



Epidemiological analysis and use of psychotropic drugs and opioids in patients with migraine with aura

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Introduction

Migraines are commonly divided into 4 phases: prodrome, aura (non-obligatory), headache and resolution (postdrome), the latter being more common in patients who also present aura. In 1870, Hubert Airy described his migraine attack with aura, which he referred to as an angled sparkling border that usually spread in a convex shape, leaving a scotoma in its path. Nowadays, it is known that aura can present itself in different ways, being defined as a well-localized neurological manifestation, which, gradually, appears and may begin before or with the headache, lasting from 5 to 60 minutes. Visual aura tends to be the most common, manifesting itself in 90% of the migraine with aura population. Its manifestations usually present themselves as scotomas, scintillations and fortification spectra that appear in a determined part of the visual field, which then spreads and grows, similar to what was described by Airy in the XIX century. According to an epidemiological study carried out in Brazil, 15,2% of the population has migraine, 25% of which have aura. The Brazilian Academy of Neurology, in 2018, published a National Protocol for the Diagnosis and Management of Headaches in Emergency Units in Brazil, which advises the use of psychotropic drugs, specifically chlorpromazine, only for patients who arrived at the emergency room in a state of migraine disease, experiencing pain for no less than 72 hours and with no response to treatment with dipyrone, ketoprofen and dexamethasone. Furthermore, the use of opioids is still not recommended, suggesting that there are other medications with the same effect, but less risk of dependence.

Objective

To describe the epidemiological profile of migraine with aura in a large emergency in Recife, Pernambuco and analyze the use of psychotropic drugs and opioids during migraine attacks.

Methods

This is a cross-sectional study, with data source extracted from the Patient's electronic medical record through a hospital monitoring based on Business Intelligence. The research was carried out in a private hospital in Recife, Pernambuco, Brazil, from January 1 to June 30, 2023. All emergency room visits with migraine with aura were evaluated. The variables were analyzed using simple descriptive statistics.

Results

60 patients with migraine with aura were treated, 90% (54/60) of whom were women. The average age of the patients was 36 years old. The average time spent in the emergency room was 2h56min, with the outcomes being: 6,6% (4/60) were discharged after care, 28% (17/60) were discharged after doctor's appointment, 5% (3/60) were discharged after medical exams, 20% (12/60) were discharged after medication, 32% (19/60) were discharged after clinical improvement, 6,6% (4/60) evaded and 1,6% (1/60) were hospitalized. The frequency of imaging exams per patient was 0,2 exams/patient, of which 92% (12/13) were computed tomography of the skull and 8% (1/13) of facial sinuses. According to the Manchester Classification, 20% (12/60) of patients were described as "yellow", 3% (2/60) as "blue" and 77% (46/60) as "green". Psychotropic drugs were prescribed at a frequency of 0.13 per patient, of which 62% (5/8) were chlorpromazine and 38% (3/8) were clonazepam. Opioids were prescribed at a frequency of 0.15 per patient, of which 78% (7/9) were tramadol and 22% (2/9) were codeine. Conclusion: The majority of patients treated for migraine with aura are women of economically active age. 13% of the patients used some type of psychotropic drug, even though it is not considered first line treatment by the Headache Management and Diagnosis Protocol. Despite the use of opioids being discouraged by the protocol, 15% of patients were prescribed tramadol or codeine, indicating the presence of some other underlying pathology or professional's lack of knowledge of the protocol.

Keywords: Migraine with Aura; Analgesics, Opioid; Psychotropic Drugs; Epidemiological Investigation.