

FEATURES OF THE SPREAD AND THERAPY OF PRIMARY HEADACHE SYNDROME

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Introduction. A headache is an unpleasant or painful sensation of varying intensity that affects the entire head or part of it. The most common manifestations of headaches include tension headaches, migraines, and cluster pain.

Keywords: headache, migraine, tension headache, cluster headache.

Regular headaches are among the most common disorders of the nervous system. A headache is a painful and disabling condition that occurs in the case of a few types of primary headaches, such as migraines, tension headaches, and cluster headaches. Headaches can also be caused by other causes or be secondary to a long list of other conditions, such as headaches caused by excessive use of medications.

Tension headache is the predominant form of primary headache pain affects from 30 to 78% of people. Monotonous bilateral diffuse pain (resembling a "helmet" or "helmet") of a pressure-compressive nature is characteristic. The leading role in the pathogenesis of tension headache is played by increased sensitivity of pain structures, as well as insufficient function of the descending inhibitory pathways of the brain. Tension headaches peak in 30-40 years.

A headache is not only excruciating, it also deprives a person of the ability to function normally. In the Global Burden of Disease Study, the results of which were updated in 2013, migraine ranks sixth among causes associated with years of disability (YLD). Headaches generally rank third among such causes.

Headaches are a significant burden for sufferers, sometimes involving significant personal suffering, reduced quality of life, and financial costs. Repeated bouts of headache, and often constant fear of waiting for the next attack, have a negative impact on family and social life, as well as on work. Efforts made over a long period of time in order to adapt to life with a chronic headache can also contribute to the development of other diseases. For example, the rates of depression among people suffering from migraines or severe headaches are three times higher than those among healthy people.

The treatment is aimed at normalizing the tone of the pericranial muscles and correcting psychoemotional disorders.

Migraine is a chronic disease manifested by bouts of intense headache of a pulsating nature. The pain is mainly localized in one half of the head, mostly in the orbital-frontal-temporal region. Approximately 14% of the world's population suffers from migraines (women are more likely to suffer from this). In 60-70% of cases, migraine is a hereditary disease. The pathogenesis of migraine is a two-phase change in the tone of cerebral vessels: a short-term narrowing is followed by a long-term expansion. This mechanism is explained by the neurovascular theory: the basis of migraine headache is neurogenic inflammation, accompanied by the release of vasodilator peptides (CGRP: Calcitonin Gene Related Peptide, calcitonin peptide gene) from the perivascular fibers of the trigeminal nerve, which, acting on the vessels of the brain, cause their expansion, activating pain receptors of the vessel

walls. Criteria for migraine are unilateral throbbing pain, nausea, vomiting, photophobia and phonophobia. The intensity of the headache may be increased by regular physical activity.

The duration of the attack is 4-72 hours. According to the presence of a complex of neurological disorders called aura, which occurs before an attack and ends with the development of a headache itself, migraines are classified into migraines with and without aura. The duration of the aura is no more than 1 hour.

For the treatment of migraines, simple analgesics, triptans and ergot alkaloids are used as drugs to stop the attack. Non-selective medications are used to prevent seizures, beta-blockers, anticonvulsants, tricyclic antidepressants and serotonin reuptake inhibitors, calcium antagonists. In chronic, often recurrent migraines, new generation drugs are used – monoclonal antibodies that block the action of the CGRP neuropeptide or its receptor, as well as CGRP antagonists. The effectiveness of botulinum neuroprotein has also been proven.

Cluster headache is more common in men. The pain is mainly localized in the left half of the head with the epicenter in the eye socket, has an extremely intense, unbearable, stabbing, burning or bursting character.

It is accompanied by vegetative disorders. Duration from 15 minutes to 3 hours. It is diagnosed in 0.1–0.4% of the population. Women aged 15 to 20 years and 45 to 50 years have their debut, men – at 20-29 years. The pathogenesis of cluster headache has not been thoroughly studied. Ocular and proximal constriction sections of the internal carotid artery, together with an increase in the level of "painful" neuropeptides, lead to activation of the fibers of the V pair of cranial nerves. The connection with dysfunctions of the hypothalamic-pituitary-adrenal system is discussed. When relieving an acute episode, triptans are used, and irrigation of the nasal mucosa with local anesthetics is used. Calcium channel blockers, glucocorticosteroids, and anticonvulsants are used to prevent seizures.

Goal. To screen the characteristics and prevalence of different types of headaches, as well as ways to relieve them in young and middle-aged respondents according to anonymous questionnaires.

Materials and methods. The method used was based on anonymous online testing. The questionnaires contained anamnestic criteria for the most common types of headache.

Results. 54 people were interviewed, including 47 women and 7 men aged 20 to 48 years. According to the testing data, headaches bothered all the respondents who completed the survey, of which 17 people (44%) experience pain up to 5 times a month., 31 (50%) 5-15, 3 (5,6%) more than 15. The most common headache duration was from 1 hour to a day in 42 (77.8%) of the respondents.

According to the structure of the factors that caused the headache, a large proportion accounted for exogenous causes include: stress (physical and emotional overstrain) – 41 people (75.9%); weather changes – 34 (63%); electronic devices – 16 (30%) and dependence on certain products – 11 (20%). Hunger prevails among the endogenous causes – 22 (41%), hormonal disorders were indicated by 19 (35%). 30 (56%) cases met the criteria for tension headache, 9 (17%) met the criteria for migraine, and 1 (2%) of the 54 respondents had symptoms of cluster pain. 14 (26%) showed signs of several types of headache: 4 (28.5%) have combined migraine and cluster pain, 6 (42.8%) have migraine and tension headache, 1 (7%) have all three types of headache, 3 (21.4%) have a combination headache tension with symptoms of cluster headache. Of the 20 people who showed signs of migraine, 14 (70%) were diagnosed with it. Of the total number of respondents, 46 (85%) take medications to relieve a headache attack. Of these, 6 (11%) take medications to prevent seizures. The most common

medications for headache relief among the respondents were: NSAIDs – 31 (45%) out of 69 medications used, antipyretic analgesics - 6 (9%), serotonin 5HT1 receptor agonists – 7 (10%); combined drugs – 23 (33%).

Conclusion. The urgency of the primary headache problem is currently beyond doubt. The most common chronic forms of the disease, which requires the use of preventive measures and the need to form the commitment of the population to therapy. Otherwise, the uncontrolled use of analgesics to relieve headaches may contribute to the development of drug abuse.

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