

Oculo-nasal autonomic symptoms in migraine and cluster headache (Abstract)

Sinais and sintomas autonômicos óculo-nasais na migrânea e na cefaleia em salvas (Resumo)

Maria da Conceição Filgueira Sampaio

Universidade Federal de Pernambuco. Pós-graduação em Neuropsiquiatria e Ciências do Comportamento (área de concentração: Neurociências). PhD Thesis. 2010.

Orientadores: Marcelo Moraes Valença/Wilson Farias da Silva

Sampaio MCF. Oculo-nasal autonomic symptoms in migraine and cluster headache (Abstract). *Headache Medicine*. 2011; 2(4):218

Migraine is a primary, incapacitating headache. Autonomic symptoms may occur during migraine crises, but are rarely mentioned in the literature. The aim of this study was to determine the frequency of autonomic symptoms during migraine crises. A series of case studies were used, data were collected from both the private patient records and from the headache clinic of the Clinical Hospital (HC) of the Federal University of Pernambuco (UFPE) from July 2005 to July 2008. Patients who had headaches specifically diagnosed as migraine, with or without aura, were selected, in accordance with criteria established by the International Headache Society. The research was approved by the Ethics Committee of CCS-UFPE and the results analyzed with SPSS 15.0. Six-hundred-eight patients were selected, 266 (39.8%) of whom showed autonomic symptoms as part of clinical signs of migraine crisis. Of those, 125 had conjunctive hyperemia (102 women and 23 men), 110 had tearing (93 women and 17 men), 70 had eyelid edema (63 women and 8 men), 21 had runny nose (18 women and 3 men), and 33 had nasal obstruction (25 women and 8 men). With respect to the laterality of the pain, 309 (46.3%) were unilateral, 160 (24.0%) bilateral and 45 (6.7%) unilateral. 87 (13.0%) had unilateral and/or bilateral pain, 8 (1.2%) had unilateral and/or unilateral, and 1 (0.2%) had unilateral and/or bilateral and /or unilateral. Aura were found in 126 (18.9%) of the 667 examined. The most frequent triggering factor was stress (emotional), 263 (47.5%) out of 554. 165 (29.8%) were triggered by sleep disturbance, 56 (10.1%) by fasting, 13 (2.3%) by strong smells, 15 (2.7%) by eating chocolate, 9 (1.6%) by drinking an alcoholic beverage, 1 (0.2%) by physical effort, 9 (1.6%) from eating fried foods, 23 (4.2%) could not specify what the trigger was, and 114 (17.1%) did not supply this information. 405 (60.7%) of the 667 had a family history of migraines. The results of this research indicate that although autonomic symptoms are usually found in cases of unilateral pain, they may also be found in patients with bilateral pain. As to autonomic symptoms in the case of unilateral pain, eye disturbances (tearing, conjunctive hyperemia and eyelid edema) were more common than nasal (runny nose, nasal obstruction). No statistically

significant relation was found between autonomic symptoms and unilateral pain, nor was autonomic symptoms related to the severity of the headaches. Aura, gender, triggering factors and family history did not show any relationship to the appearance of autonomic symptoms.

Correspondence

Maria da Conceição Filgueira Sampaio
concei2000@uol.com.br