Many studies have reported the consequences of chronic daily headache in quality of life. In comparison to general population patients with chronic daily headache have significant impairment of quality of life in all SF-36 domains.^[10] Moreover psychiatric comorbidities associated with chronic daily headache like depression, anxiety and stress also can cause impairment of quality of life. Patient cannot do his daily activity properly due to chronic daily headache. Chronic daily headache causes other psychiatric comorbidity and due to this decrease threshold for pain and due to this cause pain in many areas of body and through this impair quality of life. Patients many time could not function properly in social conditions. It also affects mental health of patient and makes patient fragile emotionally. In this way chronic daily headache affect many aspects of life.^[9-11]

In this study, we have studied impairment of quality of life (QOL) in CDH subjects and compared it with QOL in healthy subjects. We had used SF-36 Questionnaire for this. SF-36 QOL score of CDH subjects was impaired in all health-related component of SF-36 as compared to Healthy subjects. Difference was statistically significant in all components of SF-36. The most significant impairment of QOL was found in Physical health, Bodily pain, Emotional health & Social functioning. Monson MJ et al conducted a study on 115 patients; included 62 episodic migraine patients and 53 chronic daily headache patients. They have used SF-36 questioner to compare the impact of headache on health related quality of life. Impairment was similar between two groups, but chronic daily headache was marked by a lower level of health scales. Patients with chronic daily headache had significantly worse pain score (SF-36) in physical functioning, physical health, bodily pain, general health perceptions and mental health than patients with migraine headache and general population.^[10] In Study done by Wang SJ et al in Taiwan on 901 patients of headache clinic among which 593 patients had chronic daily headache. In this study when they compared general population with chronic daily headache patients. The patients with chronic daily headache present significant reduction in all SF-36 domains.^[9]

In study done by Guitera V et al in Spain quality of life studied using generic instrument Short Form -36 (SF-36) in 89 unselected subjects from epidemiological study in general population who fulfilled CDH criteria. In this study chronic daily

headache subjects showed a significant decrease in each health-related concept of the SF-36 as compared with healthy subjects. The highest decrease was seen for physical health, bodily pain, vitality, and social functioning. There was no significant difference between chronic tension-type headache as compared with chronic migraine subjects. Chronic migraine patients showed lower values in each health-related concept in comparison with patients with episodic migraine specifically significant for general health, vitality, and mental health. CDH subjects with analgesic overuse showed lower values in each concept of SF-36 than subjects without analgesic overuse.^[11] In study done by Colás R et al in Spain 4855 subjects interviewed to compare quality of life in chronic daily headache patients and healthy subjects. 332 subjects headache for ≥ 10 days/month. 74 subjects fulfilled criteria for chronic daily headache with analgesic overuse. Chronic daily headache subjects showed a significant decrease in each SF-36 health-related score as compared with healthy control subjects.^[12]

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CONCLUSION

From the above results, the authors concluded that CDH causes significant impairment of QOL in every component of SF-36. This indicates that CDH is a major health problem in this developing era. However; future studies are recommended.

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