

PSYCHOLOGICAL CORRELATES IN ADOLESCENTS WITH CHRONIC AND NON-CHRONIC HEADACHE ATTENDING THE REGINA MARGHERITA CHILDREN'S HOSPITAL HEADACHE CENTER OF TURIN, ITALY (OIRM): A PRELIMINARY ANALYSIS

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Background. The OIRM Pediatric Headache Center provides multidisciplinary care for children and adolescents with primary headache disorders. Patients with chronic headache frequently require psychological assessment and intervention because of the substantial associated emotional burden. This study aimed to compare baseline levels of anxiety, depression, and anger between adolescents with chronic and non-chronic headache referred for psychological care.
Methods. Since January 2024, an integrated multidisciplinary care program has been implemented, including clinical triage, disability assessment with the Pediatric Migraine Disability Assessment (PedMIDAS), and structured screening for psychological comorbidities with the Children's Depression Inventory (CDI), the Children's Inventory of Anger (ChI-A), and the Revised Children's Manifest Anxiety Scale (RCMAS-2). All the patients included in the program between January 2024 and March 2025 were included and divided in two groups: patients with chronic headache (Group A) and with non-chronic headache (Group B). Descriptive analysis is reported; significance for $p<0.05$.
Results. Overall, 126 patients (Group A: n=18; Group B: n=108) were included; mean age 11.9 years. In Group A, 44.44% of patients showed clinically significant anxiety scores and 33.33% reported clinically significant depressive symptoms. Clinically relevant anger was observed in 5.56% and was limited to the suppressed anger subscale. In Group B, clinically significant scores were found in 6.48% for anxiety, 10.19% for depression, and 30.56% for anger (9.26% expressed anger; 21.30% suppressed anger). Based on Fisher's exact test, Group A showed higher probability of clinically relevant anxiety ($p<0.0001$; OR=11.54) and depressive symptoms ($p=0.0145$; OR=4.41). Conversely, Group B showed a significantly higher probability of elevated anger levels (p=0,0350; OR=0,13).
Conclusions. A multidimensional care model integrating cognitive behavioural interventions, therapeutic education, and individualized pharmacological prophylaxis could be effective in reducing disability, improving psychological well-being, and promoting quality of life. Our findings suggest that chronic headache is associated with increased vulnerability to anxiety and depressive symptoms, supporting the need for early psychological assessment within multidisciplinary headache care. These preliminary findings should be confirmed by prospective studies on larger patient cohorts.