PREVALENCE AND IMPACT OF MIGRAINE HEADACHE AMONG PHYSICIANS IN PHC CENTERS IN MAKKAH CITY, SAUDI ARABIA, 2020

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ABSTRACT:

Migraine is a common neurological disorder with significant impact on quality of life, affecting 12% Saudi population. Migraines impose significant health and financial burdens, headache is a common neurological disorder, which is associated with a significant disease burden, headache affects work, social and leisure activities and has a tremendous impact on a person’s life also the migraine is one of the most critical concerns among healthcare providers and other relevant stakeholders in the health sector. Preventive medication therapy reduces migraine frequency, severity, and headache-related distress approximately 38% of patients with episodic migraines would benefit from preventive therapy, but less than 13% take prophylactic medications. The unpredictable nature of the disease leads to frequent absenteeism or decreased productivity at work. Internationally, the prevalence of migraine headache, a subtype of primary headache, according to the American Academy of Neurology is estimated to be 18% in woman and 6% in men in the general population. Primary headache syndromes are much more common than secondary headache. Aim of the study: To highlight the health burden of the migraine among the health care worker. Method: Across sectional study among physicians who works in primary health care center in Makkah Al-Mukarramah 2020, the study has been conducted physicians who works in PHC centers in Makkah city KSA. Was conducted using an online questionnaire designed during August 2020. The questionnaire collected the socio demographic factors, a migraine screen questionnaire (MS-Q) Migraine Disability Assessment questionnaire (MIDAS), our total participants were (163). Result: MIDA grades according to migraine characteristics of Participants. Significant differences in MIDA grades were present according to the age were (P=<0.001) and moderate disability also gender were (P=0.01) and moderate disability also marital status were (P=0.022) and moderate and level of education were (p=<0.001) severe disability were (66.67%). Conclusion: For migraines, our study found a high prevalence of the migraine in among physicians who works in primary health care center. The physicians’ awareness of the disease was very low with one-fourth of the physicians resorting to self-medication. Our study identified previously less-recognized triggers like head movement and accompanying symptoms like neck stiffness. Migraine-attributed burden was high in physicians who work in primary health care center.

Keywords: Prevalence, impact, Migraine, headache, physicians, PHC centers, Makkah City,

I. INTRODUCTION

Migraines are incredibly common yet disregarded medical issue, and can be characterized as a crippling condition that might bring about a lower personal satisfaction and upset job performance, eventually making a critical economic burden on societies and it is one of the commonest detailed neurological issues found in primary care settings [1]. Repeating headache issues are a typical clinical issue, remaining among the top reasons for disability and sufferings. There is an absence of data about its circulation, disease characteristics and related co morbidities in KSA. [2]

Headache is perhaps the most basic worries among medical services suppliers and other important partners in the health sector. It is one of the significant reasons for disability among older patients (aged 50-years and more). Saudi Arabia has had a lot of the medical problem with the always expanding prevalence of migraine in the country. [3] Work-related pressure is viewed as a significant natural reason for migraine [4]. Healthcare workers
have an upsetting workplace, are often presented to emotional pressure, and are frequently on pivoting work shifts in view of their work requests [5-6]. Practically half (45%) of Healthcare workers, especially doctors and nurses, reported highly stressful workdays [7].

According to the World Health Organization (WHO), a big part of the grown-up populace overall is influenced by migraines. These incorporate tension-type headaches, headaches, and group migraines. Just about one-third of cerebral pain cases in grown-ups are headaches [8]. Headache is a neurovascular issue portrayed by relentless migraine going from moderate to serious agony. Regularly, it influences just one side of the head, as a throbbing aggravation, and endures from hours to days. Its assault normally starts suddenly, arrives at its greatest in at least one hours, and endures as long as 12 hours [9]. It is also observed to run in families, so it is perceived to have a solid hereditary substrate [10].

Worldwide, migraine is a predominant issue with a pervasiveness of approximately 12% among general population [11]. As indicated by the World Health Organization (WHO) [12], it is positioned nineteenth among all diseases causing disability and is the twelfth leading reason for years lived with disability among the general population of around the world. Headache is for the most part viewed as a sickness that can altogether lessen the quality of life (QOL) of influenced people [13,14].

