

Features Of The Clinical Course Of Complicated Forms In Patients With Migraine (Migraine Status), Concomitant Hypertension, Ways Of Drug Correction

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Abstract

The widespread prevalence of migraine and its negative impact on the quality of life determine the urgency of the problem. The aim of the study was to study the features of the clinical course of complicated forms in patients with migraine (migraine status), concomitant hypertension, to optimize the ways of their drug correction. 325 patients (100%) aged 26 to 46 years (mean 42.4±2.8 years) were examined, of which 58 (17.8%) patients with migraine status, comorbid with hypertension; 64 (19.7%) patients with migraine status, without hypertension; 111 (34.2%) patients with uncomplicated migraine, without a combination of hypertension; 92 (28.3%) patients with hypertension, without a combination of migraine. Clinical neurological, neuropsychological (HDRS- 21, HAM-A, M.P. Kononova's method, "RAM", A.R. Luria's method; three-dimensional pain intensity scale – NRS, VRS, VAS; IRLS0 evaluation scale; polysomnography (PSG), electroneuromyography (ENMG) were used. Standard migraine therapy, antihypoxants and antihypertensive drugs were used to correct clinical symptoms. When complicated forms of migraine are combined with hypertension, clinically pronounced depression, anxiety, restless legs syndrome are noted. Hypertensive comorbid disease with migraine leads to deterioration of neurocognitive, vascular, perfusion abilities of the brain. A differentiated approach to diagnosis, treatment and correction reduces the intensity and frequency of migraine attacks, improves the neuropsychopathological condition and vascular component of the disease.

Keywords. Migraine, migraine stroke, migraine status, hypertension, restless legs syndrome, Hamilton depression and anxiety scales, cognitive dysfunction, IRLS evaluation scale, polysomnography, electroneuromyography.

Relevance. Headache has existed since ancient times: in the cuneiform tablets of the ancient Sumerians in the 3rd millennium BC, people tried to fight it. The widespread headache, which, according to the definition of ancient Babylonian healers, like a flash of lightning, pierces a person, attracted the careful attention of renowned doctors – Hippocrates, Avicenna, Galen and their numerous nameless followers who were looking for an effective remedy for this ailment [3]. Centuries have passed, doctors have learned to treat many diseases, some of them have almost disappeared, but not a headache [1; 2]. At the same time, headache remains a mysterious ailment, and many of its secrets, even in the age of computers and nanotechnology, have not yet been revealed. Of the 6 billion people living on the globe, only very few can boast that they have never experienced a headache. Its prevalence is explained by the fact that it is not a disease, but a symptom of various diseases, sometimes very dangerous and serious [2; 3]. Although modern medicine is developing, and has saved humanity from many ailments that have claimed millions of lives, no remedy has yet been created that could cure us of headaches once and for all [1; 3].

Migraine, or more precisely, a predisposition to it, which is inherited genetically, is a representative of the primary, common and leading to serious complications of headaches [4; 7]. Most researchers believe that this disease has a dominant type of inheritance, and it is transmitted through the maternal line. Usually the first signs of the disease appear during puberty. In women, it occurs 3-4 times more often than in men, migraine attacks are often associated with the

menstrual cycle [5; 11]. In most cases, migraine occurs in young people under 30 years of age, it also occurs in children (cases of the disease are known at the age of five). By old age, the disease subsides [2; 12].

The widespread prevalence of migraine and its negative impact on the quality of life determine the urgency of the problem. The feeling of waiting for a headache with migraine leads to emotional instability, capriciousness, up to the development of depression, which is fraught with the development of psychological maladaptation of patients [4; 9]. Examination of patients with complicated forms of migraine revealed frequent changes in the psychopathological state in the form of depression and anxiety disorders of varying severity, the development of restless legs syndrome (SBN), as well as cognitive changes that aggravate the clinical course. SBN is a rare sensorimotor disorder characterized by extremely unpleasant sensations in the legs, manifested mainly at night or at rest and subsiding during movements. According to some authors [6; 10] SBN in migraine occurs in up to 12% of cases, and people with this syndrome in 30% of cases suffer from migraine. SBN affects the structure of sleep and the quality of life of patients, deepening the psychopathological state, as well as migraine headaches, but the etiological relationship of migraine and SBN remains unclear. These comorbid conditions (migraine and SBN) mutually attract each other, associating pronounced photophobia, phonophobia, dizziness, tinnitus, depression, decreased social activity and impaired sleep quality [9; 11]. Scientific research in recent years has focused on the study of cognitive disorders, which are a consequence of many neurodegenerative changes in the central nervous system [12]. The relationship between existing cognitive impairments and migraine is still controversial [9; 12]. Changes in brain perfusion of vascular, neuroendocrine, neurotransmitter genesis, apparently, are the cause of degenerative changes in the brain, and the development of inevitable cognitive impairments in patients with migraine.

