Comorbidity of Migraine with functional somatic syndromes

Is there a positive association between Migraine and Fibromyalgia, Chronic Fatigue Syndrome & Irritable Bowel Syndrome

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• To explore the evidence for comorbidity between Migraine and Fibromyalgia, Irritable Bowel Syndrome and Chronic Fatigue Syndrome.
INTRODUCTION

• Several unexplained clinical conditions are reported to be associated

• These conditions share some symptoms such as pain, fatigue, cognitive dysfunction, sleep difficulties as well as an absence of structural or defined disease pathology
METHOD

• Systematic literature review EMBASE (1980 to present) MEDLINE (1950 to present) and psycINFO (1806 to present)

• Migraine and fibromyalgia
  508 abstracts ➔  30 Articles met selection criteria

• Migraine and Chronic Fatigue Syndrome or myalgic encephalomyelitis
  155 abstracts ➔  15 Articles met selection criteria

• Migraine and Irritable Bowel Syndrome
  385 abstracts ➔  18 Articles met selection criteria
During our initial literature search sixty one papers met all inclusion criteria

• The prevalence of Fibromyalgia in Migraine was in the range of 10% to 37%

• The prevalence of Migraine in Fibromyalgia was in the range of 20% to 72.5%

• The prevalence of CFS in Migraine was in the range of 4.3% to 66.7%

• The prevalence of Migraine in CFS was 69% in one study

• The prevalence of IBS in Migraine was in the range of 23.9% to 39.1%

• The prevalence of Migraine in IBS was in the range of 23% to 53%
CONCLUSION

• These data show high prevalence of Migraine with other unexplained functional syndromes like Fibromyalgia, Chronic Fatigue Syndrome and Irritable Bowel Syndrome

• Common pathophysiological mechanism underlying these conditions may be one of the possible explanations for this comorbidity
CONCLUSION

• There is a lack of population-based studies

• Many studies we reviewed have small samples

• Very few studies are based on representative samples as most studies were done in speciality clinics

• The diagnostic criteria for Migraine and other conditions vary greatly across studies

• These factors make the results somewhat uncertain and comparison of absolute prevalence is not possible

• There is a need for further population based epidemiological studies to understand this association better, with use of well defined diagnostic criteria
Thank You