

Assessment of Probable Psychopathology in Patients with Primary Headache Disorders

By

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Abstract:

Objective There is a strong association between primary headache disorders (PHD) and a number of psychiatric disorders. Psychiatric comorbidity among headache patients can present substantial diagnostic and treatment challenges. **Aim** of the present study was to detect probable psychopathology in patients with PHD. **Methods** the study included 66 patients with different types of PHD consecutively attending the headache outpatient clinic of the Neurology and Psychiatry department of Assiut University Hospitals, and 36 patients suffering from chronic low back pain as controls. All patients and controls were subjected to: (1) Thorough history exploration, physical and neurological examinations, (2) Diagnosis and classification of PHD according to the International Headache Society (IHS) criteria, (3) Psychometric assessment using the Arabic version of the Symptom Check List-90-Revised (SCL-90-R), and the Arabic translation of the Structured Interview for Five-Factor Model of personality (SIFFM). **Results** The mean age of patients was 29 ± 6 years, 68% of them were females. The relative frequency of tension type headache (TTH), and migraine was 45.5%, that of chronic daily headache (CDH) was 28.8%, that of combined TTH and migraine was 6.1%, and lastly the relative frequency of cluster headache was 3%. PHD and its subtypes (migraine and CDH) had significantly higher scores than controls on somatization, depression, anxiety, hostility, phobia ($P > 0.001$) and sensitivity ($P < 0.05$). TTH patients had significantly higher scores than controls on somatization, depression, anxiety ($P < 0.001$), sensitivity, and phobia ($P < 0.05$). Migraineurs had significantly higher scores than TTH and CDH patients on hostility ($P < 0.001$) and phobia ($P < 0.01$). No significant gender differences were found on all items of SCL-90-R. Hostility was significant in migraineurs (30%) whereas phobia was significant for TTH patients (6.7%). PHD patients had significantly higher scores than controls on the neuroticism domain ($p > 0.0001$). **Conclusion** The high incidence of comorbid psychopathology that was found in this study merits psychiatric assessment of patients with PHD and justifies their early management hand by hand with the treatment of primary headache disorders.

Introduction:

Headache is one of the most common complaints in the general population. It can be bothersome and interfere with routine activities and quality of life (Kroenke et al., 1993). Headache is a complaint that remains poorly understood. Some studies have shown that such pain syndromes are associated with common mental disorders and some personality traits (Mongine et al., 1992; Sandrini et al., 1995). However, the dilemma of whether psychopathology is a cause or a consequence of chronic pain is still a matter of controversy (Mongine et al., 1997). Breslau and colleagues (1991), in a prospective study, found that a history of IHS-defined migraine at baseline increased fourfold the risk for a major depressive disorder and tenfold the risk for panic disorder. Persons with migraine were also at increased

risk for bipolar disorder, nicotine dependence, alcohol or illicit drug abuse or dependence, and suicide attempts (independent of coexisting psychiatric disorders). Sandrini et al., (1995) assessed a series of 98 CDH patients and found only 9.2% had no psychiatric diagnosis. Anxiety disorders were observed in 72.4%; mood disorders, in 55.1%; combined anxiety and mood disorders in 46%; and somatoform disorders in 3.1%. Of those with mood disorders, one third suffered from major depression. Pucca (1999) found psychiatric comorbidity in 77.8 % of TTH; 53.4 % of them had anxiety disorders. The most frequent type of anxiety disorders was GAD (44.7%) followed by social phobia (6.4%) and panic disorder (4.1%). He also reported that mood disorders have been found in 36.8%. The most frequent type was dysthymia