

Impact of Headache in Day-To-Day Activities Among Patient with Migraine

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Abstract: *Migraine is one of the common causes of headache. Patients with migraine headache experience impairment in social, occupational and family function Migraine affects 10-20% of the global population. Objectives 1. To assess the impact of migraine in day-to-day activities. Section HEADACHE IMPACT TEST questionnaire (HIT-6) was used to determine impact of headache on day-to-day activities. Total of 50 samples were included in the study. Descriptive statistics were used for baseline variables inferential statistics (chi square) were used to determine the association between the baseline variables An impact of Headache. The study reveals that 6 % of them have no impact 16 %. have mild impact. 20% of them have substantial impact. And 58% of them have severe impact. The study shows that there is a significant association between occupation and impact of headache on patients with migraine. (P=0.52).*

Keywords: migraine, headache impact, daily activities, occupational influence, HIT-6 questionnaire

1.Introduction

Living with a migraine is like being a detective, constantly searching for clues to unlock relief.” Migraine is the second most common health condition in the world. Migraine is a common incapacitate disorder of brain related to headache which is a symptom of numerous health conditions. Although the sources of migraine are not yet known, several triggering factors are identified by researchers which shows items like cheese, chocolate, caffeine, citrus fruits carbonated drinks, bright light. Odour of perfumes cause headache among patients with migraine. Migraine can have a significant impact on the health and wellbeing of individuals. People living with migraine report reduced health, wellbeing and quality of life and less productivity at work.

There are four possible phases to a migraine attack. They are listed below not all the phases are necessarily experienced. Additionally, the phases experienced and the symptoms experienced during them can vary from one migraine attack to another in the same person.

1. PRODROMAL PHASE: Occurs hours or days before the headache.
2. AURA PHASE: Immediately precedes the headache.
3. PAIN PHASE: Known as headache phase.
4. POSTDROME PHASE: Few days/weeks after relief from migraine.

Migraine can be classified into subtypes according to the headache classification committee of the International Headache Society. These subtypes are: Migraine without aura is a recurrent headache attack of 4 to 72 hours; typically unilateral in location, pulsating in quality, moderate to severe in intensity, aggravated by physical activity, and associated with nausea and light and sound sensitivity (photophobia and phonophobia) Migraine with aura has recurrent fully reversible attacks, lasting minutes, typically one or more of these unilateral symptoms: visual, sensory, speech and language, motor, brainstem, and retinal, usually followed by headache and migraine symptoms. Chronic migraine is a headache that occurs on

15 or more days in a month for more than three months and has migraine features on at least eight or more days in a month.

It is a neurological condition that can have far-reaching consequences across practically all areas of our lives. Migraine affects people across the continuum of our social interactions, whether it be business, and school, social or family lives. For some people, their workplace can even be inherently triggering—whether they’re in a stressful office environment or a noisy, chaotic bar. People with migraine are often unable to work or function normally during an attack, meaning that even those who are able to remain physically present may be absent in other ways. Dr. Rosen points out that it’s easy to measure absenteeism—when one isn’t there—but much harder to measure presenteeism—when one is there but not really performing as they should.

2.Materials and Methods

Descriptive research design was used to assess the impact of headache on day to day The setting selected for the study was in neurology OPD at selected tertiary Hospital South India the population of the study comprises of patients attending neurology OPD with the complaints of migraine between the age group of 18-60 years at a selected tertiary Hospital. The determined sample size was 41 with 5% relative precision and 95% confidence level. 50 subjects diagnosed with migraine are included in the study. Purposive sampling technique was used. he HIT-6 is a six item, short form survey that measures the negative effect of headache on normal activity. It was developed to measure the impact of headache and the ability of an individual to function on the job, at school, at home, and social situation. HIT questionnaire was administered interpretation of the scale <49 no impact, 50-55 some impact, 56- 59 substantial impact, 60-70 severe impact. 19 Descriptive statistic was used to determine frequency, percentage, standard deviation, mean to describe the baseline variables and impact of headache. Inferential statistic like chi square and fisher exact test to determine the association between the selected baseline variables.

3.Results

Table 1: Maximum score, range, mean, standard deviation, mean% of impact of headache among patients with migraine. (n=50)

Variable	Maximum Score	Range	Mean	SD	Mean %
% Impact of headache (HIT-6)	78	46-78	62.02	8.16	79.56 %

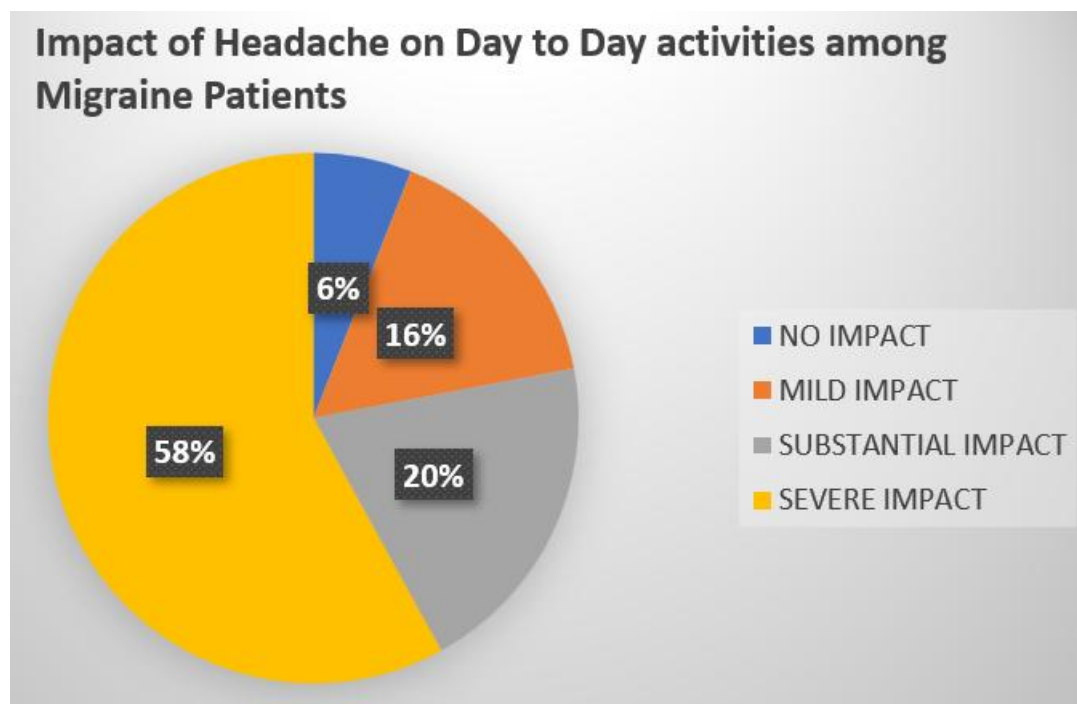


Figure 1: Pie chart depicting the impact of headache among patients diagnosed with migraine

4.Conclusion

Moderate to severe episodes of headache and often strikes one side of the head. The trigger factors that affect migraine are stress, hormonal changes, sleep disturbance, bright light, certain foods and drinks, caffeine and it may affect day to day activities among individuals. Therefore, the study was done, to assess the impact of migraine on day-to-day activities.

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