Comorbidities and risk factors in a prospective chronic migraine registry: study in a series of 723 patients

A. Guerrero, M. Ruiz, M. I. Pedraza, A. Sierra, E. Martínez, J. López, A. Chavarría, B. Talavera, D. García-Azorín *Headache Unit. Neurology Department, Hospital Clínico Universitario, Spain*

Introduction: Chronic Migraine (CM) is a common and disabling evolution of migraine. We aimed to analyze clinical characteristics, including comorbidities and risk factors, in a prospective registry of CM patients. Methods: Patients firstly attended in an outpatient headache unit in a tertiary hospital (January 2013-January 2018). They were referred from primary care or general neurology offices. We diagnosed CM accordingly to ICHD-2R and ICHD-3 criteria. We considered demographic and clinical data, previous symptomatic and preventive therapies, comorbidities, and risk factors. Results: We included 723 patients (105 males, 618 females), with mean age at inclusion of 40.1 ± 13.7 years (12-80), and age at onset of migraine of 19.3 ± 9.7 years (3-65). In 349 patients (48.3%), we gathered any vascular risk factor, especially smoking in 222 (30.7%) and hormonal contraception (84, 13.6% of female cases). Other chronic pain conditions were present in 77 (10.7%), including discopathy (48, 6.6%) and fibromyalgia (15, 2.1%) symptomatic medication overuse in 497 (68.7%), and mood disorders in 94 (13%). Among precipitating factors 237 patients (32.7%) described stressful events. Only 193 (26.7%) migraineurs had received triptans before referral, and in 380 cases (52.6%) at least one oral preventative had been used. Conclusion: In our MC population medication overuse, mood disorders and stressful events are frequent risk factors. We consider that previous use of preventatives and triptans should be increased.