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ORIGINAL ARTICLE

Prophylactic treatment of vestibular migraine[☆]



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KEYWORDS

Dizziness;
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Treatment

Abstract

Introduction: Vestibular migraine (VM) is now accepted as a common cause of episodic vertigo. Treatment of VM involves two situations: the vestibular symptom attacks and the period between attacks. For the latter, some prophylaxis methods can be used. The current recommendation is to use the same prophylactic drugs used for migraines, including β -blockers, antidepressants and anticonvulsants. The recent diagnostic definition of vestibular migraine makes the number of studies on its treatment scarce.

Objective: To evaluate the efficacy of prophylactic treatment used in patients from a VM outpatient clinic.

Methods: Review of medical records from patients with VM according to the criteria of the Bárány Society/International Headache Society of 2012 criteria. The drugs used in the treatment and treatment response obtained through the visual analog scale (VAS) for dizziness and headache were assessed. The pre and post-treatment VAS scores were compared (the improvement was evaluated together and individually, per drug used). Associations with clinical subgroups of patients were also assessed.

Results: Of the 88 assessed records, 47 were eligible. We included patients that met the diagnostic criteria for VM and excluded those whose medical records were illegible and those of patients with other disorders causing dizziness and/or headache that did not meet the 2012 criteria for VM. 80.9% of the patients showed improvement with prophylaxis ($p < 0.001$). Amitriptyline, Flunarizine, Propranolol and Topiramate improved vestibular symptoms ($p < 0.001$) and headache ($p < 0.015$). The four drugs were effective in a statistically significant manner. There was a positive statistical association between the time of vestibular symptoms and clinical improvement. There was no additional benefit in hypertensive patients who used antihypertensive drugs as prophylaxis or depressed patients who used antidepressants in relation to other prophylactic drugs. Drug association did not show statistically significant results in relation to the use of a single drug.

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PALAVRAS-CHAVE

Tontura;
Vertigem;
Enxaqueca;
Profilaxia;
Tratamento

Conclusions: Prophylactic medications used to treat VM improve the symptoms of this disease, but there is no statistically significant difference between the responses of prophylactic drugs. The time of vestibular symptom seems to increase the benefit with prophylactic treatment.

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Tratamento profilático da migrânea vestibular**Resumo**

Introdução: A migrânea vestibular (MV) é aceita atualmente como uma causa comum de vertigem episódica. O tratamento da MV envolve duas situações: as crises de sintomas vestibulares e o período intercrise. Para este último, pode-se utilizar algum método de profilaxia. A recomendação atual é que se utilizem os mesmos medicamentos profiláticos utilizados para a enxaqueca, o que inclui os β -bloqueadores, antidepressivos e anticonvulsivantes. A recente definição diagnóstica da migrânea vestibular torna escasso o número de estudos sobre seu tratamento.

Objetivo: Avaliar a eficácia do tratamento profilático utilizado em pacientes em um ambulatório de MV.

Método: Revisão de prontuários de pacientes com MV pelos critérios da *Bárány Society/International Headache Society* de 2012. Foram pesquisados os medicamentos utilizados e resposta ao tratamento obtida através da escala visual-analógica (EVA) para tontura e cefaleia. Foram comparados os escores da EVA pré e pós-tratamento (a melhora foi avaliada em conjunto e individualmente por droga utilizada). Também foram pesquisadas relações com subgrupos clínicos dos pacientes.

Resultados: De 88 prontuários estudados, 47 foram elegíveis. Incluiu-se os pacientes que preenchem os critérios diagnósticos para MV, foram excluídos os prontuários ilegíveis e aqueles de pacientes com outro distúrbio causador de tontura e/ou cefaleia que não preenchem critérios de 2012 para MV. Apresentaram melhora com a profilaxia 80,9% dos pacientes ($p < 0,001$). Amitriptilina, flunarizina, propranolol e topiramato apresentaram melhora para sintomas vestibulares ($p < 0,001$) e para cefaleia ($p < 0,015$). Os quatro medicamentos foram eficazes de forma estatisticamente significativa. Houve relação estatística positiva entre tempo de sintoma vestibular e melhora clínica. Não houve benefício adicional para hipertensos que utilizaram anti-hipertensivos como profilaxia ou para os deprimidos que usaram antidepressivos em relação ao uso dos outros profiláticos. A associação de medicamentos não mostrou resultados estatisticamente significantes do uso de um medicamento isolado.

Conclusões: Os medicamentos profiláticos utilizados para MV melhoram os sintomas dessa doença, porém não há diferença estatisticamente significativa entre as respostas dos medicamentos profiláticos. O tempo de sintoma vestibular parece aumentar melhora obtida com o tratamento profilático.

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Introduction

Dizziness is one of the most common symptoms in medical practice, with an incidence of up to 30% a year and, despite its difficult approach, it is usually possible to reach a diagnosis.^{1,2} Vestibular disorders are the main diseases that manifest with dizziness complaints and, among them, the most common are Benign Paroxysmal Positional Vertigo (BPPV), Vestibular Migraine (VM), Meniere's disease and vestibular neuritis, in decreasing order of frequency.²

Migraine is a multifactorial chronic disease. Its main symptom is headache, typically unilateral, pulsatile,

associated with photophobia and phonophobia, nausea and vomiting.^{3,4} The association between migraine headache and vertigo has been known for a long time and occurs three times more often than if it would by chance alone.⁵ In 1984, Kayan and Hood carried out a large study that showed a higher prevalence of otoneurological symptoms in patients with migraine, compared to patients with tension headache.⁶ Vestibular migraine as a specific entity, however, was only recently described in 1999 by Dieterich and Brandt,⁷ and is characterized by the association of vertigo episodes and migraine headache. To date, its definition is not uniform among the authors. Diagnostic criteria were

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