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[AJPCR] Article Review Request

2 pesan

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17 September 2019 14.45

Kepada: Muhammad Yanis Musdja <yanis.musdja@uinjkt.ac.id>

Muhammad Yanis Musdja:

I believe that you would serve as an excellent reviewer of the manuscript, "SYSTEMATIC REVIEW ON QUALITY OF LIFE AMONG MIGRAINE SUFFERERS," which has been submitted to Asian Journal of Pharmaceutical and Clinical Research. The submission's abstract is inserted below, and I hope that you will consider undertaking this important task for us.

Please log into the journal web site by 2019-10-01 to indicate whether you will undertake the review or not, as well as to access the submission and to record your review and recommendation.

The review itself is due 2019-10-08.

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Thank you for considering this request.

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"SYSTEMATIC REVIEW ON QUALITY OF LIFE AMONG MIGRAINE SUFFERERS"

Abstract

ABSTRACT

Migraine is a neurologic disorder characterized by a cycle of attacks, including headache, separated by attack-free periods. Increasingly, episodic migraine is recognized as a disorder that may escalate to chronic migraine, with a frequency of 15 or more attacks per month. Migraine exacts a toll on the quality of life (QoL) of affected individuals, their families, and their workplace. The objectives of the study were to review the related studies and to understand the evidences regarding the quality of life among migraine sufferers. This article presents the review of literature relating to the studies carried out by various researchers in the area of quality of life among patients with migraine.

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1 Oktober 2019 21.39

Kepada: editor ajpcr <ajpcr@innovareacademics.in>

Dear editor team

As attached, I send the results of my revision to the Title:

SYSTEMATIC REVIEW ON QUALITY OF LIFE AMONG MIGRAINE SUFFERERS

In my opinion, this manuscript, a major revision must be made to be published in the Asian Journal of Pharmaceutical and Clinical Research

Thank you for your attention and cooperation

Best Regards
Dr. Muhammad Yanis Musdja

[Kutipan teks disembunyikan]



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SYSTEMATIC REVIEW ON QUALITY OF LIFE AMONG MIGRAINE SUFFERERS

ABSTRACT

Migraine is a neurologic disorder characterized by a cycle of attacks, including headache, separated by attack-free periods. Increasingly, episodic migraine is recognized as a disorder that may escalate to chronic migraine, with a frequency of 15 or more attacks per month. Migraine exacts a toll on the quality of life (QoL) of affected individuals, their families, and their workplace. The objectives of the study were to review the related studies and to understand the evidences regarding the quality of life among migraine sufferers. This article presents the review of literature relating to the studies carried out by various researchers in the area of quality of life among patients with migraine.

Keywords: Quality of life , Migraine, sufferers

Comment [MYM1]: The arrangement of keywords is better alphabetically

INTRODUCTION

Migraine is a neurologic disorder characterized by a cycle of attacks, including headache, separated by attack-free periods. Increasingly, episodic migraine is recognized as a disorder that may escalate to chronic migraine, with a frequency of 15 or more attacks per month. Migraine exacts a toll on the quality of life (QoL) of affected individuals, their families, and their workplace. Migraine adversely affects a patient's QoL during an attack, but also has an impact between attacks. This burden on the patient manifests itself as worry in anticipation of the next painful attack and concern over its possible adverse impact on future plans or activities. The high prevalence of migraine, 12% in industrialized countries and approximately 28 million people in the United States, is considered a low estimate. Patients with disruptive migraines frequently overuse self-prescribed medications or may postpone a visit to a physician, which delays accurate diagnosis and appropriate treatment for migraine. An extensive literature search of migraine reviewed its associated disability and reduced QoL during, and especially between, attacks. Nevertheless, patients with frequent and recurring migraines, who suffer a reduced QoL, continue to be under recognized and undertreated.[1]

Comment [MYM2]: This sentence already exists in the abstract, it should be replaced by another sentence which is more supportive of this topic.

TITLE OF THE STUDY: Systematic review on quality of life among migraine sufferers

AIM OF THE REVIEW: The aim of the this study was to identify the evidences on quality of life among migraine sufferers

OBJECTIVES OF THE REVIEW:

Comment [MYM3]: You should add to the introduction, including: The global prevalence among adults of current Migraine and in some countries, according to WHO classification of migraine, the age range that most suffer from migraine, the total cost for migraine treatment in several countries., Etc.