In recent years, the number of patients with a combination of certain syndromes or nosological units who turn to therapists, cardiologists, general practitioners and neurologists has been increasing. This combination or comorbidity, in particular, migraines with hypertension (GB) is becoming more frequent due to the increase in the incidence of these diseases in the population [11]. Particular attention is paid to the fact that unsuccessful treatment can be the cause of the development of similar pathological conditions in migraine, which causes the transformation of the clinical course of the disease, mutually reinforcing each other. In women suffering from migraine, gynecological diseases are more often detected, as well as hormonal dysfunctions that affect blood pressure (BP), aggravating the course of the disease, and developing complications, which is a real threat to the patient [11; 13]. Life-threatening comorbid conditions with migraine can be coronary heart disease, epilepsy, cerebral stroke, hypertension (GB). However, migraine itself, as an independent disease, can also become a risk factor for these conditions. Moreover, the identification of comorbid conditions is extremely important, since they allow to optimize treatment, to prevent mutual and mutually aggravating risk factors and complications.

Comorbidity (lat. Co - "together", disease - "disease") refers to the coexistence of two and/or more syndromes (transsyndromal comorbidity) or diseases (transnosological comorbidity) in one patient, pathogenetically interrelated or coinciding in time (chronological comorbidity) conditions [12; 15]. Migraine is often accompanied by comorbid diseases, such as epilepsy, vestibular dysfunction, familial dyslipoproteinemia, Tourette syndrome, essential tremor, cerebral amyloid angiopathy, ischemic stroke, depression and anxiety, asthma, non-infection of the oval opening [11; 16]. Migraine can also be combined with other types of headaches, often with tension headaches [3; 11]. The presence of anxiety, depression, panic attacks, social phobias, and addictive behavior (addiction to alcohol or gambling) significantly modify the clinical picture of migraine [17]. Migraine is often combined with bronchial asthma, allergies, disorders of the gastrointestinal tract, mitral valve prolapse, Raynaud's syndrome [9; 14]. But most often migraine is combined with hypertension, increasing the vascular component of the development of complications. These and a number of the above conditions, combined or manifested with migraine, are very interesting as an object of scientific research.

The purpose of the study was to study the features of the clinical course of complicated forms in patients with migraine (migraine status), concomitant hypertension, to optimize the ways of their drug correction

Material and methods of research:

325 patients (100%) aged 26 to 46 years (mean age 42.4 ± 2.8 years) were examined. The patients were divided into 4 groups, of which 58 (17.8%) patients with migraine status, comorbid with GB 1-group (main); 64 (19.7%) patients with migraine status, without GB 2-group (main); 111 (34.2%) patients with uncomplicated form of migraine, without combination GB, group 3 (comparative); 92 (28.3%) patients with hypertension, without a combination of migraines, group 4 (comparative). The material was collected with the support of the multidisciplinary regional medical association of Bukhara, Bukhara branch of the Republican Scientific Center for Emergency Medical Care, 2- and 3-family polyclinics in Bukhara for 5 years (from 2018 to 2022). The duration of the disease of the examined patients is from 1 month to 18 years. Clinical and neurological, neuropsychological, (using the Hamilton scale for assessing depression (DRCH - 21) and anxiety (am-a)); cognitive functions (studying concentration of attention (by the method of M.P. Kononova), long-

term (by the method of "Operative memory") and short-term memory (by the method of A.R. Luria)); analysis of the nature and intensity of headaches (using a three-dimensional pain intensity scale - a digital rating scale (FBU "NTC NRS"), a verbal rating scale (VRS) and a visual analog scale (vas)); analysis of the intensity and frequency of manifestations of SBN (using the Iris rating scale (rating scale), including 10 questions on a 5-point scale (0-4)); polysomnography (PSG), electroneuromyography (ENMG), to exclude the organic etiology of SBN. Standard migraine therapy, antihypoxants and antihypertensive drugs were used to correct clinical symptoms.

Conclusions.

1) When complicated forms of migraine are combined with hypertension, clinical symptoms of a pronounced psychopathological condition are noted: depression, anxiety, restless legs syndrome;

2) In patients with vascular manifestations of the disease, cognitive dysfunctions related to the process of perception, processing and analysis of information are noted, which increase with the combination of migraine with GB;

3) The severity of the above symptoms depends on the intensity of headaches, the degree of vascular manifestations, which are aggravated in the presence of GB;

4) Hypertensive comorbid disease with migraine leads to deterioration of neurocognitive, vascular, perfusion abilities of the brain;

5) A differentiated approach to diagnosis, treatment and correction leads to a decrease in the intensity and frequency of migraine attacks, regression of neuropsychopathological condition, improvement of the vascular component of the disease.

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