

PRODROME AND POSTDROME SYMPTOMS IN MIGRAINE - AN ANALYSIS

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INTRODUCTION

- Migraine second leading cause of disability among neurological illnesses
- ❖ High prevalence of prodrome (upto 88 %) and postdrome(upto 81%) in migraineurs.
- Conspicuous yet ignored disabling nonpainful symptomatology despite being consistently and reliably reported.
- ❖ Prodrome even being misunderstood as "triggers".
- ❖ Prodrome can predict an impending attack consistently.
- Understanding the symptoms, its neurobiology and targeting them with agents "on time" can treat the symptoms as well as abort an attack effectively.

AIMS AND OBJECTIVES

To study the prevalence and associations of prodrome and postdrome symptoms in migraine patients.

MATERIALS AND METHODS

Descriptive study design

173 migraine patients (>14 years) satisfying ICHD-3 criteria from Neurology OPD,

- ➤ Diagnosis based on ICHD-3 criteria
- ➤ MIDAS questionnaire for severity
- ➤ Detailed questionnaire covering 26 prodrome and postdrome symptoms
- ➤ Variables found in relation to age, sex, severity score (MIDAS)4, aura and prophylaxis

➤ Statistical analysis using SPSS v25

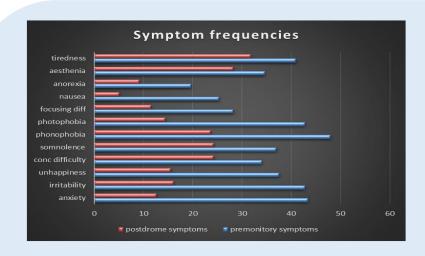


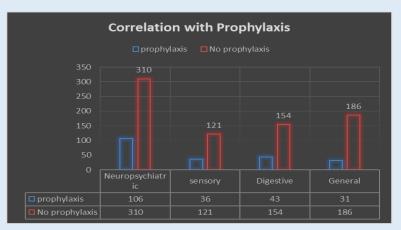
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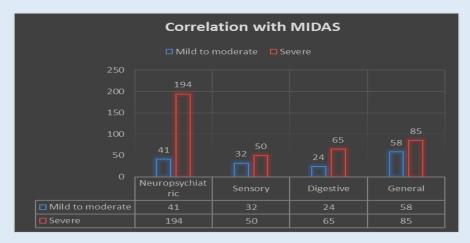
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RESULTS







- **❖** Mean age : 33.1 yrs; Female: Male = 4.2:1
- Aura in 16.2% patients
- Common prodrome: Phonophobia(48%), Anxiety(43.4%), Irritability(42.8%)
- Common postdrome: Tiredness(31.8%), Asthenia(28.3%)
- More symptoms with higher MIDAS score and presence of aura (p<0.05)</p>
- MIDAS severe 34.1%

 moderate 28.9%

 mild 28.9%
- **❖** No's on prophylaxis − 56 (32.4%)



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CONCLUSION

- Prodrome and postdrome are common, add to migraine morbidity
- Neuropsychiatric symptoms dominate prodrome; fatigue/general symptoms dominate postdrome
- Most frequent prodrome symptoms phonophobia > anxiety > irritability
- Most frequent postdrome symptoms tiredness > asthenia
- Significant nonpainful symptoms with higher MIDAS scores (p value < 0.05)
- Lesser symptoms in prophylaxis users but not statistically significant (p value > 0.05)

LIMITATIONS

- As our study was conducted at a single tertiary care centre, findings may not be generalizable to all population.
- Moderate sample size
- Recall bias as symptoms were self reported by patients

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