

TO ASSESS THE IMPACT OF CHRONIC DAILY HEADACHES ON QUALITY OF LIFE

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Received : 12/11/2022
 Received in revised form : 20/12/2022
 Accepted : 27/12/2022

Keywords:
 Chronic, Daily, Headache, Proportion,
 and Life Quality.

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DOI: 10.47009/jamp.2023.5.2.305

Source of Support: Nil,
 Conflict of Interest: None declared

Int J Acad Med Pharm
 2023; 5(2); 1458-1460



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Abstract

Background: Chronic daily headaches are extremely distressing, have a significant negative effect on a person's quality of life, and have a significant financial impact on society due to occupational disability and medical consultations. As a result, we designed the current research to evaluate patients with CDH's quality of life (QOL). **Materials and Methods:** The quality of life of CDH patients was evaluated in the current research. A total of 120 individuals were included. Medication abusers and non-abusers' quality of life is also assessed using the SF-36 assessment. Additionally, the SF-36 QOL was investigated in CDH patients with and without mental comorbidity. SPSS-20 was used to analyse all the data. **Result:** Scores on the Short Form-36 (SF-36) were statistically significant for every question in both healthy subjects and cases of chronic daily headache (CDH). **Conclusion:** Each SF-36 component's QOL is noticeably impaired by CDH.

INTRODUCTION

The effectiveness of several chronic diseases, such as chronic daily headache, cannot be assessed using conventional clinical outcome metrics like morbidity and death. (CDH). Although these illnesses do not cause death or bodily harm, their recurrent nature causes patients' health to be compromised. As a result, metrics like the effect of headache on patients' perceived quality of life (QoL), productivity at work, or financial expense have emerged. Although there is no universally accepted definition, health-related quality of life (QoL) refers to the overall impact of a disease and its treatment on a patient's perception of his or her capacity to lead a useful and satisfying life.^[1] Since the 1950s,^[2] when the World Health Organization established its concept of health. Health-related QoL questions have gradually been incorporated into clinical practise research, and QoL measures are now generally recognised as an essential research tool for conditions like primary headaches. The phrase "chronic daily headache" refers to a group of conditions that affect 4% of the general population and are characterised by frequent headaches. It results in significant distress, has a significant negative effect on a person's quality of life, and has a significant financial cost to society due to occupational disability and medical consultations.^[3,4] The acute and preventive therapies for CDH are less effective than they are for disorders associated with episodic headaches. Five

main forms of chronic daily headache (CDH) exist: chronic migraine (CM), chronic tension type headache (CTTH), medication overuse headache (MOH), new daily persistent headache (NDPH), and continuous hemiparesis. (HC). "Medication overuse headache" is typically linked to other everyday chronic headache subtypes.^[5-8] Most often, episodic headache progresses into chronic everyday headache over the course of several months to years. About 3-5% of the populace is impacted.^[9,10] We therefore designed the current research to evaluate patients with CDH's quality of life.

MATERIALS AND METHODS

In the psychiatry department of the World College of Medical Sciences Research and Hospital, Jhajjar, India, we conceptualised and conducted the current research. It included the evaluation of individuals with CDH's quality of life. After receiving initial approval for the thesis plan from the institutional ethical committee, we obtained informed consent from each patient by thoroughly outlining the entire research procedure. We took into account all 120 patients who presented to the college OPD with CDH as their primary symptom. The following were inclusion factors for this study: patients who are older than 39, individuals with no evidence of a systemic disease, Patients without a documented history of drug allergies The length of the headache, the length of each headache episode, the frequency of headaches per month, the associated symptoms,

functional disability, analgesic use, and the response to treatment were all questions we asked to determine the type of headache. A general assessment called the SF-36 is used to assess both healthy individuals and patients with chronic daily headaches' quality of life in relation to their health. The SF-36 assessment is also used to assess both those who abuse medication and those who do not. Additionally, the SF-36 QOL was investigated in CDH patients with and without mental comorbidity. It consists of 36 items across 8 categories, including bodily pain, general health, vitality, social performance, emotional health, and mental health. The total scores for each of the 36 SF-36 domains range from 0 to 100. In each individual area, values between 0 and 100 represent the best and worst quality of life, respectively. To rule out secondary causes of CDH, a thorough history was taken along

with a general physical and systemic evaluation using a predesigned structured proforma. When necessary, neuroimaging (CT/MRI) of the brain is recommended to rule out alternative headache causes. SPSS-20 software was used to analyse each and every outcome. Student t test and chi-square test results were used to determine the degree of significance.

RESULTS

In this research, chronic migraine patients (60.0%) overuse medications more frequently than chronic tension headache patients (40.0%). (P-value =0.04) The change was statistically significant. Both males and females almost equally abuse medications.

Table 1: Shows the types of chronic everyday headaches and their connections to MOH.

