

FEATURES OF CLINICAL SYMPTOMS IN COMORBID FORMS OF MIGRAINE AND FIBROMYALGIA

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Annotation: This study examined the complexity of clinical symptoms in the comorbid presentation of migraine and fibromyalgia. In 30 patients, psycho-emotional state, pain intensity, sleep quality, and cognitive function were assessed using specific criteria. The results showed that symptom severity was higher in the comorbid group, highlighting the importance of early detection and evaluation through a comprehensive approach.

Keywords: Migraine, fibromyalgia, comorbidity, psycho-emotional disorder, HADS, VAS, PSQI, MoCA.

Annotatsiya: Ushbu tadqiqotda migren va fibromialgiya kasalliklarining birgalikda kechishida klinik simptomlar murakkabligi o'rganildi. 30 nafar bemorda psixoemotsional holat, og'riq darajasi, uyqu sifati va kognitiv faoliyati kechishi maxsus mezonlar asosida baholandi. Natijalarga ko'ra, komorbid guruhda simptomlar og'irligi yuqori bo'lib, bu bemorlarni erta aniqlash va kompleks yondashuv orqali baholash zarurligini ko'rsatdi.

Kalit so'zlar: Migren, fibromialgiya, komorbidlik, psixoemotsional buzilish, HADS, VAS, PSQI, MoCA.

Introduction

Migraine and fibromyalgia are complex diseases of the central nervous system, characterized by chronic pain syndromes. These diseases mainly occur separately, but are clinically and pathophysiologically related. Their co-occurrence is manifested in patients by increased pain, complication of symptoms and decreased quality of life (Häuser et al., 2011). Central sensitization, neuroinflammation and psychoemotional disorders are involved in both diseases. According to recent studies, the combined occurrence of these two diseases leads to increased pain intensity, sleep disorders and cognitive dysfunction (Nampiaparampil, 2012).

Research objective: To assess the complexity of clinical symptoms in the comorbid form of migraine and fibromyalgia and to compare this condition with separate nosological forms.

Materials and research methods: 30 patients from the Department of Neurology of Clinic 1 of Tashkent State Medical University were recruited for the study. The following groups were divided:

Group 1 (n=14) - patients with migraine only (based on ICHD-3 criteria)

Group 2 (n-6) - patients with fibromyalgia only (based on ACR-2016 criteria [Wolfe et al.2016])

Group 3 (n-10) - patients with comorbid migraine and fibromyalgia.

The research methods were carried out through scales and neuropsychological tests:

- 1.VAS scale (evaluates pain intensity)
2. HADS (test to determine depression and anxiety)
- 3.PSQI (test to assess sleep quality)
- 4.MoCa (describes cognitive functions)
5. WPI -ACR 2016 (indicates the prevalence and severity of fibromyalgia symptoms)

Statistical analysis: The data were processed using Microsoft Excel 2019 and analyzed using mean values and standard deviations.

Results: Our study, based on statistical analysis, assessed the pain intensity, psychoemotional state, and sleep quality in cases of migraine and fibromyalgia in combination and as separate diseases as follows.

According to the VAS scale - group I 6.5 ± 0.9 ; group II 6.9 ± 1.1 ; group III 8.1 ± 0.8 .

According to the HADS test - group I 10.1 ± 2.0 ; group II 11.3 ± 1.7 ; group III 12.9 ± 2.2 .

According to the PSQI test - group I 6.3 ± 1.2 ; group II 7.9 ± 1.3 ; group III 9.3 ± 1.1 .

According to the MoCA test - group I 26.9 ± 1.0 ; group II 25.6 ± 1.1 ; group III 23.7 ± 1.3 .

According to the WPI fibromyalgia severity - group II 13.1 ± 1.4 ; Group III 13.8 ± 1.2 .

Conclusion. According to the obtained clinical results, the severity of symptoms in the combined form was found to be relatively high. Also, in the separate nosological groups, pain intensity, psychoemotional disorders, deterioration of sleep quality and decreased cognitive function were higher than in the comorbid form. Therefore, due to the high complexity and severity of symptoms in patients with migraine and fibromyalgia, a comprehensive assessment algorithm should be developed. In clinical practice, it is recommended to use VAS, HADS, PSQI and MoCA tests at the initial stage in order to identify patients in this comorbid group early.

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