



Migraine long-term prognosis

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Introduction

Migraine is a common and disabling neurological disease whose prognosis is variable. It is classified as a primary headache and has a high prevalence and impacts. According to the Global Burden of Disease Study 2010 (GBD2010), it is the third most prevalent disease in the world. In the Global Burden of Disease Study 2015 (GBD2015), it was recognized as the third leading cause of disability worldwide in men and women under 50 years of age. There are two main types of migraine, migraine without aura, which is a clinical syndrome with transient neurological manifestations and associated symptoms, and migraine with aura, characterized by transient focal neurological deficits that usually precede or sometimes accompany the headache. Furthermore, some patients present a prodromal state, which occurs hours or days before the headache, and/or a postdromal state, after the headache resolves. It is known that migraines, in general, present self-limited periods of pain; however, depending on the condition, it can also present characteristics of chronic pain, causing even more harm to quality of life. It has a variable prognosis with patterns such as clinical remission, partial clinical remission, persistence and progression, which can be influenced by several factors, which can be divided into modifiable and non-modifiable, including obesity, sleep disorders, depression, anxiety, high frequency of attacks, frequent use of painkillers, abusive use of caffeine, female sex and low socioeconomic status.

Methods

this article is a literature review. The databases used were Pubmed and Elsevier to search for the terms "migraine disorders", "time" and "prognosis", including publications dated from 2013 to 2023. The International Classification of Headache Disorders 3rd edition was also consulted.

Objectives

investigate the long-term prognosis of migraine, as well as the socioeconomic and personal impacts associated with this disorder, with the aim of improving the understanding of progression mechanisms, allowing us to guide the development of early interventions and thus contributing to prevention of exacerbations and unfavorable prognosis.

Results

modifiable and non-modifiable factors influence the clinical course and prognosis of migraine. The four patterns are determined through these factors, concretely stating that there is heterogeneity in the natural history of migraine. Other determinants that may contribute to the development of an unfavorable prognosis are addressed, including medication adherence.

Conclusion

given the findings, it is understood that the long-term prognosis of migraine is related to environmental, biological and behavioral factors. However, it is clear that acting on factors that can be modified has an effect on establishing prognostic patterns, increasing the chance of progression to a favorable outcome of the disease.

Keywords: Migraine Disorders; Prognosis; Time.