Headache Medicine

Correlation between headache and psychiatric disorders: A narrative review

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Introduction

Psychiatric comorbidities, including depression, anxiety, and bipolar disorder, play a crucial yet sometimes neglected role in headache treatment. These psychological factors can trigger and exacerbate headache episodes, leading to a worse prognosis. While the intricate mechanisms connecting headaches and psychiatric disorders remain speculative, it's evident that the presence of psychiatric conditions impacts the outcome of various headache subtypes.

Objective

This literature review aims to provide a comprehensive analysis of existing data, enhancing our understanding of this correlation and guiding more effective prognosis and treatment strategies.

Methods

This study is a literature review that used the DeCS/MeSH descriptors "Headache" and "Psychiatric Disorders" to search the PubMed, ScienceDirect, and BVS databases. The period was from 1998 to 2023. A total of 274 articles were found, according to the inclusion criteria, which were in English, Portuguese, or Spanish, and had full text available for free. In the end, 100 articles were analyzed, of which 10 were selected to compose this review, four of which were systematic reviews.

Results

Of the ten studies selected for review, three associated a higher prevalence of depression and anxiety disorders in individuals with migraine compared to the general population, two found an association between migraine and bipolar disorder, especially bipolar type II, and one also reported that carriers of sleep disorders and post-traumatic stress disorder are more likely to suffer from migraine. A systematic review associated headache in children with family conflicts, unhappiness, stressful environments, and adverse events, especially bullying, with emotional abuse during childhood being a risk factor for chronicization. Patients with wake bruxism are 5 to 17 times more likely to have tension-type headaches.It has been noted that patients with mutations for Familial Alzheimer's Disease have more headaches than patients without mutations. It has been concluded that cognitive behavioral therapy, which is commonly used as a tool in the treatment of psychiatric disorders, significantly reduced headache frequency with few adverse effects. In addition, transcranial magnetic stimulation showed moderate evidence for the treatment of headache. Headache and psychiatric disorders, such as depression and anxiety, often co-occur, meaning that a person who experiences headaches is more likely to also have a psychiatric disorder. Treatment may involve medications to relieve headache pain and medications or therapy to address psychiatric disorders, depending on the individual needs of the patient. Additionally, complementary therapies, such as cognitive-behavioral therapy, may be beneficial for patients with this comorbidity.

Conclusion

In summary, a clear and bidirectional correlation exists between headache and psychiatric disorders. The presence of one can elevate the risk of developing the other, with shared environmental and genetic factors contributing to this link. Notably, treatments for psychiatric disorders have demonstrated effectiveness in alleviating chronic headache symptoms. Hence, when treating patients with either condition, it is crucial to consider and address both the headache and the associated psychiatric condition

Keywords: Chronic Pain; Headache; Neurology; Psychiatry; Psychiatric Disorder.