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Features of Clinical Course of Migraine in Patients with Hypertensive Disease (Comorbidity) and the Way of Drug Correction

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Abstract: Often the many syndromes or diseases combination together and in particular hypertensive disease associate with migraine that the deep every syndromes and flow of every disease, hampers the choice of certain therapy in their treatment, that predetermines actuality of this problem. Comorbidity (lat.”co” with, «morbus» - disease) is condition that included two or more syndromes or diseases at one patient and they associate between itself . It was inspected 122 (100%) patients in age from 22 to 56 years (middle age of patients 41,0±1,7 years), from them 32 (26,2%) men and 90 (73,8%) women. Patients parted on 3 groups. Conducted clinic neurological researches, USDG BCV and trans cranial Doppler of cerebra vessels, triplex scan-out of extra cranial vessels, MRI of the brain in combination with MRA of vessels, information of which was compared between the studied groups. Our research exposed, when hypertensive diseases comorbidity with migraine the syndromes are worsening, clinical flow of disease development more early the symptoms of vascular encephalopathy and complicates the choice of diagnostic and medical measures.

Keywords: migraine, hypertensive disease, medicine therapy, comorbidity, methods of neuroimaging.

Introduction.

In recent years, the number of patients with a combination of certain syndromes or nosological units turning to therapists, cardiologists, general practitioners and neurologists is increasing. This combination or comorbidity, in particular, of migraines with hypertension (GB) is becoming more frequent due to the increasing incidence of these diseases in the population [2]. Particular attention is paid to the fact that unsuccessful treatment can be associated with a combination of migraines and other pathological conditions that change the, clinicalюcourse of both diseases. Women suffering from migraines are more likely to have gynecological diseases, as well as hormonal dysfunctions that вaffect blood pressure (BP), exacerbating the course of migraines and developing complications, which is a real threat to the patient [1, 5]. Life-threatening conditions comorbid with migraines can include coronary heart disease, epilepsy, cerebral stroke. Moreover, the detection of comorbid conditions is extremely important, since it allows optimizing the treatment of pathological conditions and preventing complicated forms.

Comorbidity (Lat.*co*- "together",*morbus*- "disease") refers to the coexistence of two and/or more syndromes (transsyndromic comorbidity) or diseases (transnosological comorbidity) in one patient, pathogenetically interrelated or coinciding in time (chronological comorbidity) [5, 7]. Migraine is often accompanied by comorbid diseases, which are epilepsy, vestibular dysfunction, familial dyslipoproteinemia, Tourette's syndrome, essential tremor, cerebral amyloid angiopathy, ischemic stroke, depression and anxiety, asthma, and non-closure of the oval opening [3, 5].Migraines can also be combined with other types of headaches, often with tension headaches [7]. The presence of anxiety, depression, panic attacks, social phobias, and addictive behavior (addiction to alcohol or gambling) significantly modify the clinical picture of migraines [6]. Migraines are often combined

with bronchial asthma, allergies, gastrointestinal disorders, mitral valve prolapse, синдромом and Raynaud 's syndrome [4, 5].

Goal – The purpose of the study is to study the clinical course and vascular changes based on data from clinical, neurological and neuroimaging studies.

Materials and methods of research.

A total of 122 (100%) patients aged 22-56 years (mean age 41.0±1.7 years) were examined, including 32 (26.2%) men and 90 (73.8%) women. Patients were divided into 3 groups: group 1 consisted of 42 (34.4%) patients with classical migraine, group 2 consisted of 34 (27.9%) patients with hypertension, and group 3 consisted of 46 (37.7%) patients with classical migraine combined with hypertension. The duration of the disease is from 2 to 3 years. The age of patients with 1-gy was 31.0±1.3 years, 2-gy 48.0±2.1 years, 3-gy 42.0±2.3 years. Patients were examined according to their clinical and neurological status, BCC ultrasound and intracranial vessels, triplex scanning of the extracranial vessels of the head, MRI of the brain in combination with MR of the brain vessels were performed.

Research results.

