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ties, digestive difficulties, phobias, sleep disorders, palpitations, dizziness, cramps, etc.) were also assessed. These items that belong to those generally investigated when taking a medical history showed in previous studies a significantly higher prevalence in pain patients, in respect to a normal population. An instruction programme was then administered to the study group: it consisted of brief shoulder and neck exercises, a relaxation exercise and instructions on how to reduce hyperfunction of the craniofacial and cervical muscles during the day. After six months, all subjects were re-examined in the same way as at baseline and the presence of psychosomatic symptoms was assessed again. In the two groups, the difference between the data at baseline and those at the end was calculated and the data compared (Student's test).

Results In the study group, the mean amount of psychosomatic symptoms decreased significantly ($p=0.002$) from baseline (7.27 ± 5.19 SD) to the end (5.73 ± 4.77 SD). In the control group no significant difference was observed (baseline: 6.65 ± 5.07 SD; end: 6.55 ± 4.93 SD; $p=0.78$).

Discussion The data demonstrate that the administration of a simple cognitive instruction programme can significantly decrease psychosomatic symptoms in a working community. This finding, in contrast, may be the direct consequence of the cognitive programme, or may be partially due to the beneficial effects of such programme on the headache, neck and shoulder pain in the study population.

Conclusions A cognitive instruction programme can significantly reduce the presence of psychosomatic symptoms in extensive population samples.

EFFECTIVENESS OF AN INTEGRATED APPROACH IN THE PROPHYLACTIC TREATMENT OF CHRONIC TENSION-TYPE HEADACHE

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Introduction Retrospective study of patients from our clinics, suffering from chronic tension-type headache (CTTH), diagnosed in accordance with the criteria of the ICHD-II classification, code 2.3 (OMS G44.2).

Objective The purpose of this study was to demonstrate the effectiveness of an integrated pharmacological and non-pharmacological approach compared with an approach that was exclusively pharmacological.

Materials and methods We selected 14 patients suffering from CTTH, 14 F, mean age 33 years (range 15–59) ± 14.1 years, who used an integrated prophylactic therapy, compared with 14 patients suffering from CTTC, 1 M and 13 F, mean age 33 years (range 13–50) ± 11.7 years, treated solely with medication. The study was carried out over a period lasting from 60 to 180 days. The patients using the integrated approach received daily medication in addition to a weekly session of relational systemic psychotherapy consisting of individual and familial meetings (7 patients) or osteopathic treatment consisting of craniosacral therapy and visceral manipulation (7 patients). The patients in the control group (14) underwent only daily pharmacological prophylactic treatment.

The clinical diary regarding the headache of each patient was reviewed to determine the number of crises per month and to monitor the percentage decrease of the crises.

Results The patient group following the pharmacological prophylaxis had only an average decrease of 64% in the number of headaches per month.

The patient group using the integrated approach with weekly psychotherapy had an average decrease of 88%, while the patients who underwent craniosacral/visceral manipulation treatment had an average decrease of 92%. Comparison of the two treatments indicated a statistically significant decrease ($p<0.005$).

Discussion and conclusions The integrated approach in patients with CTTH is more effective than the pharmacological approach alone, as it affects treatment motivation, therapeutic reliability, compliance and the consequent improvement of quality of life.

RATIONAL EMOTIVE BEHAVIOUR THERAPY (REBT) IN TENSION HEADACHE

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Introduction During the last few years, many studies have demonstrated how an emotional condition can influence pain. This aspect is especially evident for headache, in which the connection between emotionality, pain, intensity and frequency is very important. In the Centre for Pathophysiology and Pain Therapy of the Catholic University Medical School of Rome, we studied a Rational Emotive Behaviour Therapy (REBT) that underscores the importance of patients' cognitive processes in the genesis and feeding of emotive and behavioural disturbances.

Materials and methods From September 2004 to April 2006, after informed consent, we studied 60 patients (35 females and 25 males, mean age 35 years). Their tension headaches (ICHD-II criteria, 2004) were bilateral with occipital localization, without aura, vomiting, photophobia and phonophobia; they had eight crises per month and visual analogue scale (VAS) score=7.

