

CHRONIC MIGRAINE AND RESIDUAL SYMPTOMS: PHYSIOTHERAPY AS AN ALLY OF PREVENTIVE THERAPIES IN PATIENTS WITH CENTRAL SENSITIZATION, CERVICALGIA, AND SLEEP DISTURBANCES

C. Mostardini, P. Farina, G. Giglioni, L. Gigli

Headache and Sleep Center, ASL Roma 3, Italy

Background. Chronic migraine is one of the leading causes of neurological disability, significantly affecting quality of life and daily functioning. Despite the availability of conventional and advanced preventive treatments, including anti-CGRP monoclonal antibodies and botulinum toxin type A, many patients continue to experience residual symptoms such as tension-type headache, neck pain, sleep disturbances, and, in some cases, bruxism. These factors may contribute to the persistence of peripheral and central sensitization, negatively influencing treatment response. This study aims to evaluate the role of physiotherapy as a complementary intervention to preventive pharmacological treatments in chronic migraine.

Methods. An ongoing prospective observational study is enrolling adult patients diagnosed with chronic migraine according to ICHD-3 criteria and receiving stable preventive therapy, either conventional or advanced. To date, 12 patients have been enrolled and are undergoing scheduled quarterly follow-up assessments. Eligible participants present residual tension-type headache associated with cervicalgia, with or without bruxism, and varying degrees of sleep impairment. Baseline assessment includes headache characteristics, headache frequency, neck pain severity, sleep quality, central sensitization, pain-related cognitive-emotional factors, and migraine-related disability. Participants undergo an individualized physiotherapy program including manual therapy, therapeutic exercise, movement education, and treatment of cervico-cranio-mandibular dysfunctions.

Results. Preliminary baseline data indicate a population with a high disease burden. The mean MIDAS score was 28 (SD ±10), indicating severe migraine-related disability. Seventy percent of participants showed poor sleep quality, defined as a PSQI score >5, with a mean score of 9 (SD ±2). A marked degree of central sensitization was observed, with a mean CSI score of 54. Assessment using the Pain Catastrophizing Scale revealed a mean score of 26.5 (SD ±14), suggesting substantial pain-related distress and maladaptive coping patterns. The study is ongoing, and quarterly reassessments will evaluate the effects of physiotherapy on these clinical and functional parameters.

Conclusions. Preliminary findings describe a cohort characterized by high disability, poor sleep quality, significant central sensitization, and elevated pain catastrophizing despite ongoing preventive pharmacological treatment. Integrating physiotherapy within a multidisciplinary care pathway may represent an effective strategy to address musculoskeletal and biopsychosocial factors contributing to persistent symptoms, with the potential to optimize clinical outcomes in chronic migraine.