



Headache Control and quality of life in Idiopathic Intracranial Hypertension: Analysis of Tertiary Hospital in Fortaleza/CE

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Introduction

Idiopathic intracranial hypertension (IIH) is a condition of unknown etiology characterized by elevated intracranial pressure and papilledema without evidence of intracranial expansive lesion or cerebral venous thrombosis. Headache is the most common symptom and the main reason for seeking medical care in patients with IIH. Headache determines quality of life. Studies indicate that, even with specific treatment of reduction of intracranial pressure and resolution of papilledema, there was no evidence of significant improvement in headache and quality of life. However, according to Mollan et al, headache control is crucial for the quality of life of these patients and one of the ten research priorities for this disease.

Objectives

To evaluate headache control and correlate it with the impact on the quality of life of patients undergoing IIH treatment followed at the outpatient clinic of the Hospital Geral de Fortaleza

Methodology

Cross-sectional observational study, with a descriptive aspect, with retrospective data analysis based on the analysis of medical records, interviews with patients with IIH followed at the headache outpatient clinic of the Hospital Geral de Fortaleza in the State of Ceará and application of questionnaires, such as World Health Organization Quality of Life instrument (WHOQOL-BREF), Headache Impact Test - 6 (HIT 6), headache diary and Pittsburgh sleep quality index and Diagnostic and Statistical Manual of Mental Disorders (DSM V). previously approved by the ethics committee.

Results

A population of 22 patients was found who met the diagnostic criteria for IIH according to the 2013 Friedmann criteria, but it was only possible to interview 17 patients. Our sample consisted of predominantly female patients, with a mean age of 38 years. The mean follow-up time was 4 years, ranging from 1 year to 15 years. The mean opening pressure measurement at diagnosis was 37.18 cm H₂O, ranging from 28 to 57 cm H₂O.

Headache control was assessed using headache frequency and the HIT6 scale. As for the frequency of headache, 70% had less than fifteen days of headache per month (episodic pattern) and 30% had fifteen or more days of headache per month (chronic pattern). Furthermore, it was shown in the HIT-6 that 52.94% had a severe impact, 11.76% had a moderate impact and 35.29% had a mild impact.

We showed that headache control had statistical relevance inversely proportional of quality of life.

Sleep quality had a directly proportional statistical correlation with quality of life and in our sample reported that 76% of the patients had some sleep disturbance.

The presence of psychiatric disorders was showed in 59% of our patients, but we did not show any statistical correlation with quality of life

Perception of quality of life was assessed using the WHOQOL-BREF questionnaire with an average of 3.4 (regular quality of life). The most affected domain was physical health, around 76% reported that pain is important for quality of life. In addition, 76% are dissatisfied with their health, and 71% believe they are in dire need of medical attention.

Conclusion

In this study, we concluded that headache control and sleep quality are determinant for the perception of quality of life in patients with Idiopathic Intracranial Hypertension. The patients' perception of quality of life was generally regular. However, the majority showed dissatisfaction with their health with impairment of domain 1 (physical health) and having the perception of pain as one of the main factors, as well as sleep quality. Therefore, special attention is needed to treat pain and improve the quality of sleep in these patients.

Keywords: Idiopathic Intracranial Hypertension; Headache; Quality of life; Headache Control.