The three problems that are responsible for the most of headache-attributed burden are tension-type headache, migraine, and medication overuse headache (MOH) [15]. Migraine is described by unilateral, pulsatile attacks of headache, which is more present in the temporal area and its duration ranges in the range of 4 and 72 hours [16,17]. It is more seen among females than guys, which could be credited to changes in the hormone levels [18]. Headache could diminish work execution and day by day exercises, as most headache sufferers revealed decrease of exercises during headache attacks [19,20].

Epidemiology of migraine varies considerably dependent on sexual within Saudi Arabia. Females are four times bound to encounter neurological problems when contrasted with their male counterparts. Despite men display health-seeking behaviors, females report expanded instances of extreme migraines. The pervasiveness rate shifts altogether inside the Arabian nations; Saudi Arabia (12%), Qatar (72%), and Oman (83%). [21].

As indicated by the new reports from the Global Burden Disease (GBD), migraine positions third among the main source of inability globally. The discoveries from ongoing research in the field of neurology have established have set up that ecological and hereditary qualities assume significant roles in the development of migraine headaches. Most individuals actually need adequate data concerning the recognizable proof of the key indications, including seeking medical interventions. [3].

Treatment of migraine falls into two main classes; thwarting the progression and those that prevent the health condition from happening. The utilization of headache related medications during the beginning phases of the assaults is basic in increasing the adequacy of the treatment process. [22].

The majority widely recognized over-the-counter (OTC) prescriptions for tending to the scenes of pain incorporate analgesics, caffeine items just as NSAIDs.[3](1) However, abuse of NSAIDs and analgesics is related with adverse events. Other OTC medications incorporate naproxen, acetaminophen and ibuprofen. Trigemino-vascular hypothesis gives a valuable hypothetical system to the improvement of migraine. In such manner, the trigeminal nerve fibers get animated to deliver vaso-inhibitory peptide (VIP), calcitonin gene-linked peptide (CGRP) just as substance P[3], notwithstanding the purposeful and community oriented endeavors among significant partners on the arrangement of the appraisal of the recognized medical issue, information from Saudi Arabia generally need, especially on the epidemiology of the health condition.[23]

II. LITERATURE REVIEW

This study about prevalence and impact of Migraine headache among physicians in PHC centers in Makkah City, Saudi Arabia, 2020 some interesting results, unreported on Makkah region in Saudi Arabia before this current study,

Ibrahim NK, et al.(2017) reported in their study that migraine, despite having a higher prevalence in young adult Saudi population, is frequently underdiagnosed and undertreated.[24]. In the previous studies, prevalence of migraine Aura consisting of visual, sensory, or speech symptoms was reported by two out of five participants reporting migraine. [25]
Studies have concluded that though biological factors may explain some of the differences, but the main explanation is presumably gender disparities in work, economy, daily living, social life and expectations between women and men.[26] Many researchers agree that the health problem can cause throbbing pain in the affected area, which varies in intensity. More than 70% of the patients diagnosed with the condition report nausea and sensitivity to light as well as sounds.[21] Significant association of headache with other socio-demographic and personal characteristics like job type, working hours, sleeping hours was also revealed. Civil workers, those with more working hours and less sleeping hours suffered more with migraine than non-migraine headache. Migraine has previously shown to be significantly associated with unemployment in other studies, [23]

In the previous literature studies that stated that migraine headache was more prevalent among females [27]. High prevalence of migraine among females can be attributed not only to hormonal changes, but also to central cortical excitability [28]. Fillingim et al [29] reported in their review article stated the Migraine headache was also found to be more prevalent among city inhabitants than countryside inhabitants. The stressful life in the city, and the lack of meditation and relaxing country nature can be the reasons behind the high prevalence of migraine among city inhabitants. Migraine was significantly associated with high rates of unemployment. [29]

