



ORIGINAL ARTICLE

Headache in the elderly: a series of 262 patients^{☆,☆☆}

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Received 25 March 2013; accepted 30 July 2013
Available online 27 June 2014

KEYWORDS

Hypnic headache;
Tension-type
headache;
International
Classification of
Headache
Disorders-2;
Epidemiology;
Elderly;
Migraine

Abstract

Introduction: Although headache prevalence decreases in patients older than 65, headaches are a common complaint and their different clinical and therapeutic features must be understood. This article analyses the clinical characteristics of elderly patients treated in an outpatient headache unit.

Methods: We collected demographic and clinical data from patients treated in a tertiary hospital headache unit between January 2008 and May 2013. Headaches were codified according to the International Classification of Headache Disorders, 2nd edition (ICHD-2).

Results: Of a total of 1868 patients treated, 262 patients (14%, 189 women and 73 men) were older than 65 years. Ninety-nine (68 women, 31 men, 5.3% of the total) were over 75. Headaches began after the age of 65 in only 136 patients (51.9%). The 362 headaches were codified as follows: 23.8% as Group 1 (migraine) and 28.7% as Group 2 (tension-type headache). We diagnosed 58 (16%) secondary headaches; 26 (7.2%) were classified as Group 13 (cranial neuralgias) and 23 (6.4%) in Group 14 (other headaches). Symptomatic medication overuse was detected in 38 patients (14.5%). We also identified headaches considered typical in the elderly, including chronic migraine (41 cases), hypnic headache (6), occipital neuralgia (4), SUNCT (2), cervicogenic headache (1), primary cough headache (1), and giant cell arteritis (2).

Conclusions: Elderly patients were frequently treated in our outpatient headache unit. Tension-type headache was the most common diagnosis in this population. Geriatric headache syndromes such as hypnic headache or occipital neuralgia were also represented in our series.

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[☆] Please cite this article as: Ruiz M, Pedraza MI, de la Cruz C, Barón J, Muñoz I, Rodríguez C, et al. Cefaleas en la persona mayor: características de una serie de 262 pacientes. *Neurología*. 2014;29:321–326.

^{☆☆} Part of this study was presented as an oral communication at the 64th Annual Meeting of the Spanish Society of Neurology, Barcelona, November 2012.

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PALABRAS CLAVE

Cefalea hípica;
Cefalea tensional;
Clasificación
Internacional de
Cefaleas-2;
Epidemiología;
Personas mayores;
Migraña

Cefaleas en la persona mayor: características de una serie de 262 pacientes**Resumen**

Introducción: Aunque la prevalencia de las cefaleas disminuye en las personas mayores (≥ 65 años), son causa importante de consulta, con particularidades diagnósticas y terapéuticas que es necesario conocer. Analizamos las características de este grupo etario en una consulta de cefaleas.

Métodos: Recogimos las variables demográficas y clínicas de los pacientes atendidos en una consulta de cefaleas de un hospital terciario (enero del 2008-mayo del 2012). Las cefaleas se codificaron según la Clasificación Internacional de Cefaleas, 2.^a edición (CIC-2).

Resultados: Doscientos sesenta y dos pacientes (189 mujeres, 73 varones) con ≥ 65 años fueron atendidos sobre un total de 1.868 (14%); 99 (68 mujeres, 31 varones, 5,3% del total) superaban los 75 años. Inicio de la cefalea tras los 65 años en 136 casos (51,9%). Se codificaron 362 cefaleas, el 23,8% en el grupo 1 de CIC-2 (migrañas) y el 28,7% en el grupo 2 (cefalea tensional). Se diagnosticaron 59 (16%) cefaleas secundarias; 26 (7,2%) se encuadraron en el grupo 13 (neuralgias) y 23 (6,4%) en el grupo 14 (no clasificables). En 38 casos (14,5%) había sobreuso de medicación sintomática. Entre las cefaleas típicas de esta edad identificamos 41 migrañas crónicas, 6 cefaleas hípicas, 4 neuralgias del occipital, 2 SUNCT, una cefalea cervicogénica, una cefalea primaria de la tos y 2 arteritis de la temporal.

Conclusiones: El porcentaje de personas mayores atendidas en una consulta de cefaleas es elevado. La cefalea tensional es la más frecuente en esta población. Cefaleas típicas de esta edad, como la cefalea hípica o la neuralgia del occipital, están presentes.

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Introduction

The Spanish population is ageing. According to data from INE, Spain's National Statistics Institute, 17.33% of that country's citizens were aged 65 years or older in 2011. It is estimated that the percentage will reach 20.35% by 2021.¹ The elderly, who require frequent medical attention, therefore constitute a large segment of our society. Multiple epidemiological studies show that headaches are more frequent among younger patients and that their prevalence decreases in older segments of the population.²⁻⁴ Despite this fact, the impact of headaches on the elderly is considerable.^{3,5}

Most headaches diagnosed in elderly individuals are classified as primary headaches, and they are mainly migraines and tension headaches. In patients aged 65 and older, migraine frequency decreases and headache symptoms become more atypical and more commonly accompanied by aura.⁶⁻⁹ While secondary headaches remain more infrequent than primary headaches overall, they are more significant in this age group, accounting for 15% of the total headaches in the elderly, compared to 1% to 6% among patients younger than 65.¹⁰ It is therefore necessary to take additional precautions in light of the potentially severe underlying causes in this segment of the population.¹¹

Some headaches are characteristic of and nearly exclusive to the elderly, including hypnic headaches and headaches secondary to giant cell arteritis. We must therefore be mindful of these entities when treating elderly patients.¹²

The purpose of this study is to describe the characteristics of a series of elderly patients cared for in a specialist headache unit at a tertiary hospital. In doing so, we attempt to provide epidemiological data to help promote a more

thorough understanding of these patients, as well as better patient management.

Patients and methods

During a period spanning 4 years and 5 months (January 2008-May 2012), we prospectively registered all patients attended in the headache unit indicated above. We first recorded demographic data (age and sex). Headaches were coded according to ICHD-2 criteria.¹³ If the patient met criteria for multiple types of headache, all types were considered and coded.

Researchers also analysed clinical data, such as age at onset of each syndrome, impact of migraine as measured by the HIT-6 scale, and symptomatic and preventive treatments used before the patient had been referred to the headache unit. Doctors indicated the complementary studies that were considered necessary in each case according to the patient's individual characteristics.

We compared the distribution of headaches in this group with that among patients younger than 65 who were seen in this unit during the inclusion period. The mean was used as the measure of central tendency in the results, except in the case of age which shows the median. Lastly, we analysed headache distribution in the subgroup of patients aged 75 years or older.

Results

Two hundred sixty-two patients (189 women, 73 men) aged 65 years and older, comprising 14% of a total of 1868

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