Sub types	Total CDH	CDH with MOH	P value
CM	72	35	0.04
CTTH	48	12	

{Note: Chronic Migraine (CM), Chronic Tension Type Headache (CTTH), Chronic Daily Headache (CDH) and Medication Overuse Headache (MOH)}

In this research, the median age of CDH patients was 35.34 10.14, which was lower than the median age of CDH patients who had taken too many medications. The disparity between the mean ages of CDH patients without medication overuse (34.4610.12) and CDH patients with medication overuse is not statistically significant. Scores on the Short Form-36 (SF-36) were statistically significant for every question in both healthy subjects and cases of chronic daily headache (CDH).

Table 2: Shows the CHD patients' SF-36 quality of life ratings compared to those of healthy controls.

Scale	Healthy	CHD	P value
Physical functioning (PF)	83.72	62.52	0.01
Physical health (PH)	70.74	34.68	0.01
Emotional health (EH)	76.56	36.24	0.01
Vitality energy (VH)	64.71	47.53	0.01
Mental health (MH)	68.02	50.06	0.01
Social functioning (SF)	85.46	51.67	0.01
Bodily pain (BP)	79.24	46.48	0.01
General health (GH)	67.18	41.27	0.01

DISCUSSION

The phrase "chronic daily headache" refers to a group of headaches that appear 15 or more days per month, last longer than 4 hours, including headaches brought on by abusing medication in excess.^[8-10] A subjective issue, headaches. By conducting a detailed investigation, it could not be found. Additionally, it not only lowers life expectancy but also impairs it. However, quality of life is significantly diminished by chronic everyday headaches. Numerous studies have examined how chronic everyday headaches affect people's quality of life. Patients who experience chronic daily headaches significantly lower their quality of life across all SF-36 domains than the general community.^[11] Additionally, psychiatric comorbidities like depression, anxiety, and worry that are linked to chronic daily headaches can impair quality of life. Due to a chronic daily headache, the

patient cannot perform his daily tasks correctly. Chronic daily headaches contribute to other psychiatric comorbidities, which in turn lower pain thresholds, cause pain in numerous bodily regions, and lower quality of life. Patients frequently struggled to behave appropriately in social settings. Additionally, it effects the patient's mental health and weakens their emotional stability. Chronic everyday headaches have a wide range of negative effects.^[11-13] In this investigation, we looked at how the quality of life (QOL) of CDH individuals differed from that of healthy subjects. For this, we had used the SF-36 Questionnaire. In comparison to individuals without CDH, the SF-36 QOL score of CDH subjects was lower on all health-related SF-36 subscales. All SF-36 components showed statistically significant differences. Physical health, bodily pain, emotional health, and social performance all showed the greatest QOL impairment. 53 patients with chronic daily

headaches and 62 patients with episodic migraines made up the 115 participants in the research by Monson MJ et al. They compared the effect of headaches on quality of life linked to health using the SF36 questioner. The degree of impairment was comparable between the two groups, but a lower level of health scales was associated with persistent daily headache. In comparison to patients with migraine headache and the general population, patients with chronic daily headache had substantially worse pain scores (SF-36) in terms of bodily functioning, physical health, bodily pain, general health perceptions, and mental health.^[11] 593 of the 901 headache centre patients studied in Taiwan by Wang SJ et al. had chronic daily headaches. When the general community and patients with chronic daily headaches were compared in this research. All SF-36 categories have significantly decreased in the patients who suffer from chronic daily headaches.^[12] In a research conducted by Guitera V. et al. in Spain, 89 unselected participants from an epidemiological study of the general population who met CDH criteria had their quality of life assessed using the generic Short Form-36 (SF-36) instrument. In this research, compared to healthy subjects, subjects with chronic daily headaches showed a significant decline in each of the SF-36's health-related concepts. Physical well-being, physical discomfort, vitality, and social performance all experienced the greatest declines. Between individuals with chronic tension-type headache and those with chronic migraine, there was no discernible difference. Compared to patients with episodic migraine, patients with chronic migraine displayed lower values for each notion linked to health, particularly those that were important for general health, vitality, and mental health. In comparison to subjects without analgesic abuse, CDH subjects with analgesic overuse had lower values for each SF-36 concept.^[13] In a research conducted in Spain by Colás R et al, 4855 participants were interviewed to compare the quality of life between people with chronic daily headaches and healthy controls. headaches for about 10 days per month in 332 individuals. The conditions for chronic daily headache with analgesic overuse were met by 74 individuals. In comparison to healthy control subjects, individuals with chronic daily headaches displayed a significant decline in each SF-36 health-related score.^[14] These findings are consistent with earlier studies and seem to support the notion that in the general population, chronicity of pain has a greater impact on QoL than does pain severity.^[15,16]

CONCLUSION

We came to the conclusion that CDH significantly impairs QOL across all SF-36 components. This suggests that CDH is a significant health issue in this period of development. However, additional research is advised.

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