

QUALITY OF LIFE OF PATIENTS WITH MIGRAINE

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Introduction: Migraine (M) significantly worsens the quality of life (QL) of patients, having an adverse effect on professional activity and social life. QL in patients with M, regardless of age, is lower than in people who do not suffer from headaches, while there is a violation of all components of QL. The influence of M on the patient's life is not limited only to aspects related to physical health and taking medications. The quality of life of family members of patients with M and family relations suffer. The decrease in QL in migraine is more pronounced than in diabetes, hypertension, osteoarthritis, lower back pain and approximately corresponds to QL in heart failure, the effect of M on the well-being of patients is significant and comparable to other chronic diseases known as undoubtedly worsening QL.

Keywords: quality of life of patients, migraine, anxiety, depression.

The aim of the study is to study the quality of life of patients suffering from migraine and its relationship with the personal characteristics of patients (levels of anxiety and depression of patients) and clinical features of the disease.

Material and methods: 70 patients (66 women, 4 men) aged 16-57 years (average age 38.01 ± 9.84) years ($M \pm StD$) suffering from migraine who consistently sought help in the neurology department of the ASMI clinic were examined. The examination was carried out in the intercrime period in outpatient conditions.

Criteria for inclusion in the study age 16-57 years; migraine diagnosis established in accordance with diagnostic criteria. International Headache Society (ICHD II); absence of clinical signs of other types of HD (other than abusive) written informed consent to participate in the study. Exclusion criteria combination of M with other types of HD (except for abusive) presence, focal neurological symptoms or pathological foci on computer (CT) or magnetic resonance imaging (MRI) presence of somatic diseases in the stage of de-compensation, age younger than 16 and older than 57 years. The presence of medicinal abuse was not considered an exclusion criterion. 62 patients were diagnosed with M without aura, 8 with aura typical aura with migraine HD. A general neurological examination was conducted to determine the clinical features of the disease according to a standardized patient chart, if necessary, patients were referred for CT or MRI examination. The intensity of pain was assessed on a 100-point visual analog scale (VAS). Patients filled out the MIDAS questionnaire, which allows to determine the degree of maladaptation due to migraine attacks, the Spielberger questionnaire, the Beck depression questionnaire, the Vanderbilt pain management questionnaire to assess actual and constitutional anxiety. The quality of life of patients was assessed by the non-specific Gothenburg Quality of Life questionnaire and migraine-specific QVM questionnaire. The control group consisted of 10 practically healthy individuals of the appropriate age who did not suffer from headaches.

Results and discussion. The examined patients revealed high levels of actual and constitutional anxiety, while the level of depression according to the Beck questionnaire was low. Indicators of anxiety and depression in the control group were lower than in migraine sufferers, but the differences were not statistically significant, actual anxiety in healthy individuals averaged (37.40 ± 10.71)

(points $t = 1.748$; $p = 0.084$), personal – 43.20 ± 11.42 ($t = 1.290$; $p = 0.201$). According to the non-specific Gothenburg questionnaire, QL in patients with M was reduced, averaging (56.00 ± 10.71) points. In the control group, the same indicator was (67.00 ± 6.45) points, the difference was significant: ($t = 2,806$; $p = 0.006$).

Migraine Specific questionnaire - QVM consists of 20 questions for which the global quality of life index (GI) is calculated: and four specific indices functional (FI), (psychological PI), social (SI) and medical (MI). The value of all five indices together can range from 0 to 100 points, while the indicator of 100 points reflects the best, and 0 points reflects the worst quality of life. In the study of QL of patients suffering from M, using the QVM questionnaire, the following results were obtained. All QL indices according to a specific QVM questionnaire. The global QL index in the examined group averaged (72.88 ± 12.50), (28.66 points functional ± 5.56) points, psychological (22.08 ± 4.78) points. The social quality of life index turned out to be equal on average (14.24 ± 2.88), points and medical (14.24 ± 2.88) points.

The global QVM index statistically significantly correlated with the indicator of actual anxiety with the severity of depression, according to the Beck questionnaire and patients' adherence to passive coping strategies according to the Vanderbilt questionnaire. In addition, the global index depended on the intensity of pain according to VAS and the degree of disruption of daily activity according to the MIDAS questionnaire. The global QVM index, in the group of patients with migraine complicated by migraine status, was significantly lower than in those whose duration of seizures did not exceed 72 hours. There was no dependence of the global QL index on the age of patients, as well as on the length of the disease, duration and frequency of seizures. The QVM functional index depended on the MIDAS indicator, an indicator of the actual anxiety level of depression. The functional index was significantly lower in patients with a history of nocturnal cephalgic seizures. According to the Vanderbilt questionnaire, the levels of actual and constitutional anxiety, depression, the intensity of cephalgia are an indicator of a violation of daily activity according to the MIDAS questionnaire. The presence of a migraine status in the anamnesis statistically significantly reduced the index. The QVM medical index, reflecting a decrease in the quality of life of patients due to the treatment of migraine, found correlations with the duration of cephalgic attacks, the intensity of HD, the presence of migraine status in the anamnesis. In patients suffering from M, a decrease in QL was revealed according to two questionnaires, general and specific, while the indicators for both questionnaires were highly reliably correlated with each other. A decrease in QL in patients with M compared to those in the control group has already been reported. However, the determinants of such a decrease in patients in the presented study differed from those published earlier. In particular, there were no correlations of QL with the frequency and duration of seizures, as well as with the average number of painful days per month. At the same time, attention was drawn to the statistically significant relationship of QL indicators with the levels of actual and constitutional anxiety, the level of depression and preference, passive strategies for overcoming pain. The main clinical features of the disease affecting QL were the intensity of HD during seizures and the degree of disruption of daily activity according to the MIDAS questionnaire, as well as the presence of nocturnal seizures and migraine status in the anamnesis. It seems interesting that QL in patients did not correlate with the indicators of the effectiveness of attack therapy by the number of tablets taken for (arresting the attack and evaluating the effectiveness of treatment) according to the Migraine-ACT questionnaire, the effect of which on QL was reported earlier. There was also no correlation of QL with the presence of drug abuse ($R = 0.030$; $p = 0.816$).

Conclusion. The quality of life in migraine is significantly influenced by the characteristics of the patient's personality. namely, commitment to passive pain management strategies. levels of anxiety and depression.

Literature

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