

GOOD SLEEP IS ESSENTIAL FOR OPTIMAL MIGRAINE TREATMENT: NO

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What makes sleep disorders and headaches highly relevant is the fact that both conditions highly increase the risk for each other [1]. There is a variety of sleep disorders that may comorbid with migraine and may increase migraines, but this relation is more profound in Trigeminal Autonomic Cephalalgias (TACs) rather in migraine. Among TACs three particular headache disorders, paroxysmal hemicrania (PH), cluster headache (CH), and hypnic headache (HH) are related to rapid eye movement sleep (REM) or to obstructive sleep apnea syndrome (OSAS). Even in these primary headaches, treatment of sleep fragmentation does not cure the headache disorder, although it may improve the outcome [2]. In an epidemiological study for migraine among Monks that do not sleep during the night due to early morning service (2-8 am), migraine prevalence was lower than in general population [3], indicating that sleep alone is not enough strong factor to initiate or trigger migraines. In a recent randomized trial filorexant, a dual orexin receptor antagonist developed to treat insomnia, failed to prove efficacy in the prevention of episodic migraine, although a high proportion of treated patients experienced somnolence [4]. The premonitory phase of a migraine may include symptoms such as yawning, food cravings and changes in wakefulness, which are thought to be regulated to a significant extent by the hypothalamus and its orexinergic neurons [5]. The results of the filorexant trial do not support however the hypothesis that orexin and sleep share common mechanisms with migraine, although there are attractive experimental data [6]. Undoubtedly, migraineurs feel better after sleep recovering, but there is no evidence so far that migraine *per se* is also improving.

References

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