

Prevalence of Self-Reported Comorbid Functional Disorders in Working Women with Migraine, Results of a Survey

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ABSTRACT

Purpose:

To assess the prevalence of migraine comorbidities in a cohort of employed adult females attending an exposition for working women.

Methods:

A random sample of employed adult females who participated in a working women's exposition in St. Louis answered questions from a health survey administered in March, 2000. They were queried regarding their known medical conditions to include migraine, comorbid functional disorders, and other health conditions. The prevalence of each comorbidity was calculated for both the population with migraine and the population without migraine. Prevalence ratio values (PR) were calculated to compare the prevalence of the comorbid functional disorders and other health conditions between the two groups.

Results:

A total of 1190 females returned completed questionnaires; 18.7% (223) of those surveyed reported a history of migraine. Migraineurs were found to have a higher prevalence of several disorders, including anxiety disorder (PR=2.33), tension headache (PR=2.73), depression (PR=2.00), panic attacks (PR=2.02), sleep disturbance (PR=2.02), premenstrual dysphoric disorder (PR=2.26), fibromyalgia (PR=1.63), and irritable bowel syndrome (PR=1.49). Hypertension, diabetes, and arthritis were similar in both groups, with PR values of 1.06, 1.00, and 1.04, respectively.

Conclusions:

It has been suggested that poor control of migraine may lead to increased manifestations of comorbid functional disorders. While these comorbidities are not life threatening, they do cause significant amounts of disability and health resource utilization. The women who responded to this survey were functional, employed adults, who, interestingly, displayed a prevalence of functional disorders consistent with the most incapacitated or nonfunctional migraine patients, only to a presumed lesser degree of severity. Any worsening of their migraines would likely increase cost of care and decrease productivity, not only from migraine but also from comorbid functional disorders. The results of this survey underscore the need for better management of migraine and better screening for other functional illnesses in working female migraineurs.

INTRODUCTION

Migraine is a common disorder that is characterized by recurrent episodes of disability. It has been suggested that poor control of migraine may result in increased manifestations of comorbid functional disorders, which may, in turn, lead to increased patient disability and health care costs. The present study employed health surveys to assess the prevalence of migraine and comorbid conditions in a cohort of employed adult females.

METHODS

In March of 2000, a health survey was administered to a random sample of employed adult females who participated in a working women's exposition in

St. Louis, Missouri. The women were queried with regard to their known medical conditions, including migraine, comorbid functional disorders, and other health conditions. After the survey data were collected, the participants were divided into two categories: those with a history of migraine and those without a history of migraine. The prevalence of comorbid functional disorders and other health conditions in each group was calculated, and prevalence ratio (PR) values were used to compare the two groups.

RESULTS

A total of 1190 females returned completed questionnaires. Fifty percent of the participants were between 25 and 45 years of age, while 26% were between 46 and 54 years of age. Most participants (67%) earned between \$20,000 and \$60,000 per year, and 76% had at least some college education.

Two hundred twenty-three (18.7%) of the participants surveyed reported a history of migraine, and 967 (81.3%) reported no history of migraine. When compared with women who reported no history of migraine, women with a history of migraine were found to have a higher prevalence of several disorders, including anxiety disorder (PR=2.33), tension headache (PR=2.73), depression (PR=2.00), panic attacks (PR=2.02), insomnia (PR=2.02), premenstrual dysphoric disorder (PR=2.26), fibromyalgia (PR=1.63), and irritable bowel syndrome (PR=1.49) (Table 1). The prevalence of hypertension (PR=1.06), diabetes (PR=1.04), and arthritis (PR=1.00) was similar between the two groups.

Table 1. Health conditions in participants with and without a history of migraine

Condition	With Migraine (n=223) n (%)	Without Migraine (n=967) n (%)	Prevalence Ratio
Tension headaches	118 (52.9)	188 (19.4)	2.73
Anxiety	28 (12.6)	52 (5.4)	2.33
Premenstrual dysphoric disorder	70 (31.4)	135 (13.9)	2.26
Insomnia	27 (12.1)	58 (6.0)	2.02
Panic attacks	19 (8.5)	41 (4.2)	2.02
Depression	54 (24.2)	117 (12.1)	2.00
Fibromyalgia	8 (3.6)	21 (2.2)	1.63
Irritable bowel syndrome	25 (12.1)	78 (8.1)	1.49
Hypertension	28 (11.6)	105 (10.9)	1.06
Arthritis	27 (12.1)	112 (11.6)	1.04
Diabetes	8 (3.6)	35 (3.6)	1.00

CONCLUSIONS

The results of this survey suggest that women with a history of migraine have a higher occurrence of certain health conditions compared to those without a history of migraine. While these comorbidities are not life threatening, they can cause significant disability and increased utilization of health resources. Notably, the women participating in this survey were functional, employed adults, who displayed a prevalence of functional disorders that was comparable to the most incapacitated or nonfunctional migraine patients, only to a presumed lesser degree of severity. However, in such women, worsening of their migraines would likely lead to increased cost of care and decreased productivity, not only due to migraine but also because of comorbid functional disorders. The results

of this survey highlight the need for better management of migraine and better screening for other functional illnesses in working female migraineurs. Improved treatment of migraine, as well as a more thorough understanding of its comorbid conditions, may result in improved quality of life for migraineurs, decreased health care costs, and fewer workplace productivity losses. Further study of the impact of effective migraine treatment on patients with comorbid conditions is warranted.

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