- To review the related studies regarding the quality of life among migraine sufferers
- To understand the evidences of on quality of life among migraine sufferers

MATERIALS AND METHODS:

Quantitative approach and descriptive design was used for this review. The need for the study was identified , the review was done by using different search strategies , adopting the interfaces and databases .The collected data was noted for clarity and used in this study.

ELIGIBILITY CRITERIA: The review was done to identify the relevant articles that describe the quality of life among migraine sufferers.

INCLUSION CRITERIA:

- Studies related to assessment of quality of life among migraine sufferers
- Literatures published in English language
- Literatures published in the year 2013-2018

EXCLUSION CRITERIA:

- Studies with inadequate information on the research methodology
- Studies related to the effectiveness of intervention on quality of life among patients with migraine

LITERATURE SEARCH STRATEGIES AND DATA SOURCE

To gain an understanding regarding the quality of life among migraine sufferers, the author performed a systematic search of literature mainly from electronic databases such as MEDLINE, Pubmed, EBSCO Host, Science Direct, Wiley Online Library, CINAHL , Google Scholar. The review was restricted from 2013 to 2018. Reviews were mainly collected by using the following keywords; quality of life & Migraine .

DATA ANALYSIS

The data analysis comprised of three stages;

- Developing a preliminary synthesis of studies
- Exploring the studies based on the various objectives

- Summarizing the findings: The following data were extracted and tabulated as Author, year of publication, methodology, instruments/ techniques, sample size, setting, tool utilized and major findings

RESULTS

Table 1: Studies on quality of life among patients with migraine

S. No	Author	Country	Diagnosis	Setting	Study design	Sample size	Tool	Findings
1	Kartavya Sharma, <u>Rahul Remanan</u> , Sumit Singh 2013	India	Newly diagnosed migraine patients	Headache clinic of a tertiary referral center	Cross-sectional study	71	Short Form-36, Migraine Disability Assessment Score, and Hospital Anxiety and Depression Scale	Migraineurs were significantly impaired in all subscales of the SF-36 compared to controls, with greatest impairments in role physical, general health, and role emotional subscales. Prevalence of clinically significant anxiety (48%) and depressive (41%) symptoms in patients was higher than in healthy controls. HRQoL is significantly reduced in Indian migraine patients compared to healthy controls. [2]
2	Raggi A, Leonardi M, Bussone G, D'Amico D. 2013	Italy	Adult patients suffering from migraine	patients attending to a specialty center	Longitudinal observational study with a 3-month follow-up.	102	Migraine Disability Assessment, WHO Disability Assessment Schedule & the Medical Outcome Survey 36-Item Short-Form Health Survey.	102 were enrolled and 85 patients completed the 3-month follow-up; no relevant differences between completers and non-completers were observed. Small changes (effect size <0.50) were observed in longitudinal analysis, in particular for World Health Organization Disability Assessment Schedule scales,

								while frequency and severity of headaches were substantially stable. Compared with patients taking acute medication only, those on preventive therapy reported worse general health and consumed less anti-inflammatory drugs . [3]
3	Sulmaz Ghahramani, Negin Hadi , Abdolhamid Shariat , Zahra Memar , Ali Montazeri 2014	Iran	Patients with migraine treated with both propranolol and topiramate	Multi disciplinary clinic of Motahari in Shiraz	Interventional study	100 newly diagnosed migraine patients	Persian SF-36 questionnaire	Scale differences were statistically significant in all scales before and after the intervention, except in vitality scale. After treatment, the highest score belonged to physical problem and the lowest one was emotional problem. Men had significantly higher scores in body pain compared to women (P = 0.039). Combined migraine prophylaxis with propranolol and topiramate improved HRQOL in migraine sufferers in this study.[4]
4	Kim SY, Park SP 2014	Korea	Patients with migraine	Headache clinic	Cross-sectional study	251 eligible patients	Self-report questionnaires including the Migraine Disability Assessment (MIDAS), Beck Depression Inventory (BDI), Beck Anxiety	Among 251 eligible patients, 183 (72.9%) had episodic migraine (EM) and 68 (27.1%) had chronic migraine (CM). Patients with CM had more serious clinical, psychiatric, and poor QOL than did patients with EM. Headache chronicity had a direct effect on the MSQoL score and exerted an indirect

