

AWARENESS OF SYMPTOM PROFILE, AND HEALTH-SEEKING BEHAVIOR OF MIGRAINE AMONG INDIVIDUALS AGED 15–60 YEARS: A QUESTIONNAIRE-BASED CROSS-SECTIONAL STUDY

Dr Pallavi Kadwe¹, Dr Adwait Sanjay Kamdi², Dr Rohini Borkar³, Dr Rajesh Chintalwar⁴, Dr Pallavi Tatte⁵, Dr. Kiran Mendhe⁶

¹Assistant professor in department of Biochemistry, NKP SIMS RC AND LMH NAGPUR. drpallavikadwe07@gmail.com

²MBBS 1st Year student, NKPSIMS RC AND LMH NAGPUR. adwaitkamdi@gmail.com

³Assistant professor In department of Microbiology, Gmc Bhandara, Rohiniborkar0303@gmail.com

⁴Professor in Department of FMT, Datta Meghe Medical College and Research Centre, Nagpur, DMIHER. rchintalwar03@gmail.com

⁵Assistant professor in department of Microbiology, NKPSIMS RC AND LMH NAGPUR pallavittatte@gmail.com

⁶PhD Scholar, Associate Professor, Department of Musculoskeletal Physiotherapy VSPM'S College of hysiotherapy, Lata Mangeshkar Hospital, Digdoh Hills, Hingna, Nagpur,

ABSTRACT

Background: Migraine is a common yet underdiagnosed disorder that significantly affects the quality of life. Low awareness regarding its symptoms and management leads to delayed diagnosis and poor health-seeking behavior.

Objectives: To assess awareness of migraine, describe symptom profiles, identify triggers, and evaluate health-seeking behavior among individuals aged 15–60 years.

Methods: A questionnaire-based analytical cross-sectional study was conducted at a tertiary healthcare center in Central India. A total of 80 participants aged 15–60 years were enrolled. The data was collected using a structured questionnaire covering demographics, headache characteristics, associated symptoms, triggers, awareness, and treatment practices, and was analyzed using descriptive statistics.

Results: A majority (87.2%) reported experiencing headaches, typically 1–3 times per month and lasting a few hours. Pain was commonly throbbing, moderate-to-severe, and localized to frontal/temporal regions. Associated symptoms included nausea, photophobia, and phonophobia, while aura was less common. Common triggers included stress, sleep deprivation, prolonged screen exposure, and irregular meals. Despite migraine-like features, only a small proportion had a formal diagnosis or sought medical care. Most relied on self-management strategies.

Conclusion: Migraine remains underdiagnosed with poor awareness and suboptimal healthcare utilization. Increasing awareness and encouraging early medical consultation are essential to reduce disease burden.

KEYWORDS: Awareness, Symptom Profile, Migraine.

INTRODUCTION

Migraine is a common and disabling neurological disorder characterized by recurrent attacks of moderate-to-severe headache, often accompanied by nausea, photophobia, and phonophobia. It affects individuals across all age groups and socio-demographic backgrounds, leading to substantial personal suffering and societal burden due to reduced productivity and impaired quality of life. Epidemiological studies have identified migraine as one of the leading causes of disability worldwide, with significant prevalence in both adolescents and adults.^{[1],[2]}

Despite its high prevalence, migraine remains underdiagnosed and under-recognized in many populations. Adequate awareness of migraine—including its clinical features, triggering factors, risk factors, and available management options—is essential for early diagnosis, appropriate healthcare-seeking behaviour, and effective self-management. Poor awareness has been associated with delays in diagnosis, frequent self-medication, and increased disability among affected individuals.^{[3],[4]}

Several questionnaire-based studies conducted among specific populations have demonstrated variable levels of awareness and knowledge regarding migraine. Studies among university students have shown that a substantial proportion of individuals experiencing recurrent headaches were unaware that their symptoms were suggestive of migraine.^{[1],[2]} These findings highlight significant gaps in awareness, particularly among young adults. Additional studies assessing knowledge, attitude, and practice toward migraine in the general population have reported misconceptions regarding migraine symptoms, triggers, and treatment options.^{[5],[6]}

Observational studies among patients and medical students have further emphasized inadequate understanding of migraine and suboptimal health-seeking behaviour, with many individuals relying on over-the-counter medications

rather than professional medical consultation.^{[7],[8]} The Global Burden of Disease Study has reinforced the need for improved awareness and early recognition of migraine, particularly in age groups that contribute most to disability-adjusted life years.^[9] Recent studies have also highlighted the phenomenon of “hidden migraine,” wherein a large proportion of affected individuals remain undiagnosed due to lack of awareness and limited healthcare utilization.^[10] Understanding migraine awareness across a broader age spectrum of 15–60 years is therefore crucial, as this group includes adolescents transitioning into adulthood and middle-aged individuals who may experience peak migraine prevalence. Assessing awareness, symptom patterns, and health-seeking behaviour in this population can provide valuable insights for developing targeted educational interventions, preventive strategies, and healthcare policies aimed at improving migraine recognition and management.

