

# **Structure and clinic of some forms of migraine at adult population in the Aral Sea region**

**\*Jabbarov M.T.**

**\*e-mail:** qlichev@mail.ru

**Urgench branch of the Tashkent medical academy, department of a neurology and psychiatry, Urgench, Uzbekistan**

The purpose of this work was to study structure and clinic of some forms of migraine at adult population in adverse the Aral Sea region. For the solution of objectives researches were conducted on the basis of selection of patients with migraine, in number of 109 people, aged from 16 up to 53 years which came to the Khorezm regional hospital No. 1, living in the Aral Sea region.

**Keywords:** the Aral Sea region, migraine, migraine without aura, migraine with aura.

Migraine is one of the most widespread and socially important diseases among the population. The concept "migraine" is defined as follows: the paroxysmal conditions manifested attacks of intense headache pulsating nature, recurrent, localized predominantly in one half of the head, mainly in the orbital-frontal-temporal region, accompanied in most cases, nausea, vomiting, poor tolerance to bright light, loud sounds (photophobia and fonophobia), drowsiness, lethargy after the attack. Practically all people (according to world statistics, 68-80%) transferred at least once to lives a migraine attack. Migraine – illness of women, a ratio 3:1, 4:2 "in advantage" women. Usually migraine arises at the age of 18-33 years. The onset of the illness in the childhood meets less often though migraine cases at 5-year-old children are known. After 50 years migraine as an independent disease meets rather seldom, however in literature there are descriptions of cases of the typical migraine which arose at patients 60 years are more senior [1,2,4].

At the same time it is noticed that migraine at senior citizens occurs almost in peer number of cases both in men and women. An essential role in developing of migraine is played by hereditary factors: migraine occurs at relatives of patients considerably more often than in population; in the presence of migraine at both parents the risk of a disease of descendants reaches 60-90% (whereas in control group – 11%), at the same time the leading role belongs to mother: risk of a disease

of children – 72%. The mechanism of inheritance isn't absolutely clear: one authors point on recessive, others - to dominant type. Perhaps, an essential role is played by inheritance of a certain neurochemical defect (in particular, a failure of a metabolism of monamine of a brain, especially a serotonine). There is an opinion on inheritance not of the illness, but predisposition to a certain type of response of vascular system to various stimulation [3,5,4].

According to the data submitted on the 7th International congress on headaches in the developed countries of Europe and America migraine suffers from 3 to 16% of the population, and according to some information and to 30%. Epidemiological researches of migraine were rather complicated because of uncertainty of its clinical criteria, the wrong (nonrandomized) selection of the groups investigated. Therefore, indicators of prevalence of migraine in population fluctuates within 3-29% [6,7]. At the same time the prevalence indicator in various age groups significantly differs. However, even when keeping strict standardization, modern 16 years in various countries from 7.7% to 18.7% are more senior than persons. Among women of a research show broad dispersion of prevalence of migraine at migraine are ill 18%, among men – 6% and among children – 4% [4,5]. At women attacks migraine arise by 2-3 times more often than at men [2,3,4]. Most often persons of working-age of 20-60 years have migraine. Epidemiological researches of the last years taped a tendency to augmentation of number of patients with migraine [5,6].

According to the international classification migraine is divided into two forms now - migraine with aura or classical migraine and migraine without aura or simple migraine.

Migraine meets aura in 25-30% of cases, and without aura – in 75% of cases. Despite so prevalence of migraine, in each region there are features on structure and prevalence which an environment, ecological cataclysms, tenor of life, traditions, etc. influences. If to consider also that in the region Aral Sea region the climate because of accident of the Aral Sea sharply changed, then the research of structure of migraine among working-age population acquires larger relevance [7,8].

**Material and methods.** For the solution of objectives researches were conducted on the basis of selection of patients with migraine, in number of 109 people, aged from 16 up to 53 years which came to the Khorezm regional hospital No. 1. All patients were persons at adult population in adverse the Aral Sea region. (The Khorezm region, Karakalpakistan).

Also examinations divided in two groups of comparison were conducted, they were made by group of congener persons ill with migraine (39 people) and the group of healthy faces of 20 people which doesn't have this pathology. Previously all propend were surveyed for establishment of verification of the diagnosis of migraine. Examination was conducted by the staff of department of a neurology and psychiatry of the TMA Urgench branch.

**Results and discussion.** By us it was carried out deepened clinic-neurologic inspection of the patients with migraine who were under our observation. Distribution of patients on age and a floor is presented in tab. 1,2.

Table 1.

**Distribution of patients on age and a floor in survey samples**

Groups	Age			Sex	
	Male	Female		Male	Female
I (n=87)	35.0±2.1	35.3±1.3	35.2±1.1	24 (27.6%)	63 (72.4%)
II (n=22)	27.0±4.2	35.8±2.4	34.2±2.2	4 (18.2%)	18 (81.8%)
All patients (n=109)	33.8±1.9	35.0±1.0	35.0±1.0	28 (25.7%)	81 (74.3%)

Table 2.

**Distribution of relatives of patients and control group on age and sex.**

Groups	Age			Sex	
	Male	Female		Male	Female
III (n=39)	34.1±3.7	35.8±2.0	III (n=39)	8 (20.5%)	31 (79.5%)
IV (n=20)	35.2±1.6	35.0±1.0	IV (n=20)	4 (18.2%)	16 (81.8%)

On sex composition patients were distributed as follows: men – 28 (25.7%), women – 81 (74.3%); the ratio of men to women was made by 1:2.9. And this ratio

in the I group was made by 1:2.6, and in the II group – 1:4.5. The ratios of men received by us to women correspond to literary data.

