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Psychiatric comorbidities in migraine: disability, chronification and treatment response — a systematic review

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Introduction
Migraine affects approximately 14% of the global population and is nearly twice as prevalent in women. Psychiatric comorbidities — particularly anxiety and depression — are highly prevalent in chronic migraine and contribute to greater disability, chronification, and reduced treatment response. Anxiety disorders affect up to 30% of patients with chronic migraine, with comorbidity rates substantially higher than in the general population.

Objective
To characterize the clinical impact of psychiatric comorbidities on migraine severity, disability, and overall disease burden.

Methods
Observational and randomized designs evaluating psychiatric comorbidities in adult patients with migraine were identified through PubMed/MEDLINE, SciELO, and LILACS, following PRISMA 2020 recommendations, with searches limited to publications between January 2016 and April 2026. Eligibility criteria included ICHD-III migraine diagnosis, validated psychiatric assessment instruments, and quantitative headache-related outcomes. Pediatric populations, secondary headaches, and reports lacking migraine-specific data were excluded. Search terms included "migraine," "psychiatric comorbidities," "anxiety." "depression," "disability," and "disease burden". From 347 identified records, 63 duplicates were removed; 201 were excluded at screening and 66 at full-text assessment. Risk of bias was assessed using the Newcastle-Ottawa Scale.

Results
Seventeen studies, comprising 8,742 patients across twelve cross-sectional analyses, three cohort studies, and two randomized trials fulfilled inclusion criteria. Psychiatric comorbidities were more prevalent in chronic than episodic migraine (30.3% vs. 20.0%) and were consistently associated with greater disability and clinical burden. Coexisting anxiety and depression were associated with 32.5% higher MIDAS scores and greater interictal burden compared with patients without comorbidity. Depression severity independently predicted disability (PHQ-2 positively associated with MIDAS, b=0.06; p≤0.001), work impairment, and career interference. Patients with both comorbidities also demonstrated higher rates of chronification, poorer quality of life, and reduced response to acute and preventive pharmacotherapy.

Conclusion
The coexistence of anxiety and depression substantially increases migraine-related disability and disease burden and is associated with poorer treatment outcomes. These findings support the integration of psychiatric screening into routine migraine care pathways. The predominantly cross-sectional evidence base limits causal inference; prospective studies combining standardized psychiatric and headache outcome measures are needed to clarify directionality and guide integrated treatment strategies.

Keywords:
Migraine
Psychiatric comorbidity
Anxiety
Depression
Disability

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