

MIGRAINE IN OLDER ADULTS: A MULTICENTER REAL-WORLD ANALYSIS FROM THE ITALIAN RICE REGISTRY

G. Paparella[1|2], L. Iannone[3], G. Paparella[1], S. Scannicchio[1], C. Abbatantuono[1], L. Clemente[1], M. Delussi[4], M. de Tommaso[1]

[1]Neurophysiopathology Unit, Department of Translational Biomedicine and Neuroscience (DiBraiN), University of Bari Aldo Moro, Italy; [2]IRCCS Neuromed, Pozzilli (IS), Italy; [3]Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Italy; [4]Department of Education, Psychology, Communication (For.Psi.Com.), University of Bari Aldo Moro, Italy

Background. Primary headaches, particularly migraine, are highly prevalent disorders that remain insufficiently characterized in the growing elderly population. This multicentre study evaluated headache diagnoses, with a focus on migraine, across different age groups in tertiary headache centres participating in the Italian Registry for Headache Disorders (RICe).

Methods. Using a post-hoc design, we evaluated 3,477 patients enrolled at 30 Headache centers between 2019 and 2025. Patients were stratified into four age groups: young adults (18–30 years), adults (31–45 years), middle-aged (46–59 years), and elderly (≥60 years). Migraine demographic and clinical characteristics were recorded. Preventive and acute treatment use was also reported. Statistical analyses included chi-square tests and Kruskal–Wallis ANOVAs.

Results. According to age stratification, 644 patients (18.5%) were elderly, 1,285 (36.9%) middle-aged, 990 (28.5%) adults, and 558 (16.1%) young adults. Focusing on patients with migraine (3,013, 86.7%), the distribution of headache diagnoses according to ICHD-3 differed across groups [$\chi^2(6)=71.5$, $p<0.001$]. Elderly patients were more likely to receive a chronic migraine (CM) diagnosis ($z=4.18$), whereas migraine with aura was more prevalent in younger and adult individuals ($z=3.62$ and 4.97, respectively). An additional diagnosis of medication-overuse headache (MOH) occurred more often in the elderly group ($z=3.56$). Consistently, elderly individuals reported a higher number of monthly migraine days, but lower pain intensity and fewer severe attacks (all $p<0.001$). Physical activity and stress were common triggering factors in the elderly. Other core migraine characteristics were largely comparable across groups. Preventive treatment patterns differed across groups, with greater use of beta-blockers and onabotulinumtoxinA in the elderly. No age-related differences were observed in the prescription of anti-CGRP monoclonal antibodies.

Conclusions. In elderly patients, CM predominates and is characterized by frequent attacks of less severe intensity with specific triggering factors as well as a higher presence of MOH, compared to younger individuals. Our findings underscore the importance of age-tailored diagnostic assessment and individualized therapeutic approaches, while supporting the use of contemporary preventive treatments, including anti-CGRP monoclonal antibodies, in older patients.

On behalf of the RiCe study group