

Neurological Clinic
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INTRODUCTION AND PURPOSE

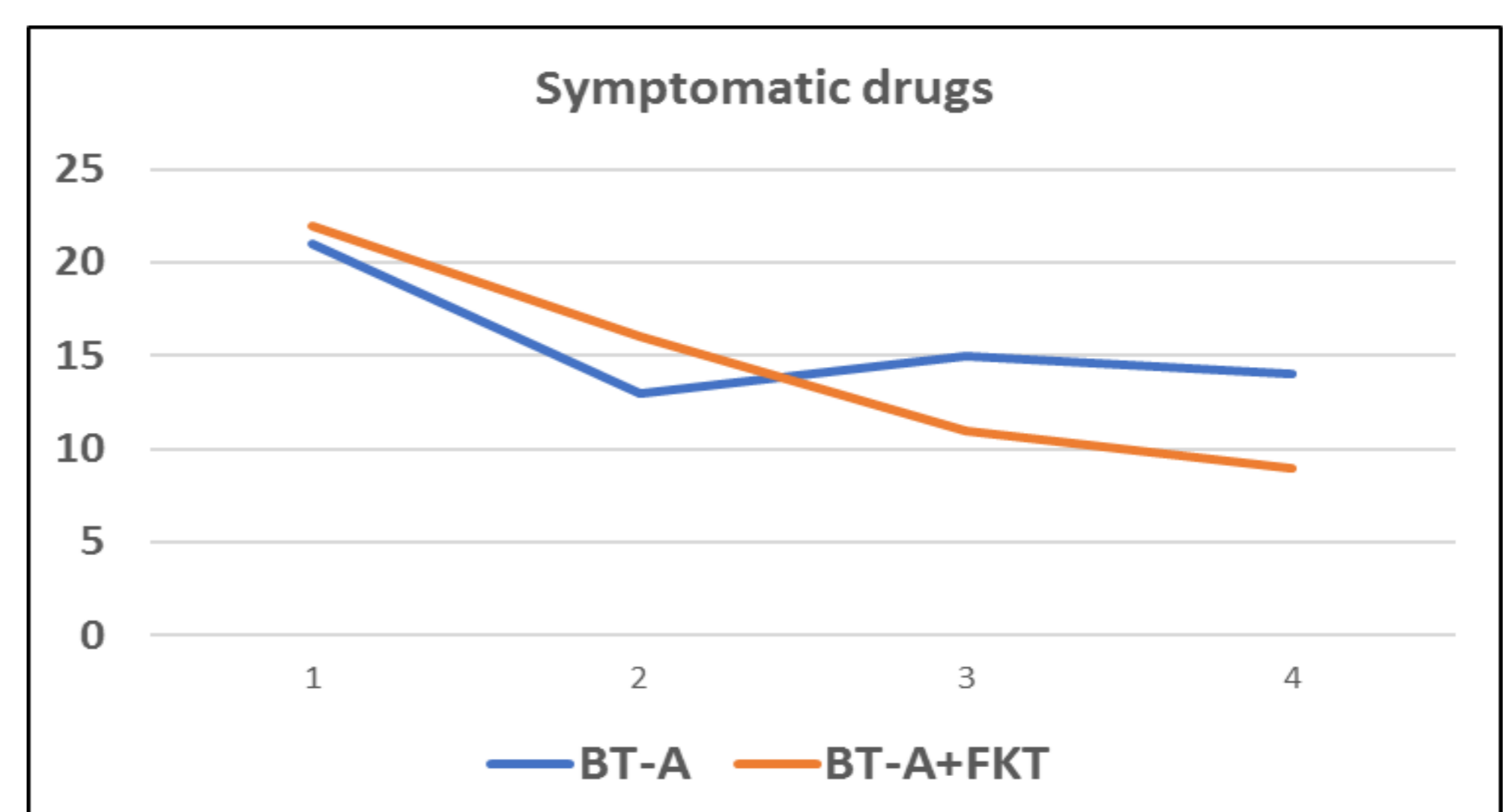
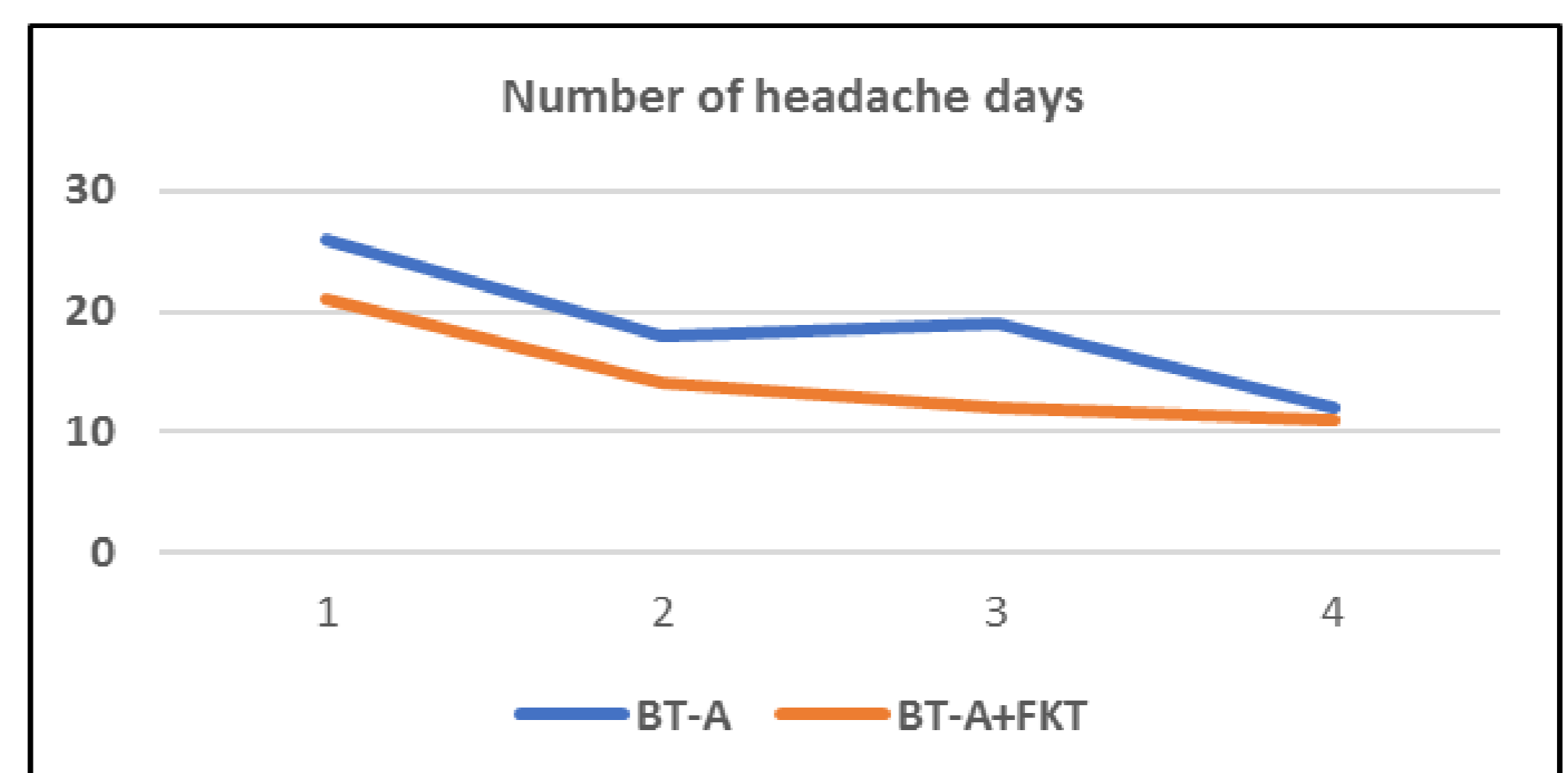
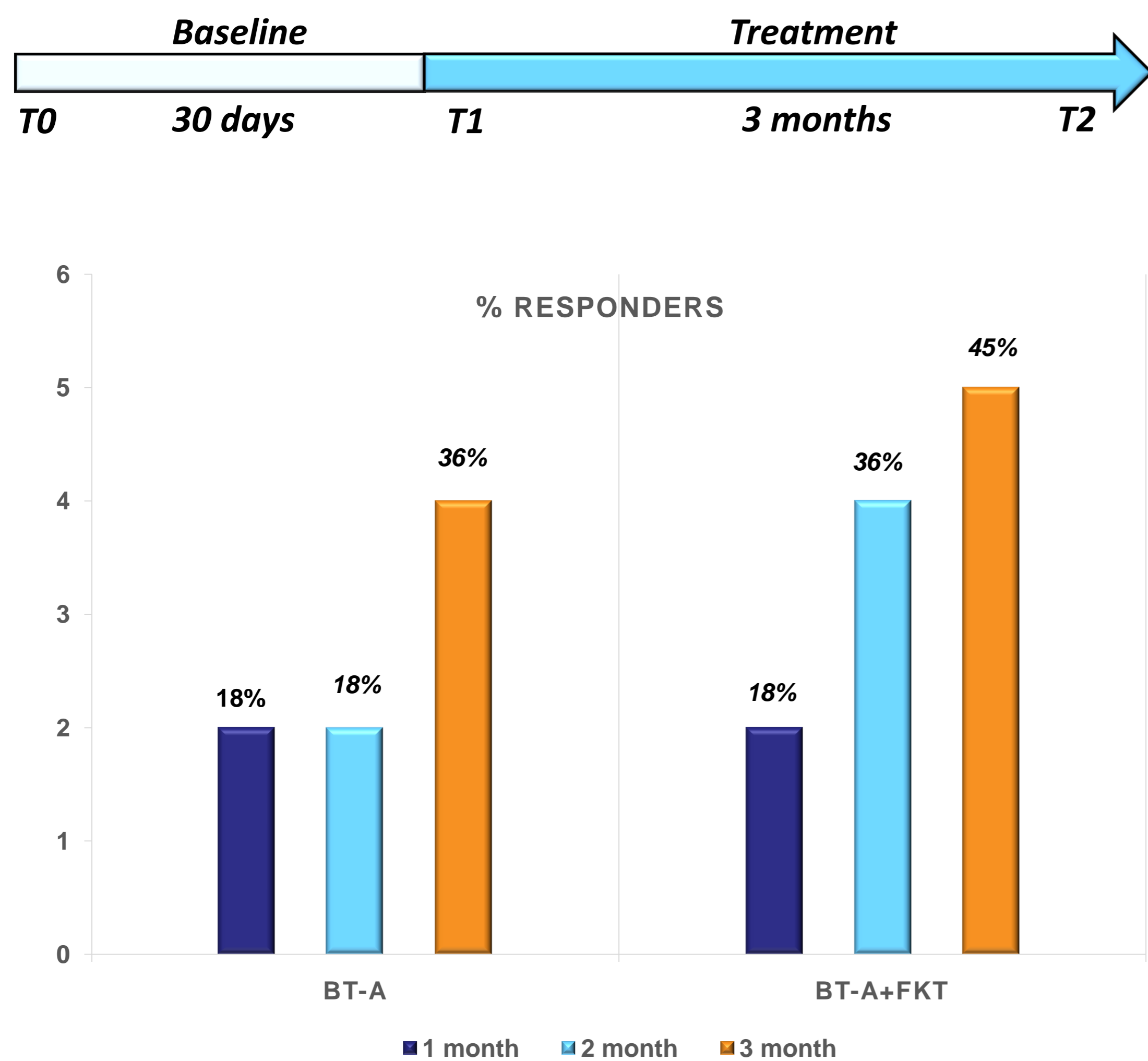
Chronic migraine (CM) is a common, disabling neurological condition that has been estimated to affect approximately 2% of the general population. Onabotulinum toxin A (BoNT-A) has proven to be effective in CM prophylaxis. Physical therapy (PT) is used as single or complementary treatment for headache. Currently no clinical studies about BoNT-A plus PT combined treatment (CT) are available. The aim of this study was to evaluate the potential efficacy of CT versus the single therapeutic option.