Their clinical history, objective and neurological examinations excluded a secondary headache. We had an indepth conversation with each patient, and we noticed that everyone was depressed or anxious or hostile; we gave them some forms to fill out and a headache diary to complete before and after the start of therapy. They were divided into two randomised groups of 30 patients. The first group was treated with cognitive, emotional and behavioural techniques; the second group was treated with pharmacological therapy with amitriptyline 30 mg/day, alprazolam 0.25 mg/day and celecoxib 200 mg, if needed. They were treated for 6 months.

Results In the first group, treated with cognitive psychotherapy, VAS decreased from 7 to 3, the crises decreased from 8 to 2, and the emotional condition improved with a reduction of depression, anxiety and hostility. In the second group, treated with pharmacological therapy, VAS decreased from 7 to 2, and the crises decreased from 8 to 3.

Conclusions From our results we observed that patients treated with cognitive psychotherapy showed improvement in VAS scores and their emotional condition, and reduction in the number of monthly crises, while patients treated with pharmacological therapy also had improved VAS scores and reduction in the number of crises, but with no modifications of their emotional condition.

GYMNASTIC-PHYSICAL ACTIVITY: PERFECT SHAPE FUNCTION IN MIGRAINE AND CLUSTER HEADACHE

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Objective The aim of this study was to evaluate the effects of a programme of gymnastic-physical activity (Perfect Shape System) on the quality of life in a group of subjects suffering from migraine and cluster headache. We tried to consider a possible positive role of physical activity in reducing the frequency and intensity of headache attacks and, in particular, in decreasing inability at a working, social and family level, and therefore, improving overall the patients' quality of life.

Patients and methods Before enrolment in the study, forty subjects suffering from primary headaches (30 with migraine and 10 with cluster headache) underwent clinical evaluation with the following scales: MIDAS, MSQOL, MQoLQ, HIT, and MSQ. We utilised the MIDAS scale in this study since it is an instrument which objectively measures the severity of a headache attack; it specifies the inability level and is suitable for identifying the appropriate therapy on the basis of the

EFFICACIA DELL'APPROCCIO INTEGRATO NELLA PROFILASSI DELLA CEFALEA TENSIVA CRONICA

B. Ciccone¹, G. Griso², S. Lenzuolo³

Poster n. P7

INTRODUZIONE

Studio retrospettivo su pazienti afferenti ai nostri ambulatori, affetti da Cefalea Tensiva Cronica diagnosticata secondo i criteri della classificazione internazionale ICHD-II codice 2.3
Scopo dello studio dimostrare l'efficacia di un APPROCCIO INTEGRATO farmacologico e non farmacologico (A.I.), rispetto ad un approccio esclusivamente farmacologico.

PARTECIPANTI e METODI

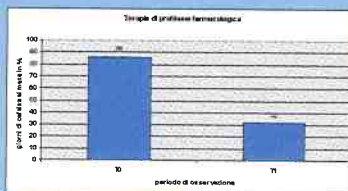
14 pz 0 M, 14 F - età 33 (15-59)
con CTC, che hanno usato l'A.I.

14 pz 1 M, 13 F - età 33 (13-50)
con CTC, trattati solo con farmaci

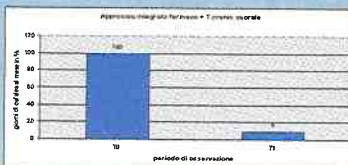
Lo studio riguarda un periodo di osservazione di 180 giorni. I pazienti dell'approccio integrato erano sottoposti a terapia farmacologica quotidiana di profilassi e ad una seduta settimanale di psicoterapia sistemica relazionale con incontri individuali e familiari (7 pz) o di trattamento osteopatico, costituito da terapia cranio sacrale e manipolazione viscerale (7 pz). I pazienti di controllo (14) effettuavano solo terapia farmacologica quotidiana di profilassi.