Other study reported that episodic migraine is the commonest headache occurring in younger age group, predominantly in women. This finding is consistent with many studies documenting that migraine is experienced mostly at young age, among 20% of women and 10% men [30]. The female gender predominance may be attributed to the role of estrogen acting as a key factor in the increased prevalence of migraine in women [31]. Interestingly, our study showed a positive correlation between migraine and higher educational level as well as satisfactory monthly income. On the contrary, a recent study conducted in India showed that migraine was more common in patients with lower educational level and lower monthly income [32]. Stewart et al [33] reported in their study that migraine, especially chronic migraine, had a negative impact on employment, and that 19% of chronic migraineurs were less likely to be working for pay compared with episodic migraineurs.[33]

Some studies reveal a high prevalence rate among university students. Numerous factors contribute to the development of the health condition. Some of the most common triggers of migraines include prolonged fasting, sleep disturbance, psychological distress, and hormonal changes, as well as hypoglycemia. Variations in the levels of hormones are associated with the use of oral contraceptive pills, onset of menstruation, and other forms of medications. [34]

2.1 Rationale

the majority of the physicians who works in PHC centers who usually complain of having headache for more than 1 year, migraine effects of the Global Burden Disease (GBD), migraine ranks third among the leading cause of disability globally and effect the lifestyle and the enjoyment by life. Migraine headache can severely impact work, family, social, and leisure activities, no similar study was done in Makkah before

2.2 Aim of the Study

To highlight the health burden of the migraine among the health care worker at Saudi Arabia in Makkah Al-Mukarramah during 2020

2.3 Objectives:

To measure the prevalence of migraine among physicians who works in PHC centers by using valid and reliable questionnaire in Makkah city, Saudi Arabia, 2020.

To assess the impact of migraine headache on life.

III. SUBJECTS AND METHODS

3.1 Study design:

A cross sectional study has been carried out among physicians who works in PHC centers in Makkah city, Saudi Arabia, 2020.

3.2 Study setting

The study has been carried out among physicians who works in PHC centers in Makkah Al-mukarramah at Saudi Arabia, 2020. Makkah is the holy city of every Muslim in the world. It is the main place of the pilgrims to
perform Umrah and Hajj. Makkah is a modern city and there is a continuous working to improve the infrastructure of Makkah for the sake of both Makkah citizens and pilgrims. Also, it has 85 PHC centers under supervision of Directorate of Health Affairs of Makkah Al-Mukarramah. These centers distributed under 7 health care sectors and each sector contains around 10 – 14 primary health care centers. Three health care sectors inside Makkah Al-Mukarramah city (urban) with 37 primary health care centers underneath and four sectors are outside Makkah (rural) with 48 primary health care centers. The three healthcare sectors inside Makkah Al-Mukarramah are Al-Ka’akya with 11 primary healthcare centers, Al-Adl with 12 primary healthcare centers and Al-Zahir with 14 primary healthcare centers.

3.3 study area:
The study has been conducted in all PHC in Makkah, Saudi Arabia in 2020, under supervision of Directorate of Health Affairs. They are distinguished by their environment and the large number of physicians who works in them, which is characterized good environment.

3.4 Study population:
The study population has been all physicians who works in PHC centers in Makkah city, Saudi Arabia, 2020, and agreed to fill the questionnaire.

3.5 Eligibility Criteria

a. Inclusion criteria:
All Saudi physicians who works in PHC centers available on the duration of the study.

b. Exclusion criteria
Physicians who are not available on the duration of the study.

3.6 Study Sample:
The sample size has been calculated by epiInfo, http://www.raosoft.com/samplesize.html (The margin of error: 5%, Confidence level: 95%, and the response distribution of the prevalence counted for 50% for the lack of local studies) accordingly the Sample size is (163) of physicians in PHC and adding 10 more to decrease margin of error. After adding 5% oversampling, the minimum calculated sample has been the total population is 280 physicians. Computer generated simple random sampling technique was used to select the study participants.

3.7 Sampling technique:
The participants will be randomly chosen by using systematic sampling technique by dividing the total population by sample size 280/163=1.7, the index case out of 2 will be decided randomly.

