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Is disability related to neck pain or vestibular symptoms associated with self-efficacy in patients with migraine?

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Introduction
Self-efficacy related to headache management corresponds to an individual's perception of their ability to prevent and control pain episodes and their functional consequences. In individuals with migraine, higher levels of self-efficacy are associated with lower frequency and intensity of attacks, less headache-related disability, and better adherence to therapeutic strategies. However, the association between self-efficacy and neck pain and dizziness/vertigo, symptoms that are very prevalent in migraine and are related to greater clinical severity and greater functional disability, has not yet been investigated. In addition to aspects related to disability, psychosocial factors also influence the pain experience in individuals with migraine. Previous studies demonstrate that higher levels of self-efficacy are associated with less emotional distress, less catastrophizing of pain, poorer quality of life, and greater impact of the disease.

Objective
To verify if cervical disability and disability related to vestibular symptoms are associated with self-efficacy in migraine patients.

Methods
Cross-sectional study with 50 individuals of both sexes, aged 18 to 55 years, diagnosed with migraine according to the 3rd International Classification of Headache Disorders. Participants answered the Headache Management Self-Efficacy Scale (HMSE-10), Neck Disability Index (NDI), Dizziness Handicap Inventory (DHI), Headache Impact Test (HIT-6), Migraine-Specific Quality of Life Questionnaire (MSQ), and Pain Catastrophizing Scale (PCS). Correlation and backward multiple linear regression analyses were performed to investigate factors associated with self-efficacy.

Results
Dizziness was reported by 72% of participants, while 66% presented with neck pain associated with migraine. Lower levels of self-efficacy were associated with higher headache frequency ($r=-0.563$; $p<0.001$), greater headache impact as assessed by the HIT-6 ($r=-0.368$; $p=0.006$), greater catastrophizing of pain ($r=-0.291$; $p=0.033$), and worse quality of life as assessed by the MSQ ($r=0.369$; $p=0.006$). Associations were also observed between lower self-efficacy scores and longer duration ($r=-0.303$; $p=0.026$) and intensity of neck pain ($r=-0.323$; $p=0.017$). However, in the multiple linear regression model, only the monthly frequency of headache remained as a factor associated with self-efficacy (=-0.507; $p<0.001$), while cervical disability and dizziness-related disability did not show a significant association.

Conclusion
Disability related to neck pain and vestibular symptoms are not associated with self-efficacy in migraine patients. Confirming previous findings, a high frequency of migraine is associated with lower self-efficacy in these individuals.

Keywords:
Dizziness
Migraine
Neck pain
Self-efficacy

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