

# Prevalence of personality disorders in patients with chronic migraine

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## Abstract

**Background:** The present study aimed to investigate the prevalence of personality disorders (PDs) in patients with chronic migraine (CM). **Methods:** This study included 105 CM patients who were diagnosed according to the criteria of the International Headache Society (IHS) and 100 healthy volunteers. PDs were diagnosed with the *Structured Clinical Interview for DSM, Revised Third Edition Personality Disorders*, and pain severity and level of disability were assessed with the Migraine Disability Assessment (MIDAS) test.

**Results:** Of the 105 CM patients, 85 (81%) had at least one PD. PDs were more prevalent in the patient group than in the healthy control group, and the most common PDs were obsessive–compulsive ( $n = 53$ , 50.5%), dependent ( $n = 20$ , 19%), avoidant ( $n = 20$ , 19%), and passive–aggressive ( $n = 14$ , 13.3%) PDs. The MIDAS scores of the CM patients with PDs were higher than those of the CM patients without PDs.

**Conclusion:** PDs, particularly obsessive–compulsive, dependent, avoidant, and passive–aggressive PDs, were frequently observed in CM patients in the present study.

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## 1. Introduction

Migraine is one of the most common neurological disorders in the world, as it affects approximately 11% of individuals worldwide [1]. Although the prevalence rates of migraine are equal in males and females prior to puberty, it occurs approximately three times more often in women than in men between 25 and 55 years of age [2]. Migraine causes labor loss and leads to impairments in social status and quality of life [3]. Headaches related to migraines are classified as chronic migraine (CM) if they occur 15 days per month and continue for at least consecutive 3 months [4]. CM affects 2.4% of the general population and is frequently comorbid with chronic conditions such as depression (80%), anxiety (70%), insomnia (71%), chronic fatigue syndrome (66%), and fibromyalgia (35%) [5–8].

The relationship between migraine and personality disorders (PDs) became a primary focus for researchers after the concept of “migraine personality” was first

proposed by Wolf [9]. Neuroticism is more common in patients with migraine than among the general population [10], but these studies were carried out in relation to frequency, duration, and/or intensity of headache [11–13]. To date, only one study has observed a strong relationship between neuroticism and duration of headache [11].

Likewise, only a limited number of studies have investigated the relationship between migraine and PDs. PDs are diagnosed in 26% of inpatients with chronic daily headache, with the most common types being cluster B PDs [14]. Previous studies investigating migraine have tended to focus on borderline PD (BPD) [15], but it has been shown that avoidant PD and obsessive–compulsive PD are also associated with headache [16]. Despite the fact that these three types of PDs negatively affect the course of migraine and are related with medication overuse and a poor treatment prognosis [16], the relationships among these factors have yet to be adequately assessed.

Thus, the present study aimed to investigate the prevalence of PDs in patients with CM.

## 2. Methods

The present study consecutively enrolled 114 patients complaining of headache who were admitted to our

Conflict of interest: The authors report no conflicts of interest.

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neurology outpatient clinic and diagnosed with CM according to the criteria of the International Headache Society (IHS) [17]. All patients having chronic migraine, irrespective of whether or not they had an aura, were included in the study. The inclusion criteria were as follows: (1)  $\geq 18$  years of age and (2) diagnosed with CM according to the IHS criteria for at least 1 year. The exclusion criteria consisted of having a chronic medical illness such as hypertension, diabetes mellitus, or hypothyroidism, or hyperthyroidism and/or a history of cerebrovascular disease and having medication overuse headache. Six patients who did not meet the inclusion criteria and three patients who refused to participate in the study were excluded from the analyses and, thus, 105 CM patients were included in the final analyses. The control group consisted of 100 volunteers who did not suffer from chronic headache and did not meet the exclusion criteria of the present study. The volunteers were selected from among the general population by simple random sampling.