3.8 Data collection tools and instruments:
Pretested, a questionnaire has been used in data collection. The study questionnaire package has been provided to all participants. The package has been in English language and has been include questions about socio-demographic factors, a migraine screen questionnaire (MS-Q) [35,36] Migraine Disability Assessment questionnaire (MIDAS)[37,38,39,40]

Migraine screen questionnaire
The migraine screen questionnaire (MS-Q) is a five-item migraine screening questionnaire developed for use in clinical practice and research settings both in the general population and occupational medicine[36]. The questionnaire is based on the international headache society criteria (IHS) on migraine diagnosis 5. Each of the five items in this structured questionnaire has a dichotomous response option of yes/no. A score of 0 is assigned for each “NO” response and of 1 for each “YES” response. The total score is 5, where a cut-off point of ≥4 was used to indicate a case of migraine [36].

Disability Assessment questionnaire MIDAS
Measuring the burden of migraine should be a prelude to effective treatment designed to reduce that burden. The most frequently used disability instrument in migraine research is the MIDAS questionnaire (Stewart and Lipton, 2002). The MIDAS questionnaire consists of five questions that focus on lost time in three domains: schoolwork or work for pay; household work or chores; and family, social, and leisure activities (Jacobson et al., 1995). All questions ask about either days of missed activity or days where productivity was reduced by at least half. If
productivity is decreased to 50% or below, the day is considered missed. The MIDAS score is derived as the sum of missed days due to a headache over a 3-month period in the three domains. Two additional questions on the MIDAS questionnaire are not included in MIDAS score, assessing frequency and intensity of pain. The four-point grading system for the MIDAS questionnaire is as follows:

Grade 1 (scores ranging from 0 to 5): little or no disability
Grade 2 (scores ranging from 6 to 10): mild disability
Grade 3 (scores ranging from 11 to 20): moderate disability
Grade 4 (21 or greater): severe disability.(17)

3.9 Data analysis:
For the Data entry and statistical analysis, SPSS 20.0 statistical software package was used. Quality control performed at the stages of coding and data entry. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations, medians, and interquartile range for quantitative variables. Chi square test and unpaired t test will used at the level of data analysis and association

3.10 Ethical concern:
Approval for research data collection of required authorities and institutions has been obtained. These data has been confidential and used just for research purposes.

3.11 Budget: Self-funded

Work plan:

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Finalization of the proposal</td>
<td>1st – 3rd week</td>
</tr>
<tr>
<td>2</td>
<td>Pre test</td>
<td>4th week</td>
</tr>
<tr>
<td>3</td>
<td>Data collection</td>
<td>5th – 9th week</td>
</tr>
<tr>
<td>4</td>
<td>Data analysis</td>
<td>10th – 11th week</td>
</tr>
<tr>
<td>5</td>
<td>Report writing</td>
<td>11th – 15th week</td>
</tr>
<tr>
<td>6</td>
<td>Dissemination of research</td>
<td>16th week</td>
</tr>
</tbody>
</table>

IV. RESULTS

Prevalence and impact of Migraine headache among physicians in PHC centers in Makkah City, Saudi Arabia, 2020, total of (170) physicians were in this study participants completed the study for a completion rate of 100%.

Table 1 distribution the Personal Information of the participants

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-30</td>
<td>42</td>
<td>24.71</td>
</tr>
<tr>
<td>30-35</td>
<td>34</td>
<td>20.00</td>
</tr>
<tr>
<td>35-45</td>
<td>51</td>
<td>30.00</td>
</tr>
<tr>
<td>45-55</td>
<td>26</td>
<td>15.29</td>
</tr>
<tr>
<td>&gt;55</td>
<td>17</td>
<td>10.00</td>
</tr>
</tbody>
</table>

www.turkjphysiotherrehabil.org
Table 1 shows that most of the participants (30%) were in the age group (35-45) years follow by the (24.71%) were in the age (25-30) years, the majority of them females was higher compared to male (65.88% and 34.12%), regarding the marital status most of participants married were (44.12%) while divorced were (25.29%), regarding level of education the majority of participants are specialist were (50.0%) while general practitioner were (30.0%).