							Inventory (BAI), and Migraine-Specific Quality of Life (MSQoL).	effect on the MSQoL score through the MIDAS and the BDI scores.[5]
5	<u>ShaikMM, HassanNB, Tan HL, Gan SH.</u> 2015	Malaysia	Female migraine patients	Tertiary hospital	Cross-sectional quantitative survey	Female diagnosed migraine patients (n= 100) and healthy controls (n=100)	Malay version of the WHO QOL Brief (WHOQOL-BREF) questionnaire	Females with migraines had significantly lower total WHOQOL-BREF scores (84.3) than did healthy controls (91.9, P<0.001). Similarly, physical health and psychological health scores were significantly lower than those for healthy controls. 73% of patients experienced severe disability, with significantly higher number of days with headaches and pain scores. Furthermore, migraine patients with lower total QOL scores had 1.2 times higher odds of having disability than patients with higher total QOL scores.[6]
6	<u>Cha MJ, Kim BK</u> 2017	Korea	Chronic migraine	Neurology departments of 14 hospitals	Cross-sectional quantitative survey	186 Chronic migraine patients	Korean version of the Brief Encounter Psychosocial Instrument (BEPSI-K), EuroQol Five Dimension Questionnaire Three-Level. The Migraine	On the basis of the BEPSI-K score, 79 and 107 patients were assigned to the stress and reference groups, respectively. The stress group had more patients with poor outcomes of acute treatment than the reference group . The number of headache-free days per month predicted poor outcomes of acute treatment.[7]

							Assessment of Current Therapy questionnaire	
7	Sumit Singh, Kushal Sarda, Rashmi Hegde 2017	India	Migraine patients	10 Centres	Cross-sectional study	705 patients	HRQoL using Migraine Specific Quality of life (MSQ) and Migraine Disability Assessment Scores (MIDAS) questionnaire.	Hypertension (7.0%) was the highest co-morbid illness associated with migraine. A higher MSQ score was observed in females as compared to males while MIDAS showed a comparable score (27.7±47.6 and 27.2±35.4). Majority of patients had pulsating, bilateral attacks for the duration of 4h to 72 h. Paracetamol (47.1%) and propranolol (50.9%) was most commonly prescribed drugs for acute attack and prophylaxis, respectively. Cardiovascular diseases, diabetes mellitus and anxiety were common comorbidities associated with migraine.[8]
8	Al-Hashel JY, Ahmed SF, Alroughani R. 2017	Kuwait	Episodic migraine and chronic headache	Door-to-door approach	Cross-sectional community-based study	3588 were diagnosed as episodic migraine and 845 as chronic headache.	Headache-Attributed Restriction, Disability, and Social Handicap and Impaired Participation (HARDSHIP) questionnaire	15,523 subjects were identified; Out of whom 3588 (23%) were diagnosed as episodic migraine and 845 (5.4%) as chronic headache. Prevalence of episodic migraine was 31.71% in female versus 14.88% in males (P < 0.01). Most of migraine cohort (64.4%) sought medical advice with respect to their migraine headaches and the

								majority (62.4%) were seen by general practitioners (GPs) while 17.2% were assessed by neurologists and 3.7% was seen by other specialties. Tension type headache and sinus-related headaches were diagnosed in 8.9% and 2.1% of migraine subjects respectively. The majority (94.6%) of migraine subjects used symptomatic drugs for headache attacks, whereas 39.9% were taking preventive medication.[9]
9	Benz T, <u>Nüssle A</u> Thomas Benz, <u>Achim</u> <u>Nüssle</u> , Susanne Lehmann, Andreas R. Gantenbein, Peter S. Sándor, Achim Elfering, André G. Aeschlimann , &Felix Angst, 2017	Germany	Patients with history of medication overuse headache (MOH) after detoxification and a headache-specific inpatient rehabilitation program	Patients having participated in the Zurzach headache program at the rehabilitation center	Cross-sectional pilot study	51 patients	Short Form 36 (SF-36), Hospital Anxiety and Depression Scale (HADS), Migraine Disability Score (MIDAS), Coping Strategies Questionnaire (CSQ), and Symptom Checklist 90 revised (SCL-90-R). SF-36, HADS, and SCL-90-R data	Moderate to high levels of headache were reported on the MIDAS VAS at 6.51 (range 0-10); Impaired functioning averaged at 78.4 (100=no impairment) on the MIDAS. In contrast, SF-36 physical functioning was comparable to the norm. All other SF-36 scales were significantly lower than expected from the norm (all P<.001). The scales depression, anxiety, obsessive-compulsive, and interpersonal sensitivity were significantly affected, whereas the levels of SCL-90-R schizophrenia nuclear and schizotypia were not lower than the norm. Coping with pain was

