Migraine Associated With Psychiatric Disorders

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CHICAGO — Major depressive disorder, bipolar disorder, panic disorder, and social phobia were diagnosed twice as often in those with migraine as in those without headache in a major Canadian population survey, Dr. Nathalie Jette said at the American Headache Society meeting.

The data came from the Canadian Community Health Survey, which was conducted in 2002, said Dr. Jette, of the clinical neurosciences department at the University of Calgary, Alta.

Many studies have shown an association between migraine and psychiatric conditions; the goal of this study was to determine potential impact on health outcomes and implications for health policies in Canada, Dr. Jette said. Patients with migraine and psychiatric comorbidities tend to use more health resources; identifying them can lead to more preventive treatment and better-targeted therapies, Dr. Jette said.

Some 36,984 Canadian residents were randomly selected for the survey. Of these, 70% agreed to participate; all the subjects were interviewed at home by trained interviewers, she said.

Dr. Jette said that he estimated lifetime prevalence of migraine in Canada is 7%-17%. In the survey, 15% of women and 6% of men self-reported that they had physician-diagnosed migraine. Mental health was assessed using the World Health Mental Composite International Diagnostic Interview.

As has been seen in other studies, migraine was most prevalent among lower-income respondents. Married respondents were less likely to have migraine than were those who were widowed, separated, or divorced, Dr. Jette said.

Psychiatric comorbidities were twice as common in those with migraine than in those without. After assessing the data, the researchers found that the higher prevalence of psychiatric disorders in migraineurs was not related to sociodemographics.

Major depression and bipolar disorder were more common among migraineurs. Middle- and higher-income respondents were less likely to have either condition, regardless of headache status, Dr. Jette said.

The authors also analyzed survey data on health-related outcomes, including 2-week disability, restrictions on activities, quality of life, and use of mental health care. They found that patients with a combination of migraine and major depressive disorder, bipolar disorder, panic disorder, or social phobia had a reduced likelihood of a good health outcome.

The study's strengths included its high participation rate and that it was a representative sample, said Dr. Jette, who reported no conflicts of interest. But, she noted, it did not use International Classification of Headache Disorder (ICHD) criteria, and it is cross-sectional, which she said limits inference on causal mechanisms for the relationship between migraine and psychiatric conditions. ■

Psychosocial Risk Factors Weigh on Heart Patients

WASHINGTON — Psychosocial risk factors contribute a level of risk for cardiovascular events in clinically symptomatic women that is similar to the traditional major risk factors, Thomas Rutledge, Ph.D., reported at the annual meeting of the Society of Behavioral Medicine.

Dr. Rutledge and his associates prospectively studied the risk factors of smoking, hypertension, diabetes, dyslipidemia, inactivity, obesity, depression, and social isolation in a cohort of 734 women with clinical symptoms of myocardial ischemia. Each underwent coronary angiography and psychosocial testing. About 30% of the patients had one event during a follow-up of 6 years.

The women were clinically symptomatic, but the rate of obstructive coronary artery disease was relatively low (39%). Risk factors tended to cluster, which was associated with about a threefold increase from the lowest group to the highest group in death and CVD rates. Those events occurred in 12% of women with none or one risk factor, 19% with two to three risk factors, and 30% with four to six risk factors. The magnitude of the effects for depression and social isolation was comparable with those for the major CVD risk factors.

—Jeff Evans