Table 2: Distribution of the migraine screen questionnaire (MS-Q) of the participants

<table>
<thead>
<tr>
<th>MS-Q</th>
<th>No</th>
<th>Yes</th>
<th>Score</th>
<th>≥4 (+ve)</th>
<th>&lt;4 (-ve)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Do you have frequent or intense headaches?</td>
<td>102</td>
<td>60.00</td>
<td>68</td>
<td>40.00</td>
<td></td>
</tr>
<tr>
<td>Do your headaches usually last more than 4 hours?</td>
<td>125</td>
<td>73.53</td>
<td>45</td>
<td>26.47</td>
<td></td>
</tr>
<tr>
<td>Do you usually suffer from nausea when you have headache?</td>
<td>111</td>
<td>65.29</td>
<td>59</td>
<td>34.71</td>
<td></td>
</tr>
<tr>
<td>Does light or noise bother you when you have a headache?</td>
<td>68</td>
<td>40.00</td>
<td>102</td>
<td>60.00</td>
<td></td>
</tr>
<tr>
<td>Does headache limit any of your physical or intellectual activities?</td>
<td>80</td>
<td>47.06</td>
<td>90</td>
<td>52.94</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 and Figure(1) shows that the score of migraine screen questionnaire (MS-Q) of the participants the mean ±SD was (2.45±1.02) while the data range (1-5) while the most of participants <4 (-ve) were (79.41) while ≥4 (+ve) were (20.59). Regarding the frequent or intense headaches the majority of participants answer No were (60.0%), while Yes were (40.0%), regarding headaches usually for last more than 4 hours hours the majority of participants answer No were (73.53%), while Yes were (26.47%), regarding the suffer from nausea when you have...
headache the majority of participants answer No were (65.29%), while Yes were (34.71%), regarding light or noise bother you when have a headache the majority of participants answer Yes were (60.0%), while No were (40.0%), regarding headache limit any of your physical or intellectual activities the majority of participants answer Yes were (52.94%), while No were (47.06%)

**Figure 1:** Distribution of the migraine screen (MS-Q) of the participants

![Distribution of the migraine screen (MS-Q) of the participants](image)

**Table (3) Distribution of Participants’ Migraine Disability Assessment grades**

<table>
<thead>
<tr>
<th>MIDAS</th>
<th>Days</th>
<th>Little or No Disability (G I)</th>
<th>Mild Disability (G II)</th>
<th>Moderate Disability (III)</th>
<th>Severe Disability (IV)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
<td>Mean±SD</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>On how many days in the last 3 months did you miss work or school because of your headaches?</td>
<td>1-8.</td>
<td>3.54±1.08</td>
<td>42</td>
<td>24.71</td>
<td>85</td>
</tr>
<tr>
<td>How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school.)</td>
<td>0-20.</td>
<td>11.28±3.44</td>
<td>42</td>
<td>24.71</td>
<td>85</td>
</tr>
<tr>
<td>On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?</td>
<td>0-35</td>
<td>28.48±10.17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many days in the last 3</td>
<td>1-48.</td>
<td>26.18±17.54</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
months was your productivity in household work reduced by half of more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)

<table>
<thead>
<tr>
<th>On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?</th>
<th>0-18</th>
<th>7.845±3.79</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2-128</td>
<td>75.12±50.77</td>
</tr>
</tbody>
</table>

Table 3 and Figure(1) shows that regarding the Participants’ Migraine Disability Assessment grades on how many days in the last 3 months did you miss work or school because of your headaches the mean ±SD was (3.54±1.08) while the data range (1-8), regarding how many the days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches the mean ±SD was (11.28±3.44) while the data range (0-20), while regarding on how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches the mean ±SD was (28.48±10.17) while the data range (0-35), regarding How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches the mean ±SD was (26.18±17.54) while the data range (1-48), regarding On how many the days in the last 3 months did you miss family, social or leisure activities because of your headaches the mean ±SD was (7.845±3.79) while the data range (0-18). Regarding the mean ±SD of the total (MIDAS) score were (75.12±50.77) and data range were (2-128). The migraine disability grade of 42 participants (24.71%) was little or no disability, that of 85 (50.0%) was mild disability, that of 25 (14.71%) was moderate disability, and that of 18 (10.59%) was severe disability.

