

Six paper

Migraine and its relation to Other Risk Factors in Patients with Acute Ischemic Stroke and Acute Coronary Syndrome.

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Abstract

Background: Cerebral ischemia and ischemic heart diseases are the main manifestation of circulatory diseases with shared identifiable risk factors. Migraine has been recently studied as a risk factor for ischemic stroke (IS) and a possible link to a broader range of ischemic vascular disorders including angina and myocardial infarction is suggested.

Objectives: we aimed to study migraine and its relation to other risk factors in patients with acute IS and acute coronary syndrome (ACS).

Methods: We studied 200 patients, 114 patients had acute IS and 86 patients with ACS collected from the inpatient department of neurology and coronary care units of El-Minia Insurance Hospital in addition to 850 control participants. All patients were subjected to detailed clinical and laboratory evaluation including evaluation of traditional risk factors. All stroke patients were subjected to CT scan. Assessment of stroke severity was measured by National Institute of Health Stroke Scale (NIHSS). Diagnosis of acute coronary syndrome was established clinically as well as by ECG and cardiac specific enzymes. Migraine was diagnosed in all patients and control according to the international headache society and assessment of migraine severity was measured by the Migraine Disability Assessment (MIDAS) questionnaire.

Results: Risk ratios (RR) of migraine were adjusted for gender, age, BMI, smoking, physical inactivity, hypertension (controlled and uncontrolled), diabetes mellitus and abnormal lipid profile in both cerebrovascular and cardiovascular groups. In patients with ischemic stroke, RR of migraine was 3.3 for all migrainous patients, 4.97 for MA and 2.14 for MO. In the cardiovascular group, RR of migraine was 2.75 in all migrainous patients, 4.12 for MA and 1.88 for MO. Other risk factors and their relation to migraine had been discussed. A positive correlation between migraine severity and both stroke severity and cardiac affection severity was found though non-significant in the cardiovascular group. There was no significant difference in hospital outcome in migrainous patients in both groups.

Conclusion: Patients with migraine (with and without aura) have higher risk than non-migrainous patients for both cerebrovascular and coronary vascular diseases. Risk is stronger in MA in both conditions. Considering migraine in risk stratification of cerebrovascular and cardiovascular diseases is recommended.

Key words: migraine, risk factors, ischemic storke, coronary artery disease.

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