

# Recognizing migraine in patients with multiple sclerosis improves the quality of health care

Reconhecer a enxaqueca em doentes com esclerose múltipla melhora a qualidade dos cuidados de saúde

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**M**ultiple sclerosis (MS) and migraine are both chronic primary diseases of the nervous system that are often highly disabling, leading to a considerable burden to the affected people and to the society as a whole. In the global burden of MS study recently published, MS was described to be a quite rare disease but a potentially severe cause of neurological disability throughout adult life, and its prevalence was found to have increased in many regions since 1990<sup>1</sup>. As well, in the global burden of migraine and tension-type headache study, migraine was shown to be the sixth most prevalent disease and one of the ten most disabling disorders worldwide<sup>2</sup>.

The co-occurrence of migraine and MS undoubtedly adds to the burden of disease and negatively influences the quality of life of these patients. However it is still unknown if there is a correlation or an incidental co-morbidity of two neurological conditions that, interestingly, share some typical characteristics: they are more common in women, particularly in the fertile age; usually manifest by recurrent attacks; their diagnosis is mainly based on clinical data.

In the scarce literature dedicated to the assessment of headaches in patients with MS, there are conflicting results: whereas most authors describe that headaches, in particular migraine, are very common in MS and discuss its potential relationship with several disease-modifying drugs (DMD)<sup>3,4,5,6</sup>, in a case-control study no association between migraine or tension-type headache and MS was found<sup>7</sup>.

The study of Fragoso YD et al. addressing the presence of migraine in MS patients published in this number of the journal *Arquivos de Neuro-Psiquiatria* is particularly timely<sup>8</sup>. It is a cross-sectional multicenter study conducted in a large population of patients with MS attended in specialized MS units, with at least one year of diagnosis, who also complained of headache. Data was obtained through an online questionnaire, including the Brazilian validated versions of ID-Migraine and Migraine Disability Assessment Scale (MIDAS) tools, directly answered by the patients and only those that completed all questions entered the study.

Headache was found in 746 MS patients, being five-times more prevalent in women, which the authors explain by the higher prevalence of both conditions in female gender. Migraine was reported in 409 and in 404 (54.1%) out of 743 MS patients, using the ID-Migraine questionnaire and the criteria of the International Headache Society (ICDH-3 beta version), respectively. In 68.3% of the cases there was a moderate or high disability and in 47.2% of patients with migraine and MS had at least 7 days of headache per month. ID-Migraine showed high sensitivity and specificity for assessing migraine in MS, leading the authors to state that it is an easy tool that can be routinely applied in MS clinics.

These results highlight the importance to look for migraine in MS patients in the clinical setting, to assure that a comprehensive management of both conditions is being offered, in order to improve the quality of life of these patients and the quality of health care.

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