**Figure 2:** Distribution of Participants’ Migraine Disability Assessment grades

![Migraine Disability Distribution](image)

**Table (4)** Distribution of the correlation between socio-demographic data to Participants (Age, gender, nationality, marital status and level of education) and Migraine Disability Assessment
Table 4 shows MIDA grades according to migraine characteristics of Participants. Significant differences in MIDA grades were present according to the age (P=<0.001) and ($\chi^2$ 41.917) with a great majority in the little or no disability were (48.0%) in age (25-30) years, also significant differences in MIDA grades were present according to the gender (P=0.01) and ($\chi^2$ 11.416) with a great majority in the female and moderate disability were (84%) in the female, while significant differences in MIDA grades were present according to the marital status (P=0.022) and ($\chi^2$ 19.358) with a great majority in the married, and moderate disability were (60.0%) in the married, regarding significant differences in MIDA grades were present according to the level of education (P=<0.001) and ($\chi^2$ 60.417) with a great majority in the general practitioner.

V. DISCUSSION

Migraine headache is a common neurological disorder affecting Saudi population, was found to be higher than prevalence reported in different studies. For instance, headache was reported in 53.2% of individuals studied in Brazil in 2005 [41], 33.8% in Nairobi [42], and 27.9% in Kuwait [43]. The mean age of our participants was 35 years, which was close to the findings of the previous Saudi study conducted on migraine patients, where the mean age of patients was 34.21 years. Pradeep et al. reported that migraine was more frequent among young and middle-aged individuals [44].

The present study revealed that prevalence of migraine headache among physicians in PHC centers Makkah City, with significantly higher grades of severity among females and general practitioner in our study shows that most of the participants (30%) were in the age group (35-45) years follow by the (24.71%) were in the age (25-30) years, the majority of them females was higher compared to male (65.88 and 34.12%), regarding the marital status most of participants married were (44.12%) while divorced were (25.29%), regarding level of education the majority of participants are specialist were (50.0%) while general practitioner were (30.0%) (See table 1).

These findings are in accordance with those reported by several studies. El-Metwally et al. reported that prevalence of migraine among the general population of the Arab countries ranged between 2.6% and 32%. The prevalence rates ranged from 12.2% to 27.9% among medical students, and ranged from 7.1% to 13.7% among school children. Females were more susceptible to migraine compared to males [3].
Table 2 shows that the score of migraine screen questionnaire (MS-Q) of the participants the mean ±SD was (2.45±1.02) while the data range (1-5) while the most of participants <4 (-ve) were (79.41%) while ≥4 (+ve) were (20.59%), the present study showed that most of the physicians answer you not have frequent or intense headaches were(60.0%) while Yes were(40.0%), also the headaches usually last more than 4 hours the majority of the physicians answered no were(73.53%). The present study showed that the largest proportion of physicians in PHC stated their headache is not associated with nausea and vomiting were(65.29%), while answer Yes we suffer from nausea when you have headache were(34.71%), reported that more than half of emergency department staff had weekly headaches, while nausea and vomiting were mostly associated with headache. Moreover, migraine was found to run in families[45].

In our study the majority of the physicians in PHC answered that the light or noise bother when have a headache were(60.0%), while(40.0%) answered No the light or noise bother when during a headache. Similar study shown In accordance with our study it has been reported that some patients report photophobia or phonophobia. Other neurological manifestations include aphasia, confusion, numbness, hemiparesis.[40] The majority of the physicians in PHC answered yes, headache limits their physical or intellectual activities were(52.94%) while (47.06%) headache not effect on their physical or intellectual activities, similar study shown In accordance with our study it has been reported that migraine disabilities have an acute impact on the performance of the job and outcome, as 31% of migraine patients lost one workday in a period of three months and abstained an average of 10.7 days per year[37]. Moreover, Zivadinov et al. suggested that physical activity is one of the commonest triggers of headache [46]( See table 2).