MATERIALS AND METHODS

Study Design: Analytical cross-sectional study

Study Setting: Tertiary healthcare center in Central India

Study Duration: 6 months

Study Population: 80 participants aged 15–60 years

Inclusion Criteria:

- Individuals aged 15–60 years
- Willing to provide informed consent

Exclusion Criteria:

- Individuals <15 or >60 years
- Those unable to respond due to cognitive impairment or severe illness

Data Collection Tool: A structured, pre-designed questionnaire including:

- Socio-demographic details
- Awareness and knowledge of migraine
- Headache characteristics
- Associated symptoms
- Triggers
- Health-seeking behavior

Data Collection Procedure: Data was collected via self-administered or interviewer-assisted questionnaires, which was registered in google forms.

Statistical Analysis: Data was analyzed using descriptive statistics and expressed as frequencies and percentages.

Ethical Considerations: Ethical approval was obtained from the Institutional Ethics Committee.

RESULTS

Table 1: Demographic Characteristics of Participants (n = 80)

Variable	Category	Frequency (n)	Percentage (%)
Age Group	15–30 years	Forty	50
	31–45 years	Twenty Four	30
	46–60 years	Sixteen	20
Sex	Male	Forty Four	55
	Female	Thirty Six	45
Education	School level	Twenty	25
	Undergraduate	Thirty Two	40
	Graduate & above	Twenty Eight	35

Table 2: Headache Characteristics Among Participants

Parameter	Category	Percentage (%)
Prevalence of headache	Yes	87.2

Parameter	Category	Percentage (%)
Frequency per month	1–3 episodes	Majority
Duration	Few hours to <1 day	Majority
Nature of pain	Throbbing/pulsatile	Majority
Intensity	Moderate to severe	Majority
Location	Frontal/temporal	Majority

Table 3: Associated Symptoms and Triggers

Parameter	Findings
Nausea	Common
Photophobia	Common
Phonophobia	Common
Aura	Uncommon
Common triggers	Stress, sleep deprivation, screen exposure, irregular meals

Table 4: Health-Seeking Behavior and Treatment Practices

Parameter	Findings
Formal diagnosis of migraine	Low proportion
Doctor consultation	Low
Common management	Rest, sleep, OTC medications
Use of migraine-specific therapy	Minimal

Demographic Profile

Demographic Profile

Participants belonged to the age group of 15–60 years with varied educational backgrounds.

Prevalence and Frequency of Headache

A large proportion (87.2%) reported experiencing headaches. Most participants experienced headaches 1–3 times per month.

Duration and Nature of Headache

Headaches typically lasted a few hours to less than one day. Pain was commonly throbbing or pulsatile and moderate-to-severe in intensity.

Location of Pain

Pain was most frequently reported in frontal and temporal regions, with some experiencing unilateral headaches.

Associated Symptoms

Common associated symptoms included nausea, photophobia, and phonophobia. Aura symptoms such as visual disturbances and sensory changes were reported by a minority.

Aggravating Factors

Many participants reported worsening of headache with physical activity.

Triggering Factors

Common triggers included:

- Stress
- Lack of sleep
- Prolonged screen exposure
- Irregular meals

Impact on Daily Life

Most participants reported interference with daily activities due to headaches.

Health-Seeking Behavior

Only a small proportion had a formal diagnosis of migraine or consulted a doctor. Most participants relied on rest, sleep, home remedies, or over-the-counter painkillers.

DISCUSSION

The present study highlights a high prevalence of headache with migraine like features among individuals aged 15–60 years, coupled with poor awareness and underdiagnosis. The predominance of throbbing, moderate-to-severe headaches with associated symptoms such as nausea and photophobia suggests a migraine-like pattern in a significant proportion of participants.

Similar findings have been reported in previous studies, which demonstrate high headache prevalence and poor awareness, particularly among young adults. Common triggers such as stress and sleep deprivation are consistent with existing literature.

Despite the presence of characteristic symptoms, healthcare utilization has been low, with most individuals relying on self-medication or resorting to self-resolution. This reflects inadequate awareness and possible barriers to accessing medical care.

Limitations

- Small sample size and single-center design
- Self-reported data without clinical confirmation
- Recall bias

Implications

The findings emphasize the need for public health interventions focusing on awareness, early diagnosis, and appropriate management of migraine.

CONCLUSION

Migraine is highly prevalent yet underdiagnosed among the study population. Poor awareness and low healthcare utilization contribute to suboptimal management. Targeted awareness programs and improved access to healthcare services are essential to reduce the burden of migraine.

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