

Psychiatric Sequelae of Migraine in Saudi Patients

Migraine is the second most common cause of headache in Saudi Arabia.^{1,2} Apart from a handful of articles on primary headache syndromes in various populations within the country, migraine research in Saudi Arabia remains relatively scarce. Nonetheless, a female preponderance has been found repeatedly,^{1,2} and a single study reported a significant association between migraine and professional occupations.¹

Examination of the international literature reveals a recent interest in the psychiatric comorbidities of migraine, the most common of which are depression and anxiety, and how migraineurs may present if they indeed suffer with psychiatric manifestations. Migraine patients were found to be more likely to have mood and anxiety disorders compared with controls.³ Conversely, patients with anxiety and depression exhibited heightened susceptibility and severity of their migraine.⁴

We recently examined the frequency of anxiety and depression in Saudi patients with neurologic disorders at a tertiary outpatient clinic (Alamri, unpublished). There were 13 migraine patients who agreed to take part in the study; all but one were female. Six patients were unemployed, two were students, three were in administrative occupations, and two were professionals. When screened for psychiatric comorbidities (using the Hospital Anxiety and Depression Scale), one patient met the criteria for severe anxiety and one patient met the criteria for severe depression (each defined as having an anxiety or depression subscale score of ≥ 11 , respectively). Intriguingly, two other patients, without current overt psychiatric symptoms, confessed to suicidal ideation.

Notwithstanding the small sample, our findings of such prevalence rates of the psychiatric burden of migraine are unsettling. More worryingly, these numbers may in fact be underestimates due to several reasons. All patients in our sample were receiving first-line therapy with adequate control of their migraine, and we suspect psychiatric manifestations would be intensified in more severe forms of migraine. Furthermore, extrapolating from prevalence data in previous epidemiologic studies,^{1,2} many more migraineurs are likely to be suffering in the community without proper treatment in light of the inadequate level of primary care in Saudi Arabia. Finally, mental health disorders and suicide remain taboo subjects

in Saudi Arabia, making the divulging of information about such symptoms to health care professionals particularly challenging.

Larger and more in-depth studies are much needed to shed light on predictors of psychiatric sequelae of migraine and also on the outcomes once such manifestations are identified and appropriately treated. Moreover, education remains a paramount and powerful tool to combat the burden of disease; this includes educating health care professionals to screen for psychiatric symptoms in migraine patients and to offer treatment when identified, and educating the public in an attempt to promote physical as well as mental health and to dispel any misconceptions.

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Acknowledgments

The author declares no conflicts of interest.

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