								moderate. [10]
10	HansonLL, Ahmed Z 2018	USA	Chronic and episodic migraine	Headache and Neuro-ophthalmology subspecialty clinics.	Cross-sectional quantitative survey	30 per subgroup	National Eye Institute Visual Function Questionnaire-25, 10-item National Eye Institute Visual Function Questionnaire-25, Neuro-Ophthalmic Supplement Migraine-specific Quality of Life Questionnaire ,Headache Impact Test-6.	Among 29 participants with chronic migraine, vision-specific quality of life scores were all statistically significantly decreased compared to disease-free controls. Participants with chronic migraine had visual quality of life scores that were as poor as those previously published for patients with other neuro-ophthalmic disorders such as multiple sclerosis, myasthenia gravis, and ischemic optic neuropathy.[11]

DISCUSSION:

The articles included in the study are tabulated as Table 1 with Author name, year of publication, Country, Diagnosis, setting, and study design, tool and findings. All the studies included in the review were published in the time period of 2013-2018, and the methodology utilized was cross-sectional quantitative survey in most of the studies (8 out of 10), one was longitudinal observational study with a 3-month follow-up and 2 was Interventional study. Participants were recruited from different settings, including headache clinic (6), hospitals (2), headache program (2). The samples of the study were patients with migraine. Majority of the subjects were diagnosed by Short Form-36, Migraine Disability Assessment Score , World Health Organization Disability Assessment Schedule, second version, Migraine-Specific Quality of Life (MSQoL), Malay version of the World Health Organization QOL Brief (WHOQOL-BREF) questionnaire. Studies were done in various countries across the world which includes Germany, Italy, India,

USA, Kuwait, Korea(2), Malaysia, Iran. Sample size in all studies varied from 71 to 4433. The results of all studies showed that , quality of life was significantly reduced in migraine patients .

Comment [MYM4]: The discussion is too simple, preferably more and more detailed

CONCLUSION:

The present study showed that migraine sufferers experienced significantly lower QOL. Clinically significant association was found with migraine and anxiety and depressive symptoms. Accurate diagnosis and preventive measures for migraine are very important to improve quality of life of migraine sufferers.

Comment [MYM5]: Conclusions should be broadened
Examples of better conclusions such as:
Migraine causes a large proportion of the nonfatal disease-related burden worldwide. Severe migraine attacks have a negative effect on functioning and quality of life including physical, emotional and social aspects of daily life such as family, work and social relationships. Migraine headache pain is a challenge to accurately diagnose and treat appropriately. Improvement in quality of life is a vital part of this process, as it helps all involved healthcare providers deliver appropriate care. Quantification of this burden in terms of disability and health-related quality of life can help in the development of guidelines for the treatment of migraine. Research on newer pharmaceuticals should be focused on the impact of headaches on Quality of Life, and outcomes ,. Etc.

LIMITATIONS

- Most of the studies were from foreign countries
- Only 10 studies were taken for this review

CONFLICTS OF INTEREST: Nil

SOURCE OF FUNDING: Self funded

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8. Sumit Singh¹, Kushal Sarda², Rashmi Hegde, A Pan-India Study to Assess the Quality of Life, Symptom Profile and Management Trends in Patients with Migraine: A Cross-Sectional Study, *Journal of The Association of Physicians of India*, Vol. 65, October 2017
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Comment [MYM6]: Reference should be added, a lot of literature that can support this topic