

80. PRIMARY HEADACHE IN MEDICAL RESIDENTS-A WEB BASED SURVEY

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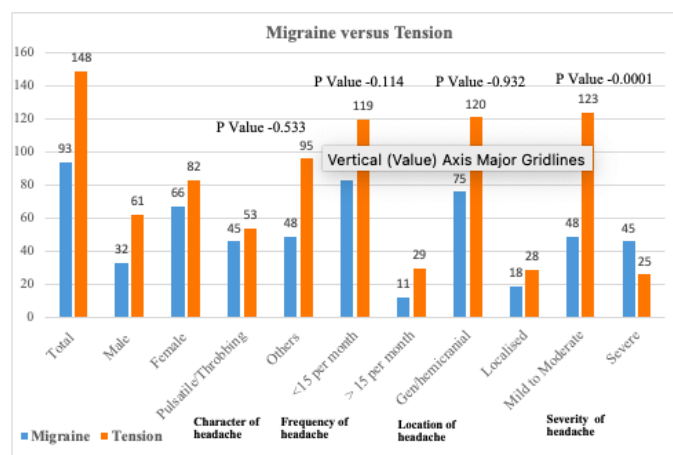
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BACKGROUND: Primary headache disorders, such as migraine and tension-type headaches are the most common type of headache disorder, accounting for up to 90% of all headache cases. They have a significant global impact, particularly among young individuals aged 15-49. Medical residents, due to their demanding lifestyles, are especially vulnerable to these disorders. This study was conducted on Indian medical residents, with the aim of establishing the prevalence, sub-types, triggers, and treatment preferences for primary headaches, addressing a research gap in this specific population.

METHODS: A cross-sectional study was conducted among medical residents for three months. A validated, web-based questionnaire with 22 questions was used, inviting participants via SMS, email, and social media. Patients having primary headache episodes in the last 1 year were included in the study. Data was collected for the duration, frequency, type, severity, localisation of headache and disability caused by headache. Also, history of preceding or associated symptoms, triggers and relieving factors for headache, and medication used for treatment was collected. **RESULTS:** 382 medical residents initially participated. After excluding 24 with pre-existing conditions and 117 without recent headaches, 241 residents were analysed revealing a 67.31% prevalence of primary headaches. The prevalence was higher in females (77.71%). Based on location generalised headache was the most common, accounting for 59%, and localised headache was reported by 19% of the residents. Most residents (41%) had a pulsating or throbbing type of headache, while 36.5% experienced a dull headache. A tight band-like sensation around the head was noticed by 20% of the medical residents. Common triggers for initiating headaches were lack of sleep (73%), mental stress (71.8%), fasting (44%), sunlight (26.1%), and around one-fifth of women (18.18%) experienced headaches during their menstrual cycle. Relief of migraine was achieved using medication/analgesic (43.6%); while others mentioned sleep, coffee,

and tea to reduce the severity of the attack. However, more than 90% of the medical residents who used medication to relieve their pain have taken a Non-Steroidal Anti-Inflammatory Drug, to get relief from their headache. Triptan was used as an acute remedy by less than 1% of the participants. The use of prophylactic medicine for primary headache prevention was also very limited (<1%). 70/241 (29%) residents experienced severe headache episodes. 47 (19.5%) were frequently prevented from doing their daily activity, while 42 (17.4%) took a day off due to headache. Tension headache was more common (61%) as compared to migraine (39%). Migraine headaches were likely to be of severe intensity in comparison to tension headaches. (p value -0.0001). Other factors such as location, frequency, and character were not significantly different between the two. (p value>0.05; figure 1) **CONCLUSION:** Primary headache disorders significantly affect medical residents globally. Prioritising mental health and support might help in mitigating these issues, enhancing the quality of life for medical professionals. This can potentially reduce absenteeism at work and improve productivity.

Figure: Comparative Analysis of Migraine and Tension-Type Headaches Among Medical Residents.



Key Words: Primary headache, Migraine, Tension headache, Medical residency.