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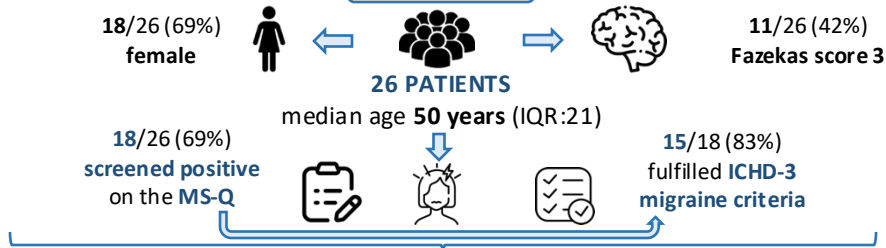
OBJECTIVE

- To describe the features of CADASIL-associated headache in order to provide useful insights for diagnosis and therapeutic management of this rare disease.
- To investigate the association between the presence of migraine and CADASIL burden.

MATERIALS AND METHODS

- Study design:** Cross-sectional analysis of data from a prospectively collected cohort of patients diagnosed with CADASIL at a specialized center.
- Descriptive statistics:** Conducted on patients with a positive Migraine Screening Questionnaire (MS-Q) score (≥ 4).
- Associations:** Relationships among Fazekas score, migraine-related, and CADASIL-related variables assessed using chi-square tests for categorical and ANOVA for quantitative variables.

RESULTS



- 13/18 (72%) female
- median age 52 years (IQR:17.25)

- MMD - monthly migraine days: 6 (SD=6.74) at baseline

- Antiplatelet therapy and migraine changes:
 - duration: 2/13 (15%)
 - frequency: 2/13 (15%)
 - frequency-intensity: 1/13 (8%)
 - the three of them: 1/13 (8%)

| | | |
|---------------------|------------------------------|---|
| HEADACHE | distribution | <ul style="list-style-type: none"> 11/17 (65%) bilateral 6/17 (35%) unilateral |
| | features | <ul style="list-style-type: none"> 11/17 (65%) pulsatile 6/17 (35%) pressing |
| ASSOCIATED SYMPTOMS | intensity (VRS) | <ul style="list-style-type: none"> 16/18 (89%) severe (VRS>7) 2/18 (11%) moderate (VRS 4-6) |
| | type and most bothersome (*) | <ul style="list-style-type: none"> 15/18 (83%) photophobia (*7/18) 15/18 (83%) phonophobia 11/18 (61%) nausea 5/18 (28%) osmophobia 3/18 (7%) vomiting |
| AURA | presence | <ul style="list-style-type: none"> 8/17 (47%) |
| | type | <ul style="list-style-type: none"> 3/8 visual 3/8 visual and sensory-motor 2/8 visual, sensory-motor, aphasia |

HIT-6 score: 53.78 (SD=7.41) in patients with probable migraine, 47.2 (SD=8.08) in patients without probable migraine ($p = 0.074$)

DISCUSSION AND CONCLUSIONS

This analysis provides a comprehensive overview of migraine prevalence, as assessed by the MS-Q, and of the clinical features of migraine in patients with CADASIL. A high proportion of CADASIL patients (69%) screened positive for migraine on the MS-Q, and most fulfilled the ICHD-3 diagnostic criteria. Headache was predominantly severe, bilateral, and pulsatile. Aura was reported in almost half of the cases. Further research with a larger sample size is planned to investigate the association between Fazekas scores and migraine.