Headache Medicine 2026, Supplement ▪ p-ISSN 2178-7468, e-ISSN 2763-6178

Headache Medicine

ID: 168

Hospitalization as a marker of functional severity in refractory chronic headache in the context of severe psychiatric comorbidity: a case report with a literature review

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Introduction

Chronic headache (CH) is a common neurological condition in adolescents. A literature review (PubMed, through May/2026) provides evidence of an association between chronification and psychiatric comorbidities (PC): approximately 30% of patients with depression AND/OR anxiety (Santos & Lippi, 2013), which is addressed in the ICHD-3 (2018) under codes A12.3 and A12.8. Less described, yet critical, is hospitalization for refractory headache, a marker of functional severity that demands recognition without reducing it to a "psychological symptom", thereby avoiding underdiagnosis.

Case presentation

A 15-year-old female patient with a history of CH was hospitalized twice for disabling holocranial headache. During the first hospitalization (Oct 2–6, 2018), she presented: pain rated 8/10, accompanied by nausea, phono/photophobia, dizziness, luminous scotomas, and secondary insomnia due to pain, chest pain and tremor. There was refractoriness to analgesics, antiemetics, and adjuvant medications, prompting cranial CT and ECG, both with no abnormality detected (NAD). During the clinical course, anxious and depressed mood was noted, and a psychiatric evaluation was requested. Analgesics and NSAIDs were discontinued, and psychopharmacological agents were introduced, resulting in progressive improvement and discharge with mental health follow-up. On the second hospitalization (Jan 30–Feb 6, 2019), she returned with holocranial headache, intensity 9/10, associated with the same symptoms as before. Contrast-enhanced brain MRI, ECG and laboratory tests with NAD. Pain persisted despite symptomatic treatment; psychiatric and psychological evaluation were maintained, and she progressed with sustained improvement until discharged. Informed consent was signed by the patient.

Discussion

The atypical nature of this case does not lie in the coexistence of headache and psychological distress, widely confirmed by Speciali et al. (2018), but in the severity expressed by recurrent hospitalizations with NAD. The identified PC do not represent diagnoses of exclusion, but rather determining factors in central sensitization, mediated by the dysregulation of serotonin and noradrenaline in the descending inhibitory pain pathways. The persistence of autonomic and sensory symptoms, combined with pharmacological refractoriness, reinforces the hypothesis of a hyperexcitable nociceptive system and supports the need for integrated, interdisciplinary management centered on the neuropsychiatric pathophysiology of pain.

Conclusion

The scarcity of literature on the theme reaffirms the atypical nature of this case and highlights a relevant clinical gap. Situations of CH with negative organic investigation, refractoriness, and recurrent hospitalization, a structured approach is imperative: diagnostic review using the ICHD-3, investigation of red flag signs, screening for medication overuse, assessment of sleep and PC's with severity and risk stratification, as well as an integrated therapeutic plan to optimize clinical management.

Keywords:
Adolescents
Psychiatric comorbidity
Hospitalization

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