

# COMORBID DISORDERS IN CHRONIC MIGRAINE AND CHRONIC TENSION HEADACHES

Akhmedova Dilafruz Bahodirovna  
Bukhara State Medical Institute

## Abstract

Episodic forms of tension headaches are not considered as a major medical or social problem, while chronic tension headaches are accompanied by comorbid disorders, such as various depression, sleep disorders, somatoform disorders, in which the patient clearly distorts the functioning and quality of everyday life, the difficulty in choosing an effective treatment leads to chronic tension headaches to the level of a complex socio-medical problem.

**Keywords:** migraine, tension headache, chronic headache, comorbid disorder.

## Introduction

According to the World Health Organization, headache is ranked 3rd among diseases that cause incapacity for work. In different countries of the world, this disease occurs in up to 50% of the adult population, with 1.7-4% of the adult population suffering from chronic headaches. In scientific sources "...85% of the population experience periodic headaches, 40% of whom experience a decrease in social and labor activity, and the fact that it requires qualified medical care....." cited. According to the World Health Organization, three-quarters of the population between the ages of 18 and 65 have had at least one headache attack in the last year, while chronic tension headaches are observed in 2-3% of the population.

We divided the patients into 2 groups. 1-group patients with chronic migraine observed-72 people, 2-group patients with chronic tension headaches-45 people.

When the presence of prodromic signs was studied the weakness in 1st group patients was  $97.22 \pm 1.94\%$ , low mood  $66.67 \pm 5.56\%$ , difficulty concentrating  $61.11 \pm 5.75\%$ , increased appetite  $5.56 \pm 2.7\%$ , neck muscle tension  $22.22 \pm 4.9\%$ , photophobia  $34.72 \pm 5.61\%$ , phonophobia  $25 \pm 5.1\%$ , osmophobia  $25 \pm 5.1\%$  N was. Weakness in 2-group patients  $73.33 \pm 6.59\%$ , low mood  $73.33 \pm 6.59\%$ , difficulty concentrating  $68.89 \pm 6.9\%$ , increased appetite  $13.33 \pm 5.07\%$ , neck muscle tension  $15.56 \pm 5.4\%$ , photophobia  $37.78 \pm 7.23\%$ , phonophobia  $24.44 \pm 6.41\%$ , osmophobia  $2.22 \pm 2.2\%$  were N (Table 1).



**Table 1 Manifestation of prodromic clinical signs in research groups**

Prodrome		1 <sup>st</sup> group		2 <sup>nd</sup> group		Pearson's chi-square	
		Abs	M±m,%	Abs	M±m,%	$\chi^2$	P
Weakness	BT	70	97,22±1,94	33	73,33±6,59	15,002	0,000
McNemar criteria	R	0,000		0,000			
Low mood	BT	48	66,67±5,56	33	73,33±6,59	0,578	0,447
McNemar criteria	R	0,000		0,000			
Difficulty concentrating	BT	44	61,11±5,75	31	68,89±6,9	0,728	0,394
McNemar criteria	R	0,000		0,000			
Increased appetite	BT	4	5,56±2,7	6	13,33±5,07	2,143	0,180
McNemar criteria	R	0,375		0,031			
Neck muscles Tension	BT	16	22,22±4,9	7	15,56±5,4	0,779	0,377
McNemar criteria	R	0,000		0,016			
Photophobia	BT	25	34,72±5,61	17	37,78±7,23	0,112	0,737
McNemar criteria	R	0,000		0,003			
Phonophobia	BT	18	25±5,1	11	24,44±6,41	0,005	0,946
McNemar criteria	R	0,227		0,219			
Osmophobia	BT	1	25±5,1	1	2,22±2,2	0,114	1,000
McNemar criteria	R	1,000		1,000			

Prodromic symptoms were dominated by weakness, low mood, difficulty concentrating, photophobia in both groups.

Drowsiness was 80.56±4.66%, total weakness was 61.11±5.75%, skin pallor was 2.78±1.94%, yawning was 51.39±5.89%, while drowsiness was 68.89±6.9% in 2-group patients, total weakness was 75.56±6.41%, skin pallor was 2.22%, yawning was 57.78% (Table 2).

**Table 2 Manifestation of postdromic clinical signs in research groups**

Postdrome		1 <sup>st</sup> group		2 <sup>nd</sup> group		Pearson's chi-square	
		Abs	M±m,%	Abs	M±m,%	c2	P
Drowsiness	BT	58	80,56±4,66	31	68,89±6,9	2,071	0,150
	McNemar criteria	R	0,000	0,000			
General weakness	BT	44	61,11±5,75	34	75,56±6,41	2,600	0,107
	McNemar criteria	R	0,000	0,000			
Skin pallor	BT	2	2,78±1,94	1	2,22	0,034	1,000
	McNemar criteria	R	1,000	1,000			
Yawning	BT	37	51,39±5,89	26	57,78	0,455	0,500
	McNemar criteria	R	0,001	0,001			

Thus, in both groups, the postdromic clinical signs were dominated by drowsiness, general weakness, yawning.

The manifestation of comorbid disorders was studied in research groups. Emotional disturbances in patients with Group 1 were 55.56±5.86% pre-treatment, and sleep disturbances were 90.28±3.49%. Emotional disorders in patients with Group 2 accounted for 68.89±6.9% of pre-treatment cases and sleep disorders 57.78±7.36% (Table 3).

**Table 3 Manifestation of comorbid disorders in research groups**

Comorbid disorders		1 <sup>st</sup> group		2 <sup>nd</sup> group		Pearson's chi-square	
		abs	M±m,%	abs	M±m,%	χ <sup>2</sup>	P
Emotional disorders	BT	40	55,56±5,86	31	68,89±6,9	2,063	0,151
	McNemar criteria	R	0,000	0,000			
Sleep disorders	BT	65	90,28±3,49	26	57,78±7,36	16,923	0,000
	McNemar criteria	R	0,000	0,000			

Thus, while comorbid disorders are dominated by sleep disorders in migraines, emotional disorders prevail in headaches in chronic tension.

### Conclusion

Sleep disorders and emotional disorders were found to be predominant in chronic headaches. In both groups, in patients postdromic clinical signs were dominated by drowsiness, general weakness, yawning.

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