E' stato valutato il diario clinico della cefalea di ogni paziente, ricavandone il numero di crisi mensili, al fine di monitorare la percentuale di riduzione delle crisi.

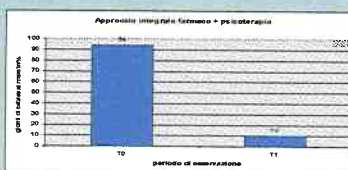
NOME/COGNOME	SESSO	ETÀ	CRISI MENSILI ALLA PRESSIONE INIZIALE (%)	CRISI MENSILI ALLA PRESSIONE FINALE (%)	DIFFERENZA CRISI MENSILI (%)	PERCENTUALE DI RIDUZIONE (%)
S.C.	M	39	10	10	0	0
C.A.	M	39	10	0	10	100
V.S.	M	38	10	10	0	0
P.R.	M	38	10	0	10	100
P.M.	F	32	10	10	0	0
P.A.	F	30	10	10	0	0
M.S.	F	30	10	10	0	0
F.L.	F	33	10	0	10	100
D.S.M.	F	30	10	10	0	0
C.P.	F	30	10	10	0	0
V.L.	F	30	10	10	0	0
S.P.	F	30	10	0	10	100
M.L.	F	30	10	10	0	0
N.S.	F	30	10	10	0	0
MEZZA						54



NOME/COGNOME	SESSO	ETÀ	CRISI MENSILI ALLA PRESSIONE INIZIALE (%)	CRISI MENSILI ALLA PRESSIONE FINALE (%)	DIFFERENZA CRISI MENSILI (%)	PERCENTUALE DI RIDUZIONE (%)
E.C.	M	30	10	0	10	100
S.S.	M	30	10	0	10	100
M.S.	M	30	10	0	10	100
A.M.	M	30	10	0	10	100
P.S.	M	30	10	0	10	100
M.A.	M	30	10	0	10	100
T.A.	M	30	10	0	10	100
MEZZA						91



NOME/COGNOME	SESSO	ETÀ	CRISI MENSILI ALLA PRESSIONE INIZIALE (%)	CRISI MENSILI ALLA PRESSIONE FINALE (%)	DIFFERENZA CRISI MENSILI (%)	PERCENTUALE DI RIDUZIONE (%)
P.A.	M	30	10	0	10	100
V.L.	M	30	10	0	10	100
S.A.	M	30	10	0	10	100
M.S.	M	30	10	0	10	100
D.S.	M	30	10	0	10	100
C.A.	M	30	10	0	10	100
C.M.	M	30	10	0	10	100
MEZZA						84



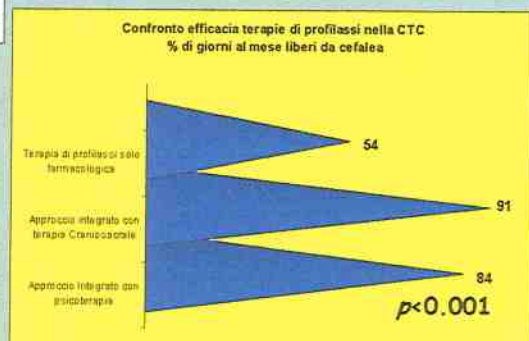
RISULTATI

I pazienti sottoposti alla sola terapia farmacologica di profilassi avevano una percentuale di riduzione media del numero di crisi di mal di testa al mese pari al **54%**.
Nei pz sottoposti all'A.I. con trattamento cranio-sacrale/manipolazione viscerale la percentuale era del **91%**.
Mentre per i pz sottoposti all'A.I. con con psicoterapia settimanale la percentuale era del **84%**.

CONCLUSIONI

Nella profilassi dei pazienti con C. T. C. l'A.I. produce un risultato più efficace rispetto alla sola terapia farmacologica, in quanto incide sulla motivazione al trattamento, sull'affidamento terapeutico, sulla *compliance* e sul conseguente miglioramento della qualità di vita

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