All the examined patients from 1 and 3 gy complained of headachesrp, 39 (84.9%) patients suffered from headaches in 2 gy, the type of headaches in 1 gy patients was paroxysmal hemicrania, there was an inter-seizure period, 38 (90.1%) patients complained of nausea during the attack, 26 often vomiting (61.9%), which brought some relief, photo - and phonophobia was noted in 40 (95.2%) patients, often accompanied by disability in 39 (92.9%) and decreased concentration of attention in 14 (33.3%) patients, photopsia was often observed in 36 (85.7%) patients, and it was also characteristic of presence of aura 38 (90.1%) in the form of visual, auditory, olfactory and psychogenic symptoms.

Patients with 2-gy were characterized by persistent, compressive-diffuse headaches, which periodically increased with physical and mental exertion in 39 (84.9%) patients. Nausea was observed in 26 (76.5%) patients, rarely accompanied with vomiting in 6 (17.7%), which did not give relief, for patients in this group, the headache was "habitual", they could continue physical and mental activity, but noted a decrease in mental activity in the form of a decrease in memory 30 (88.2%), mental abilities, etc. abilities in 26 (76.5%) and attention in 33 (97.1%) patients. This group of patients was not characterized by the presence of any aura before the attacks of headaches and the inter-seizure period.

3-gy patients complained of persistent headaches 46 (100%), periodically increasing in the type of hemicrania, these attacks lasted longer than in patients with 1-gy. Nausea and vomiting were also stronger and more prolonged in intensity, but they did not bring relief for patients. With increased attacks of hemicrania on the background of chronic diffuse headache, signs of scleral hyperemia, facial features, anxiety, fear of death, insomnia were noted in 34 (82.6%) patients, conventional NSAIDs and antimigrenous drugs did not give an effect when taken even up to 3 times within 24 hours. Patients with a decrease in hemicrania attacks against the background of existing chronic cephalgia noted a sharp decrease in working capacity, attention to surrounding events, irritability, photophobia and phonophobia persisted, insomnia continued, and anxiety in 44 (95.7%) patients.

Doppler vascular examination showed a decrease in vascular tone and elastic properties in 1-and 3-gy patients, while in 3-gy patients, a decrease in extracranial vascular tone was combined with a sharp increase in LSC in the supra-block arteries, and the presence of symptoms of venous congestion in the extracranial vessels. In 2-gy patients, vasospasm was observed with a decrease in blood flow through the intracranial parts of the head vessels. Triplex scanning showed the absence of vascular malformation, clinically significant narrowing and sclerotic changes in the vascular walls in 1-gy of patients; the presence of clinically insignificant narrowing, a decrease in the elastic properties of blood vessels and sclerosis of the vascular walls was noted in 2-gy of patients. The presence of turbulent blood flow, a decrease in the elastic properties of blood vessels, and significant

sclerosis of the walls of the extracranial parts of the brain vessels were noted in 3-gy of the examined patients.

MRI of the brain revealed the presence of small foci of ischemia in the periventricular, occipital, and parietal-temporal regions of the brain in 1-gy (52.9%), 2-gy (90.1%), and 3-gy (95.7%) patients, while in 3-gy patients these changes were larger and brighter pronounced, ischemic foci merged with each other to form periventricular leukoarioses, and, despite the younger age, these patients showed the development of atrophy of the cerebral cortex, giving an increase in the size of the ventricular system. No malformations, vascular anomalies, dilatation or looping were detected on the cerebral vascular MR, and the course of blood vessels, insular loops were normally developed. In 2-and 3-gy patients, a clear narrowing of the intracranial carotid arteries was detected.

Patients with 1-gy were prescribed NSAIDs, neuroprathectors, and triptan drugs were recommended for hemicrania attacks. 2-gy of patients received antihypertensive drugs such as sartans, beta-blockers and diuretics, aspirin drugs, 3-gy patients took antihypertensive drugs, in combination with NSAIDs and neuroprotectors, the use of sumatriptan drugs in this group worsened the condition of patients. The most effective treatment with persistent remission was observed in patients with 1- gy, the course of the disease in patients with 3- gy was assessed as severe and moderately severe, with the presence of focal neurological symptoms, and this group was difficult to correct headaches.

Conclusions:

1. hypertonic comorbid disease with migraine leads to a worsening of theclinical course of the disease;
2. The comorbidity of hypertension and migraine leads to the early development of symptoms of vascular encephalopathy, which complicates the choice of diagnostic and therapeutic measures.

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