

## Clinical Patterns and Psychiatric Comorbidity of Headache: A Study from Tertiary Hospital

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### ABSTRACT

**Background:** Headache is the most common medical disorder with a lifetime prevalence of over 90%. Headache is commonly associated with psychiatric syndromes where psychiatrists are often consulted for the evaluation and treatment of people suffering from it. **Aim:** To study the clinical patterns and psychiatric co-morbidity of the patients suffering from headache attending to department of psychiatry in a general hospital. **Methodology:** After prior consent, Socio-demographic details and the clinical details of the headache were collected and the diagnosis of the headache was coded using ICHD. Psychiatric diagnosis was made using ICD-10 with the help of consultant. **Results:** Majority of the subjects (69.1%) presented with primary headache. Tension type headache (49.1%) was the most common type of headache followed by migraine (18.2%). Secondary headaches were seen in 30.9% of individuals. **Conclusion:** Headache is commonly co-morbid with psychiatric disorders. Early identification of psychiatric disorders helps in proper management and treatment of the individuals with headache.

**Keywords:** Headache, Psychiatric disorders, Psychiatric comorbidity.

Headache is one of the most common complaints seen in patients attending psychiatric outpatient clinics. Prevalence of headache in general population during 1 year has been reported as about 46% with the life-time prevalence of 64%.<sup>1</sup> Recent studies on global burden of diseases identified tension type headache and migraine as the second and third most prevalent disorders worldwide.<sup>2,3</sup> Strong association has been established between primary headaches and psychiatric disorders.<sup>4</sup> The overall prevalence of psychiatric disorders in patients with chronic daily headache was observed to be 66.1%.<sup>5</sup> The most frequent being depressive and anxiety disorders.<sup>6</sup> Psychiatric co-morbidity is associated with increased vulnerability and plays a significant role in the development of drug resistance as well as chronic primary headache, or vice versa, headache facilitating the psychiatric co-morbidity.<sup>7</sup> Studies have shown that psychiatric comorbidity contributes to poor treatment outcomes in patients with headache<sup>8,9,10</sup>. Thus, understanding the clinical patterns of headache and its association with psychiatry

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disorders is important to provide integrated and effective treatment. In this above back ground the present study has been undertaken with the objective to study the clinical patterns of headache and psychiatric co-morbidity in the patients suffering from headache attending to the department of psychiatry.

### AIMS AND OBJECTIVES

- To study the clinical patterns and psychiatric co-morbidity of the patients suffering from headache attending to department of psychiatry in a general hospital.

### METHODOLOGY

This study was hospital-based cross sectional descriptive study. It was carried out at department of psychiatry of a tertiary care hospital, after obtaining approval from the Institution's ethical committee. The study sample consisted of 110 consecutive patients attending Psychiatry OPD with headache as a presenting complaint over a period of three months.

With prior consent, Socio-demographic details and the clinical details were taken. The diagnosis of headache type was made using International Headache Society-II (IHS-II) criteria<sup>11</sup> and the diagnosis of psychiatric disorders was made using ICD-10.<sup>12</sup> Statistical analysis was done by using Epiinfo and MS excel software's.

### ANALYSIS AND RESULTS

Out of 110 subjects 65 (59%) were females, 61 (55%) were married, 68 (62%) were literates, 63 (57%) belonged to middle socioeconomic status. Mean age of the sample is 36.5 years. Majority of the sample is constituted by individuals from middle socioeconomic status (57%). (Table 1)

*Table 1 : Socio-demographic Characteristics*

Gender	n
Male	45
Female	65
Religion	
Hindu	75
Christians	11
Muslims	24

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<b>Education</b>	
<b>Literate</b>	68
<b>Illiterate</b>	42
<b>Socio economic status</b>	
<b>Low</b>	37
<b>Middle</b>	63
<b>High</b>	10
<b>Marital status</b>	
<b>Married</b>	61
<b>Unmarried</b>	39
<b>Occupation</b>	
<b>Employed</b>	53
<b>Unemployed</b>	32
<b>Retired</b>	06
<b>Housewife</b>	19