MATERIAL AND METHODS

A randomized perspective study of patients suffering from CM admitted to the Headache Centre of the University of Trieste was performed. Patients were randomized (1:1) to treatment with only BoNT-A or CT with BoNT-A and PT. Patients had a one-month observation period (baseline), then they were treated with BoNT-A or CT. All patients underwent a clinical postural evaluation at baseline. BoNT-A was administered following the “fixed site/fixed dose” and “follow-the –pain” protocol, PT was based on combination of postural advice, relaxation training, exercises and manual treatment on trigger points, reinforcement and postural modification. Number of responders (>50% reduction of headache days) in baseline and at the three-month follow-up visit were analyzed with SPSS 21.0.

RESULTS

We Enrolled 19 patients (7 F, 4 M), 11 patients were treated only with BoNT-A and 8 patients with combined therapy. Percentage of responders was higher in CT than in BonT-A group. Both group of patients had a reduction of number of headache days, symptomatic drugs and level of disability. There were no statistically significant differences in any of these endpoints between the two treatment groups. Only patients treated with BoNT-A improved in total headache hours.



CONCLUSIONS

BoNT-A and PT are both prophylaxis treatments for CM, effective in reducing number of migraine days per month, drugs intake and level of disability. The percentage of responders patients was higher in the group treated with combined therapy compared to single therapy. In our study no significant difference between patients treated only with BoNT-A and patients treated with CT were found.

REFERENCES

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