



# Diagnosing Migraine. What are the Clinical Features of Migraine?

## **Epidemiology**

Migraine is the most common disabling headache disorder, ranked as 7th highest among specific causes of disability globally and is responsible for 2.9% of all years of life lost to disability.

The global lifetime prevalence is 10% in men and 22% in women.

Peak prevalence increases to the age of 40 years and declines thereafter in both women and men, though can present de novo later in life.

Chronic migraine is a highly disabling primary headache disorder that affects 2% of the population, with reduced quality of life, increased risk of anxiety, depression and chronic pain and greater use of healthcare resource.

Around two-thirds of patient with chronic migraine have medication overuse

## **Clinical features**

Migraine is characterised by recurrent episodes of moderate to severe headaches, unilateral or bilateral and frequently throbbing. There may be associated nausea/vomiting, and light, noise and/or motion sensitivity

Attacks can last 4-72 hours with freedom from symptoms in between, and vary in frequency from one per year to a few times per month

The median frequency is one to two attacks per month.

Headache on 15 or more days per month for 3 consecutive months, of which at least 8 days have features of migraine, is termed chronic migraine



**The most sensitive and specific features of migraine are:**

- Nausea
- Disability (limitation of activity)
- Photophobia

Prior to the onset of headache, patients can frequently experience premonitory symptoms, the most common of which are feeling tired (72%), difficulty concentrating (51%), and a stiff neck (50%).

After the headache has ended patients often experience postdrome symptoms of a similar nature. In most attacks (93%), there was return to normal within 24 hours.

Aura affects around a third of migraine sufferers.

A typical aura comprises of fully reversible visual and/or sensory/ and/or speech symptoms, evolving over minutes with a total duration of up to 60 minutes (<http://www.ichd-3.org>).

Aura may occur without headache particularly in older patients.

Aura usually precedes, but may occur during, or after the headache.

Aura is not unique to migraine. It may occur in other forms of primary headaches.

The current classification of migraine with or without aura is well validated though these classification systems are used primarily as a research tool rather than in everyday clinical practice.