The present study showed that the largest proportion of physicians in PHC had mild disability were(50.0%), followed by those with Little or No Disability were(25.0%), moderate disability were(15.0%), and finally those with severe disability were(11.0%). The grades of disability were affected by several factors, including how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches were Mean± SD(28.48±10.17) and data range (0-35) follow by how many days in the last 3 months was your productivity in household work reduced by half of more because of your headaches the mean ±SD was (26.18±17.54) while the data range (1-48). (See table 3).

In Malaysia, severe disability was reported among 73% of migraine patients, which was higher than that shown by our study. In accordance with our study, severe disability was significantly associated with increasing duration of migraine[47]. Alzahrani et al. found that headache had a severe effect on the job performance and the life of emergency department staff.[48].

Table 3 shows that the score of migraine screen questionnaire (MS-Q) of the participants the mean ±SD was (2.45±1.02) while the data range (1-5) while the most of participants <4 (-ve) were (79.41%) while ≥4 (+ve) were (20.59%), the present study showed that most of the physicians answer you not have frequent or intense headaches were(60.0%) while Yes were(40.0%), also the headaches usually last more than 4 hours the majority of the physicians answered no were(73.53%). The present study showed that the largest proportion of physicians in PHC stated their headache is not associated with nausea and vomiting were(65.29%), while answer Yes we suffer from nausea when you have headache were(34.71%), reported that more than half of emergency department staff had weekly headaches, while nausea and vomiting were mostly associated with headache. Moreover, migraine was found to run in families [45].

In our study the majority of the physicians in PHC answered that the light or noise bother when have a headache were (60.0%), while (40.0%) answered No the light or noise bother when during a headache. Similar study shown In accordance with our study it has been reported that some patients report photophobia or phonophobia. Other neurological manifestations include aphasia, confusion, numbness, hemiparesis.[31][1) The majority of the physicians in PHC answered yes, headache limits their physical or intellectual activities were(52.94%) while (47.06%) headache not effect on their physical or intellectual activities, similar study shown In accordance with our study it has been reported that migraine disabilities have an acute impact on the performance of the job and outcome, as 31% of migraine patients lost one workday in a period of three months and abstained an average of 10.7 days per year[37]. Moreover, Zivadinov et al. suggested that physical activity is one of the commonest triggers of headache [46]( See table 3).

In our study very high prevalence of migraine disability assessment was reported by the participants in the moderate and severe disability. MIDA grades according to migraine characteristics of Participants, in the current
study, the distribution of migraine conformed to the established pattern; being more common among the young and among females were (48% and 44.44%) in age (25-30), similar to the study, the distribution of migraine conformed to the established pattern; being more common among the young and among females.[20] Significant differences in MIDA grades were present according to the age were (P<0.001) and moderate disability also gender were (P=0.01) and moderate disability also marital status were (P=0.022) and moderate and level of education were (P=0.001) severe disability were (66.67%) (See table 4).

also our study similar the recent studies on populations living in high altitude regions has shown a high prevalence of headache, particularly migraine.[49] This high prevalence of migraine's headache is also similar to that reported in a previous study from Taif, which is another city in the Sarawat mountain ranges of Saudi Arabia.[51] Another recently published study from Riyadh, the capital of Saudi Arabia reported a prevalence of 84%.[23] These results are in contrast with the studies from the past decade and thus pose interesting questions. A review published in 2010 that focused on the epidemiology of headache in the Arab region included two community-based studies with large sample size from Saudi Arabia. [51] This review had reported the prevalence of headache to be much lower at 8-12% than that reported in the current study and some recent studies from the region.[23,50] This is an interesting observation as it suggests an extraordinary increase in headache prevalence in the Kingdom. Though these differences could be purely due to methodological reasons, different populations and different area, however the increased use of digital gadgets, especially handheld device like smartphones, warrants further studies to understand this phenomenon. [51]

VI. CONCLUSION

Migraine is prevalent at Saudi Arabia. It is recommended that awareness related to knowledge of symptoms and triggers of migraine among general Saudi population be raised by print and electronic media as well as printed brochures should be placed in every health care center. Only one-third of Saudi migraineurs know about migraine triggers. Stress was the most migraine trigger; family history of migraine is very common among Saudi migraineurs. Time and stress management courses and relaxation sessions to improve productivity among migraineurs should also be arranged.

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