



"I don't just have a pain in my neck or just a migraine": Perceptions of migraine patients with neck pain

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Introduction

Neck pain is very prevalent and can present as a premonitory symptom or during a migraine attack, negatively influencing the natural history of the disease and the quality of life of these patients. Identifying the perceptions of these patients in relation to their pain and its treatment through qualitative research can help us understand the management of these patients' crises.

Objective

To identify perceptions about the cause of neck pain and the treatment approaches adopted by individuals with migraine and self-reported neck pain

Method

This is a descriptive and exploratory qualitative study in accordance with the COREQ and SRQR, and approved by the CEP (CAAE: 58915822.1.0000.5440) which evaluated 12 women between the ages of 18 and 55, diagnosed with migraine according to the 3rd edition of the International Classification of Headaches and with self-reported neck pain. A semi-structured interview was conducted, recorded and transcribed. Thematic analysis and inductive coding were used.

Results

The average age was 37, and the average number of crises per month was 7. After thematic analysis 2 themes emerged: 1) Beliefs about the cause of pain 2) Self-care strategies and perceptions about therapeutic conduct. In the first theme, the categories found were: a) Relationship between neck pain and headache: "I don't know if it's the neck that causes me to have a migraine or if it's a migraine that causes another pain in the neck, you know? I never know because the two are always very close together"; b) Posture "I blame it on my bad positioning, when I get into a bad position". The codes were: muscle tension, migraine, posture. In theme 2, the following categories were identified: a) Performing exercises for the cervical region "It's an aggression, if I'm going to feel that I'm straining a muscle that's related to my migraine, why am I going to do it? even... "Oh, it'll get better..." No, I don't want to", "What really helped me was to do the neck exercises and leave my sedentary lifestyle aside and get my body moving. That's what really helped me"; b) Manual therapy in the cervical region "I'm afraid of releasing it and it being a trigger point and that's it, you know? So... I keep quiet" "I usually do massage, I like massage"; c) Taking medication: "I take, I think, miosan... I think it takes effect in eight minutes, so I already feel it loosening up here, and it also makes me sleepy, right?"; "Apart from the neurologist, he gave me there, he clarified and gave me the coordinates and gave me the medication, but it was with the physiotherapist that my pain, like... dropped ninety percent." The codes were: Strength exercises, stretching, manual therapy, medication, physiotherapy.

Conclusion

Although neck pain can be one of the premonitory symptoms of migraine, the individuals did not always relate it to the headache crisis, but they also considered poor positioning during their daily lives to be a possible cause of neck pain. With regard to preferred therapeutic approaches, the results of the analysis were divergent in relation to the experiences of these patients. Therefore, we believe that health professionals should listen to and develop individualized treatments, respecting patients' preferences and experiences, as well as taking into account studies on the profiles of responders and non-responders to headache treatments.

Palavras-chave: Migraine Disorders, Neck Pain, Qualitative Research, Primary Headache