

Epidemiology of Chronic Migraine

Prevalence in a Tertiary Headache Centre in Germany



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Background and Aims: In the 2nd edition of the International Headache Classification (ICHD-II), the concept of chronic migraine (CM) was introduced (1). The existence of chronic migraine as a diagnosis in itself was and still is controversially discussed. The aim of the original diagnostic criteria from 2004 was to include many of the severely affected patients seen in tertiary headache referral centres: patients with a history of migraine who experience headache more than half the time. In 2006, revised appendix criteria were published (2). In this study, the prevalence of patients fulfilling the original 2004 criteria for diagnosis of chronic migraine was analyzed.

ICHD-II (2004)	Diagnosis	ICD-10
1.5.1	Chronic migraine	G43.3
Diagnostic criteria:		
A. Headache fulfilling criteria C and D for 1.1 Migraine without aura on ≥ 15 days/month for > 3 months		
B. Not attributed to another disorder		

Methods: The clinical database of patients treated in the Kiel Headache Centre between 2004 and 2010 was used. The prevalence of patients fulfilling diagnostic criteria for chronic migraine according to the International Headache Classification (ICHD-2) was calculated. Patients with medication-overuse headache were excluded because of criterion B: "Not attributed to another disorder".

Results: A total data set of $n=52191$ was evaluated. The diagnosis of chronic migraine was made for $n=476$, i.e. 0.9%.

Conclusion: The diagnosis of "chronic migraine" according to the International Headache Classification (ICHD-2) is rarely made even in a tertiary headache referral centre if the original diagnostic criteria from 2004 are used. This form of migraine does exist, but it only represents a very small sub-group of migraine patients. The majority of patients regularly suffering from migraine on more than 14 days per month is overusing headache acute medication, thus not fulfilling the ICH-II (2004)-criteria.

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