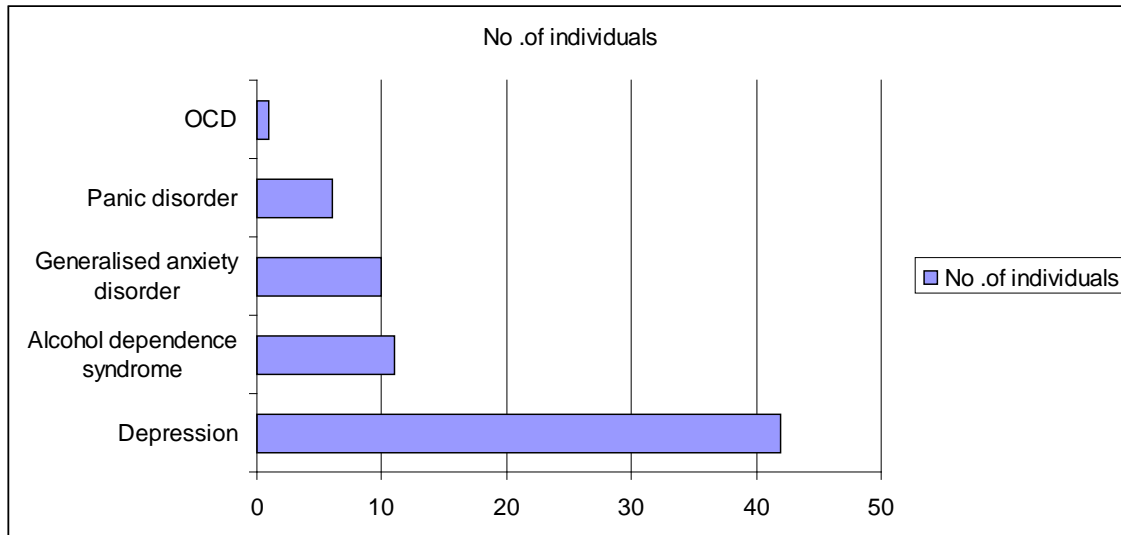
Majority of the subjects (69.1%) presented with primary headache. Tension type headache (49.1%) was the most common type of headache followed by migraine (18.2%). Secondary headaches were seen in 30.9% of individuals. (Table 2)

**Table 2 : Type of Headache**

<i>Type of headache</i>	<i>Percentage</i>
Tension type headache	49.10%
Migraine	18.20%
Other primary headaches	1.80%
Secondary headaches	30.9%

The psychiatric comorbidity was observed in 70 (63.6%) subjects. Among the individuals with psychiatric co morbidity majority were diagnosed with depressive disorder (60%), followed by alcohol dependence syndrome (15.71%), generalized anxiety disorder (14.28%), panic disorder (8.57%), and obsessive compulsive disorder (1.43%).

**Figure 1: Break up of Psychiatry diagnosis**



## DISCUSSION

Mean age of the all participants is 36.5 years which supports the earlier studies that headache is more common among the middle aged individuals<sup>13</sup>. Females were over represented in many types of headaches<sup>13</sup> and prescribing rates for headache are relatively high for women of middle age<sup>14</sup>. The current study also found similar results.

Headache is a common somatic complaint by psychiatric patients<sup>15</sup>. It is observed in previous studies that major depressive disorder is more frequent psychiatric comorbidity in headache patients.<sup>16,17</sup> The current study showed similar findings. Among the individuals with migraine most of them are diagnosed with depression which can be explained by migraine and major depressive disorder may be causally related, i.e. migraine may cause depression or conversely be caused by depression and more over migraine and major depressive disorder may share a common genetic and/or environmental pathophysiology.<sup>18,19</sup> Depression and anxiety disorders are associated with headache through biological and mental pathways.<sup>7</sup> The relation between primary headache and psychiatric disorders are bi-directional and headache triggers psychiatric disorders mostly of affective nature, and affects both their course and outcome. The association between mental disorders and headache is well established but the specificity to individual disorders is unclear. Most of the depressed patients suffered from headache<sup>20,21</sup> and headache is also co-morbid with GAD, Panic disorder, somatoform disorder and OCD<sup>22</sup>. Patients who consult for headache experience severe disability and impact, and up to a third report anxiety

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and/or depression.<sup>23</sup> Thus, identification of psychiatric comorbidity in headache patients helps in effective management of the condition.

However, this study has few limitations. Firstly, the sample size is small and sample constitutes of rural population, therefore cannot be extrapolated to a large sample and generalised to a general population. Secondly, cases those not referred to psychiatry department could not be included in the study as referral depends on the orientation of referring doctor but much care was taken with co-ordinating with other departments.

### CONCLUSION

Headache is the most common presenting complaint and it is strongly associated with psychiatric disorders. Psychiatric comorbidity, especially depression is common in patients suffering with headache. Early identification of the psychiatric comorbidity in patients suffering with headache helps in integrated and effective management.

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