



BÖLÜM 4

MİGRENDE GİRİŞ, TANIMLAMALAR, EPİDEMİYOLOJİ, KOMORBİDİTE

Fatma YILMAZ CAN¹

GİRİŞ

Migren, orta veya şiddetli baş ağrısı, mide bulantısı ve/veya kusma, ışığa ve sese karşı hassasiyetin olduğu baş ağrısı atakları ile karakterize; yaygın ve engelleyici bir durumdur (1). Genetik, hormonal, çevresel, diyet, uyku ve psikolojik faktörlerin etkilediği, sakatlık oranı yüksek ve hastalık yükü ağır bir durumdur (2). Primer baş ağrılarının en sık sebeplerinden birisidir ve genellikle 20-64 yaş grubunda sıklığı daha yüksektir (3). Kadınları erkeklerden daha çok etkiler.

Küresel Hastalık Yükü çalışması, migreni dünya çapında en yaygın 289 hastalıktan üçüncüsü olarak sıralamıştır (4). Dünya Sağlık Örgütü'nün 2013 Küresel Hastalık Yükü çalışmasında migren, insanlarda sakatlık nedeniyle kaybedilen yaşam yılı sayısına göre en yaygın 3. hastalık ve sakatlığa neden olan hastalıklar arasında 6. sırada yer almıştır (5). 2016'daki Küresel Hastalık Yükü araştırması engellilik nedenleri listesinde ikinci sırada yer almıştır (6). Ayrıca migren, iş günü ve sosyal hayat aktivitelerinde devamsızlığa ve ekonomik yüke sebep olan (7) sanıldığından daha çok önem arzeden bir hastalıktır. Kronik ve epizodik migrenlilerin yaklaşık yarısı (%54) migrenle ilişkili ciddi sakatlık bildirmişlerdir (8). Migrenle ilişkili psikososyal zorlukla-

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Auralı migren ile iskemik inme arasındaki ilişki beyin görüntüleme çalışmalarında sessiz lakünler ile kendisini gösterir. Altında yatan fizyopatolojik mekanizma, migren atağı sırasında gelişen oligemiye bağlı hipoperfüzyon olarak düşünülür. Migren ile PFO arasında da sebebi tam açıklanamayan bir birliktelik vardır. En çok kabul gören hipoteze göre sistemik dolaşımdaki küçük embolilerin PFO'dan doğrudan arteriyel sisteme geçerek küçük beyin enfarktüslerine yol açabileceği görüşüdür. Sonuç olarak migren genetik, hormonal, çevresel, diyet, uyku ve psikolojik faktörlerin etkilediği, sakatlık oranı yüksek ve hastalık yükü ağır bir durumdur.

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