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A survey on functioning of male and female with migraine

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ABSTRACT

Migraines are severe, recurring, and painful headaches. The extreme pain have that migraines cause can last for hours or even days. Migraines can follow an aura of sensory disturbances followed by a severe headache that often appears on one side of the head. Objective of the study include; To find out whether male and female are more prone to develop migraine, To evaluate which triggering factors contributes to migraine and To evaluate the people taking OTC for migraine. A Prospective survey will be carried out in 75 peoples using the information's gathered from students in Pharmacy colleges in Trivandrum. This study provides the prevalence of migraine headache. Past history, medication usage, diagnosis, treatment, triggering factors, physical and intellectual activities was collected, analysed properly and response is recorded. These collected data will be subjected to statistical analysis. In the current research, a survey on functioning of male and female with migraine was formulated. Among the respondents about 18-35 age group is commonly affected migraine with 98.7% (n=74). Approximately, 63.5% (n=47) female are affected with migraine than 36.5% (n=27) male. About 11.16% (n=8) of patients taken prescription drugs and 52.2% (n=48) are taken over-the-counter medicines. Migraine worsened in 77.20% (n=48) patients with stress, 50% (n=33) bright sunshine, 33.30% (n=22) loud noise and others have air travel, fatigue, certain smells and perfume. The goal of management is to reduce frequency and severity of episodes in males and females. Also limit the impact of this chronic pain condition.

Keywords: Migraine; Over the counter medicine; Triggering factor.

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INTRODUCTION

Migraine affects roughly 12% of the adults in occidental countries^[1,2]. In US population studies, the prevalence of migraine is approximately 18% in

women and 6% in men^[3-5]. Approximately 90% of the migraineurs have moderate or severe pain, three quarters have a reduced ability to function during the headache attacks, and one-third require bed rest during their attacks.

Migraine is also undertreated in the United States, though most studies have focused on acute treatment^[6-9]. Most migraineurs treat their headaches with acute treatments to the exclusion of preventive drugs^[5,10,11]. The US Headache Consortium Guidelines discuss indications for the use of preventive medication, but do not provide operational criteria^[12]. Because attack frequency and medication overuse are risk factors for headache progression, it is possible that preventive medication may also reduce the risk of progression^[12-15].

According to the American Migraine Association, they affect 36 million Americans, or approximately 12 percent of the population. Migraines can follow an aura of sensory disturbances followed by a severe headache that often appears on one side of the head. They tend to affect people aged 18 to 55 years.

OBJECTIVE

This study is to conduct a survey based on prevalence of migraine headache in males and females in colleges of Thiruvananthapuram. The objective of this study to assess the prevalence of migraine headache in males and females;

1. To find out whether male and female are more prone to develop migraine.
2. To evaluate the triggering factors associated with migraine.
3. To evaluate the pattern of OTC for migraine.

METHODOLOGY

A Prospective survey was carried out using the information's gathered from students in Pharmacy colleges in Trivandrum. This study provides the prevalence of migraine headache in males and females. Past history, medication usage, diagnosis, treatment, triggering factors, physical and intellectual activities was collected and analysed properly. Also response was recorded. The duration of the study was 1 month, in October 2018.

A web based questionnaire was developed with 20 questions and employed to collect data from students at different colleges in Thiruvananthapuram. It was prepared in Google form and distributed through sending link to students through social media. Inclusion criteria are the Age over 18-55 years and exclusion criteria are the Pregnancy, Lactation, age below 18years and age above 28 years people.

DATA COLLECTION

Data collection was done with the self-filled online forms. Data were collected during the month, October 2018. Willing participants were only chosen for study. Questionnaires were filled by 80 subjects. 75 responded to the questions. The study was descriptive and data was summarized as counts and percentages.

STATISTICAL ANALYSIS

All data collected was statistically analysed and performed. All statistical assessments were two-tailed and the level of significance was set at $p < 0.05$.

RESULT

In the current research, a survey on functioning of male and female with migraine was formulated. Approximately, 63.5% (n=47) female are affected with migraine than 36.5% (n=27) male. Migraine headache in people with pain is categorized as 19.4% have mild, 33.3% have moderate and severe. About 21.3% have nausea, 30.7% have vomiting and 42.7%

bothered by light or noise before or during the headache.

GENDER

Figure 1: Among 75 responders 63.5% (n=47) females and 36.5% (n=27) males affected with migraine.

PATIENT PREFERRING OTC

Figure 2: Among 75 responders 48% (n=36) peoples using OTC medicines and 52% (n=33) are not use.

TRIGGERING FACTORS

Figure 3: Among 75 responders 24.20% (n=16) certain smells or perfume, 25.80% (n=17) missed meal, 33.30% (n=22) loud noise, 50% (n=33) bright sunshine and 72.70% (n=48) stress are the triggering factors affect migraine.