### 2.1. Procedure

The present study was approved by the local ethics committee. The characteristics and procedures of the study were explained to the subjects prior to participation, and oral and written informed consent were obtained from each subject. Next, the sociodemographic characteristics of the patients were recorded and CM was diagnosed according to the IHS criteria [17]. Following a neurological examination, the patients were referred to a psychiatric outpatient clinic for the diagnosis of PDs by psychiatrists blinded to the neurological conditions of the participants using the *Structured Clinical Interview for DSM, Revised Third Edition Personality Disorders (SCID-II)* [18]. Additionally, pain severity and level of disability were assessed with the Migraine Disability Assessment (MIDAS) test.

### 2.2. Statistical analysis

All data were analyzed with SPSS ver. 16.0 for Windows software (SPSS Inc.; Chicago, IL, USA). The normality of data distributions were checked with the Kolmogorov–Smirnov test. Chi-square tests or Fisher’s exact tests were used to compare categorical variables, and t-tests or Mann–Whitney U-tests were used to analyze numerical variables.

## 3. Results

The mean age of the total participants was  $35.63 \pm 11.61$  years. Of the 105 CM patients, 53 (50.5%) were women, 44 (41.9%) were primary school graduates, 54 (51.4%) had a job, and 75 (71.4%) were married. The sociodemographic features of the participants are detailed in Table 1. Most of the patients having chronic migraine who participated in the study were using different prophylactic treatments. 28 of the patients were using amitriptyline, 11

Table 1  
Socio-demographic features.

	Patient group <i>n</i> = 105	Control group <i>n</i> = 100	<i>p</i> value
Age, mean $\pm$ standard deviation, years	35.63 $\pm$ 11.61	31.18 $\pm$ 8.98	0.002 <sup>a</sup>
Gender			
Female	53 (50.5)	50 (50)	0.946 <sup>b</sup>
Male	52 (49.5)	50 (50)	
Marital status, <i>n</i> (%)			
Married	75 (71.4)	34 (34)	0.402 <sup>b</sup>
Education			
Primary school	42 (40)	30 (30)	0.321 <sup>b</sup>
Lycee	44 (41.9)	48 (48)	
University	19 (18.1)	22 (22)	
Employment status, <i>n</i> (%)			
Employed	54 (51.4)	55 (55)	0.608 <sup>b</sup>

<sup>a</sup> t test.

<sup>b</sup>  $\chi^2$  test.

were using valproic acid, 19 were using venlafaxine, 10 were using fluoxetine, nine were using flunarizine, eight were using escitalopram, two were using venlafaxine + amitriptyline, two patients were using botulinum neurotoxin A, one was using topiramate + amitriptyline and one patient was using escitalopram + valproic acid. Fourteen patients were not taking any prophylactic treatments.

Of the 105 CM patients included in the present study, 85 (81%) were diagnosed with a PD. The mean number of PDs in the CM patient group was  $1.20 \pm 0.84$ , and the most common PDs were obsessive–compulsive (*n* = 53, 50.5%), dependent (*n* = 20, 19%), avoidant (*n* = 20, 19%), and passive–aggressive (*n* = 14, 13.3%) PDs. None of the CM patients were diagnosed with schizoid or schizotypal PDs. PDs were more common in the CM patient group than in the control group (*p* = 0.000) and, in particular, the prevalence rates for avoidant, dependent, obsessive–compulsive, and passive–aggressive PDs were significantly higher in the CM patient group than in the control group (*p* = 0.000). Additionally, the prevalence of comorbid PD was higher in CM patients group (*n* = 34, 32.4%) than in the control group (*n* = 3, 3%) (*p* = 0.000).

There were no significant differences among the socio-demographic characteristics of the CM patients with a PD versus those without a PD (*p* > 0.05; Table 2). When the PDs were considered separately, avoidant PD was more common in females (*n* = 15, 75%; *p* = 0.015), those who were married (*n* = 19, 95%; *p* = 0.010), and primary school graduates (*n* = 13, 65%; *p* = 0.030), and BPD was more frequently seen in female (*n* = 6, 100%; *p* = 0.027) and single (*n* = 6, 100%; *p* = 0.000) patients. The prevalence of the other PDs was not significant in terms of socio-demographic features (*p* > 0.05). However, the MIDAS scores of the CM patients with a PD were higher than those of CM patients without a PD (*p* = 0.000).

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