

Migraine/pgs/diagnosis

Template:PGS

Pain can have the character of hemicrania or whole head pain, it is of moderate to severe intensity, accompanied by nausea or vomiting, photophobia and phonophobia. The pain lasts 4-72 hours, longer duration is referred to as status migrainosus. Diagnostic criteria - see table:

Diagnostic criteria for migraine without aura

A. At least 5 attacks must meet points B-D
B. Headache lasts 4-72 hours without treatment
C. Pain can be characterized by at least two of the following symptoms: <ul style="list-style-type: none">■ unilateral localization■ pulsating character■ moderate to heavy intensity■ worsening during physical exertion
D. The pain is accompanied by at least one of the following symptoms: <ul style="list-style-type: none">■ nausea and/or vomiting■ photophobia and/or phonophobia

In 20% of patients, the pain is preceded by an "aura phase" of up to 1 hour, which is any focal symptom that usually disappears with the appearance of pain. The most common is visual aura - scintillating images or negative phenomena of the nature of scotoma or hemianopsia. Furthermore, the aura can be sensitive in the form of paresthesias of the face or limbs. More rarely, aura appears in the form of an incomplete expressive phatic disorder or paresis.

We establish the diagnosis on the basis of a typical clinical picture.

We distinguish (especially during the first migraine attack) subarachnoid hemorrhage - we perform a CT scan of the brain and possibly. examination of cerebral fluid.

The diagnosis will also be confirmed by the clear therapeutic effect of 5-HT-1B/D receptor agonists - triptans:

- sumatriptan (Sumigra, Rosemig, Imigran, Cinie): 50-100 mg per attack
- zolmitriptan (Zomig): 2.5-5 mg per attack
- eletriptan (Relpax): 40-80 mg per attack
- naratriptan (Naramig): 2.5-5 mg per attack
- frovatriptan (Fromen): 2.5 mg per attack