HOME REMEDIES

Figure 4: Among 75 responders 62.70% (n=47) rest, 25.30% (n=19) quite and darkness, 33.30% (n=25) massage, 18.70% (n=14) pressure over migraine headache area and 13.30% (n=10) warm shower to treat migraine.

DISCUSSION

In the current research, a survey on functioning of male and female with migraine was formulated.

Among the respondents about 18-35 age group is commonly affected migraine with 98.7% (n=74). Approximately, 63.5% (n=47) female are affected with migraine than 36.5% (n=27) male. Migraine headache in people with pain is categorized as 19.4% (n=14) have mild, 33.3% (48) have moderate and severe. About 21.3% (n=16) have nausea, 30.7% (n=23) have vomiting and 42.7% (n=32) bothered by light or noise before or during the headache. About 48.3% (n=14) people have mother affected with migraine. Approximately, 8.5% (n=6) people requiring medical treatment for neck/ head injury. About 11.16% (n=8) of patients taken prescription drugs include Metaphor, Sibilium and Flunarazine. About 52.2% (n=48) are taken over-the-counter medicines. Commonly taking paracetamol as OTC medicine. Migraine worsened in 77.20% (n=48) patients with stress, 50% (n=33) bright sunshine, 33.30% (n=22) loud noise and others have air travel, fatigue, certain smells and perfume. About 48.5% (n=33) of people have migraine moderately affect the quality of life.

CONCLUSION

The goal of management is to reduce frequency and severity of episodes in males and females. Also limit the impact of this chronic pain condition. It can help to identify triggers, gain increased understanding of what happens in the brain and body during the migraine and get clues to treatments or even a cure. It help to analyze whether these students practicing stress management and relaxation technique to reduce migraine.

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CONFLICTS OF INTEREST

The author declares no conflict of interests.

REFERENCE

- Scher, A. I., Stewart, W. F., & Lipton, R. B. (1999). Migraine and headache: a meta-analytic approach. *Epidemiology of pain*, 159, 170.
- Rasmussen, B. K. (1995). Epidemiology of headache. *Cephalalgia*, 15(1), 44-67.
- Lipton, R. B., Stewart, W. F., & Simon, D. (1998). Medical consultation for migraine: results from the American Migraine Study. *Headache: The Journal of Head and Face Pain*, 38(2), 87-96.
- Lipton RB, Stewart WF, Diamond S, Diamond ML, Reed M. Prevalence and burden of migraine in the United States: data from the American Migraine Study II. *Headache* 2001;41:646-657.
- Lipton, R. B., Diamond, S., Reed, M., Diamond, M. L., & Stewart, W. F. (2001). Migraine diagnosis and treatment: results from the American Migraine Study II. *Headache: The Journal of Head and Face Pain*, 41(7), 638-645.
- Ferrari, M. D. (1998). The economic burden of migraine to society. *Pharmacoeconomics*, 13(6), 667-676.
- Stewart, W. F., Lipton, R. B., & Simon, D. (1996). Work-related disability: results from the American migraine study. *Cephalalgia*, 16(4), 231-238.
- Michel, P., Dartigues, J. F., Lindoulsi, A., & Henry, P. (1997). Loss of productivity and quality of life in migraine sufferers among French workers: results from the GAZEL cohort. *Headache: The Journal of Head and Face Pain*, 37(2), 71-78.
- Edmeads, J., Findlay, H., Tugwell, P., Pryse-Phillips, W., Nelson, R. F., & Murray, T. J. (1993). Impact of migraine and tension-type headache on life-style, consulting behaviour, and medication use: a Canadian population survey. *Canadian Journal of Neurological Sciences*, 20(2), 131-137.
- Edmeads, J., & Mackell, J. A. (2002). The economic impact of migraine: an analysis of direct and indirect costs. *Headache: The Journal of Head and Face Pain*, 42(6), 501-509.
- Hu, X. H., Markson, L. E., Lipton, R. B., Stewart, W. F., & Berger, M. L. (1999). Burden of migraine in the United States: disability and economic costs. *Archives of internal medicine*, 159(8), 813-818.
- Scher, A. I., Stewart, W. F., Ricci, J. A., & Lipton, R. B. (2003). Factors associated with the onset and remission of chronic daily headache in a population-based study. *Pain*, 106(1-2), 81-89.
- Katsarava, Z., Schneeweiss, S., Kurth, T., Kroener, U., Fritsche, G., Eikermann, A., ... & Limmroth, V. (2004). Incidence and predictors for chronicity of headache in patients with episodic migraine. *Neurology*, 62(5), 788-790.
- Kruit, M. C., van Buchem, M. A., Hofman, P. A., Bakkers, J. T., Terwindt, G. M., Ferrari, M. D., & Launer, L. J. (2004). Migraine as a risk factor for subclinical brain lesions. *Jama*, 291(4), 427-434.
- Lipton, R. B., & Pan, J. (2004). Is migraine a progressive brain disease?. *Jama*, 291(4), 493-494.