

Information for patients from JNNP

Who gets chronic migraine headache?

People who have frequent migraine headaches (on 15 or more days every month) have greater disability, are less able to work, and are more likely to suffer from other illness such as depression, asthma, and arthritis, compared to people with less frequent migraines. Researchers hope that finding out more about this group of people will help to find cures, and also pinpoint reasons why some people's migraine headaches become very frequent.

What do we know already?

Migraine headaches are more severe than usual tension headaches, and may include sensations such as dizziness, feeling sick, and finding bright light painful. Migraine is a fairly common condition, affecting about 6 million people in the UK. It's less common to have frequent migraines, and to get headaches on 15 or more days in every month. If this happens, doctors call it chronic migraine.

Not a great deal is known about people who have chronic migraine. Not surprisingly, they tend to miss more days of work or school, and visit their doctor more often. Previous studies looking at people's medical records suggest they are also more likely to be diagnosed with depression, anxiety, and pain disorders like fibromyalgia.

Doctors can sometimes learn a lot about a disease by looking at what other diseases someone suffers from. It may help them find a common cause. In this new study, 24,000 people with headaches completed surveys about their lives and their health. Researchers divided them into people with episodic migraine (headaches on 14 or fewer days every month) or chronic migraine.

What does the new study say?

People with chronic migraine were much less likely to be in full-time employment. Only 38 percent of people with chronic migraine had a full time job, compared to 52 percent of people who had occasional migraine. Twenty percent of people with chronic migraine were classed as disabled, compared to 11 percent of people with occasional migraine.

Unsurprisingly, given these results, overall household income was lower for people with chronic migraine. Yet there were no significant differences in the educational level reached by people with chronic migraine, so it looks likely that work and income were a result of the disability from chronic migraine, rather than low income and work status being a cause of chronic migraine.

People with chronic migraine had a bigger chance of being diagnosed with a number of other conditions. The most likely were depression, anxiety, and chronic pain disorders, which were about twice as likely for people with chronic migraine. But they were also more likely to have been diagnosed with seemingly-unrelated conditions such as asthma, bronchitis, chronic obstructive pulmonary disease (a breathing disorder), diabetes, or high cholesterol. And they were more likely to be overweight or obese.

How reliable are the findings?

The overall figures are likely to be reliable, but there is a danger in making lots of comparisons between two groups of people. That's because the more comparisons you make, the higher the risk that at least one of the results will be a fluke. That's more likely with results where the figures are quite close. So the finding that people with chronic migraine are twice as likely to be diagnosed with depression is likely to be true, but the finding that slightly more people with chronic migraine have high blood pressure (34 percent compared to 28 percent) could be down to chance.

Also, because these figures were all recorded at one point in time, we can't tell whether one thing caused another. We don't know whether people got chronic migraine after or before their other illnesses. It could be, for example, that chronic migraine stops people from exercising regularly, so they're more likely to become overweight. Or it could be that something about being overweight means you're more likely to get migraine. We can't tell from this study.

Where does the study come from?

The research was done by doctors from hospitals in New York and North Carolina, in the US. They sampled thousands of people across the US by a postal questionnaire.

What does this mean for me?

If you get regular migraine headaches, your risks of other types of disease are higher. You could talk to your doctor about checking risk factors like your weight, your blood pressure, cholesterol levels, and blood sugar.

While this research may yield new treatments for migraine in future, a lot more work will need to be done before it can be put into practice.

What should I do now?

If your migraine treatments are not helping, and migraine headaches are interfering with your life, ask your doctor if you can see a specialist. There are lots of treatments for migraine that may be worth trying.

Buse DC, Manack A, Serrano D, et al. Sociodemographic and comorbidity profiles of chronic migraine and episodic migraine sufferers. *Journal of Neurology, Neurosurgery, and Psychiatry*. 2010; **81**: 428-432. <http://jnnp.bmj.com/content/81/4/428.full>

This summary was prepared by the staff of Best Health, BMJ Group's patient information service. This information does not replace medical advice. If you have a medical problem please see your doctor.