Average age of patients made  $35.0 \pm 1.0$  years and in the I group of patients it made  $35.1 \pm 1.1$  years. In the II group of  $34.2 \pm 2.2$  years. In the III group  $35.5 \pm 1.8$  of years. In control group of  $35.2 \pm 1.6$  years.

Among patients of the I group men was 24 (27.6%) which middle age made  $35.0 \pm 2.1$  years and 63 women (72.4%) whose average age made  $35.3 \pm 1.3$  years.

Among patients of the II group there were 4 men (18.2%) whose average age made  $27.0 \pm 4.2$  years and 18 women (81.8%) whose average age made  $35.8 \pm 2.4$  years.

Among patients of the III group there were 8 men (20.5%) and 31 women (79.5%). Average age of men of the III group made  $34.1 \pm 3.7$  years, women –  $35.8 \pm 2.0$  years.

Among patients of IV group there were 4 men (18.2%) and the 16th women (81.8%). Average age of men of IV group made  $35.2 \pm 1.6$ , women  $35.0 \pm 1.0$  years. Thus, on age and sex composition survey samples correspond to data of literature.

At clinic-neurologic inspection of the patients having migraine carried out the careful clinical analysis taking into account a set of specific information which was necessary for an specifications of nature of a disease. For this purpose paid attention to such indicators as frequency, occurrence and average age of the beginning, heredity, frequency of attacks, a clinical form of migraine, character of a hemiokranich of a paroxysm, vegetative disturbances in an attack, suspiciousness of the migraine attack. Clinical-neurological inspection included studying of complaints of sick, profound studying of the neurologic status (a condition of consciousness, the highest cortical functions, cranial nerves, motive, sensitive spheres, the autonomic nervous system, coordination of movement, etc.).

By us it was carried out deepened clinical – neurological inspection of the patients with migraine who were under our observation. Intensity of a headache was studied on a 10-mark visual analog scale, and also on the basis of the diary of a headache completed by patients. On a 3-mark scale estimated the symptoms of

photophobia, phonophobia, and also nausea and vomiting accompanying the migraine attack. We compared the data obtained at migraine with aura with those at migraine without aura (tab. 3.).

**Table 3**

**Expression in points of the main clinical implications the migraine of paroxysms at migraine with aura and migraine without aura**

Indicators	migraine with aura	migraine without aura	P
Number of surveyed	22	87	
Intensity of pain on (visual analogous scale) VAS	8,1	7,4	0,05
Photophobia	2,5	2,1	0,05
Phonophobia	2,6	2,0	0,01
Nausea, Vomiting	2,2	1,9	-

Apparently from table 3 intensity of cephalic syndrome on a visual analog scale appeared during the migraine attack which was authentically more expressed at migraine with aura (8,1 points) in comparison with that at migraine without aura (7.4 points). The accompanying symptoms (a photophobia, a phonophobia, and also nausea and vomiting) were also authentically more expressed at patients with migraine with aura.

Intensity of implications of nausea and vomiting was also higher at patients with migraine with aura, but without reliable differences. In other words, the obtained data on these signs demonstrate that migraine with aura clinically proceeds heavier, the migraine attacks differ in larger expression as the main, and the accompanying clinical signs.

**Conclusions.** Thus, it is possible to conclude that results of clinic-epidemiological researches showed that between groups of patients with migraine with aura and migraine without aura there are no essential differences. However, on our researches it is possible to draw conclusions:

- 1) migraine without aura or a simple form meets more often;
- 2) clinically migraine with aura, that is classical migraine, proceeds slightly heavier, with prevalence of vegetative and endocrine disorders, larger gravity the

cephalic of the attacks, smaller conditionality external provocative factors, a prevalence in the interparoxizmal period the vestibulopatical, neuronal and endocrinal, somatic;

3) When studying distribution of clinical forms of migraine by gender it was taped that at women migraine occurs more often than at men. And at women the prevalence became perceptible by 2-3.5 times.

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## XÜLASƏ

### ARALƏTRAFI REGIONDA YAŞLI ƏHALİ ARASINDA MİQRENİN BƏZİ FORMALARININ STRUKTUR VƏ KLİNİKASI

**Jabbarov M.T.**

**Daşkənd tibb akademiyasının Urgenç filialının nevrologiya və psixiatriya  
kafedrası, Urgenç, Özbəkistan**

Təqdim edilmiş işin məqsədi əlverişsiz sayılan Aralətrafi regionda yaşlı əhali arasında miqrenin bəzi formalarının struktur və klinikasının öyrənilməsi olmuşdur. Qarşıya qoyulan məqsədə çatmaq üçün Aralətrafi regionda yaşayan, 1 saylı Xarəzm əyalət xəstəxanasında stasionar müalicə almış 16-53 yaş arası 109 miqrenli xəstə seçilmişdir.

**Açar sözlər:** Aralətrafi, miqren, aurasız miqren, auralı miqren.

## РЕЗЮМЕ

### Структура и клиника некоторых форм мигрени у взрослого населения в регионе Приаралья

Жаббаров М.Т.

Ургенчский филиал Ташкентской медицинской академии кафедра неврологии и психиатрии, Ургенч, Узбекистан

Целью данной работы было изучить структуру и клинику некоторых форм мигрени у взрослого населения в неблагоприятной регионе Приаралья. Для решения поставленных задач исследования проводились на основе выборки больных мигренью, в количестве 109 человек, в возрасте от 16 до 53 лет, поступивших в Хорезмскую областную больницу №1, проживающие в регионе Приаралья.

**Ключевые слова:** Приаралья, мигрень, мигрень без ауры, мигрень с аурой.

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