

DIFFERENCES IN CLINICAL CHARACTERISTICS ACROSS LOW-FREQUENCY EPISODIC MIGRAINE, HIGH-FREQUENCY EPISODIC MIGRAINE, AND CHRONIC MIGRAINE: A CROSS-SECTIONAL OBSERVATIONAL STUDY

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Background. The aim of this study was to investigate differences in demographic characteristics, healthcare utilization, headache management and medication use, and headache-related disability among patients with low-frequency episodic migraine (LFEM), high-frequency episodic migraine (HFEM), and chronic migraine (CM).

Methods. This cross-sectional observational study, carried between May and July 2025, included patients with migraine attending first visit at one of the nine tertiary headache centres in the Liguria region. No exclusion criteria were applied. Patients were classified as having LFEM (<8 monthly migraine days), HFEM (8–14 monthly migraine days), or CM (≥15 headache days per month, of which at least 8 had migraine features). The presence of aura was also recorded. All patients completed a standardized questionnaire assessing demographic characteristics, healthcare utilization, headache management and medication use, and completed the Migraine Disability Assessment (MIDAS).

Results. A total of 170 patients were included: 117 (59%) had LFEM, 51 (26%) had HFEM, and 30 (15%) had CM. A higher proportion of CM patients had previously attended another headache centre compared with LFEM patients (12 [43%] vs 16 [14%], p=0.001), with no differences between CM and HFEM or between LFEM and HFEM (HFEM: 12 [24%]).A higher proportion of CM patients had previously consulted a healthcare professional outside a headache centre compared with LFEM patients (14 [47%] vs 25 [21%], p=0.015), with no differences between CM and HFEM or between LFEM and HFEM (HFEM: 13 [26%]).The three groups also differed in MIDAS score and previous use of preventive treatments. CM patients had higher MIDAS scores than LFEM patients (40 [32–79] vs 8 [2–15], p<0.001) and HFEM patients (40 [32–79] vs 20 [11–42], p=0.003), while HFEM patients had higher MIDAS scores than LFEM patients (p<0.001).Compared with LFEM patients (26 [22%]), a higher proportion of CM patients (15 [50%] (p=0.006) and HFEM patients (22 [43%]) (p=0.018) had previously used preventive treatments, with no difference between CM and HFEM patients (p=1.000).No other differences were found across LFEM, HFEM, and CM

Conclusions. CM was associated with greater disability and healthcare utilization than LFEM, while HFEM showed an intermediate burden.