

## THESES

CHRONIC DAILY HEADACHE: CLASSIFICATION, STRESS AND IMPACT ON THE QUALITY OF LIFE (ABSTRACT)\*. **THESIS. SÃO JOSÉ DO RIO PRETO, 2006.**

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Chronic daily headache (CDH) is a heterogeneous group of headaches that occurs 15 or more days per month, lasting more than four hours, including those associated with medication overuse. The objectives of this study were: to classify CDH; to assess the quality of life and level of stress of the patients with this type of headache.

A hundred patients, from both sexes, with minimum age of 18 years old were prospectively studied. The inclusion criterion was the presence of primary headache with more than 4-hour duration, a frequency of 15 days or more monthly, in the last three months. The diagnosis was according to the second edition of the International Classification of Headache Disorders (ICHD-II) criteria. The SF-36 questionnaire to observe quality of life and Lipp's Inventory of Stress Symptoms to diagnose stress were used. Patients with chronic organic disease were not included.

The patients' mean age was 38.8 years. The majority (87%) was women. CDH mean duration was 4.0 years. Applying the ICHD-II criteria, 17 different types of diagnosis were necessary to classify CDH of these patients. Among these types of diagnosis, 11 presented migraine (80% of the patients). The types with migraine had lower scores according to SF-36 either in physical function

( $p=0.0015$ ) and social function ( $p=0.033$ ). A total of 46% of the patients overused medication. Their scores were lower in physical function ( $p=0.008$ ), bodily pain ( $p=0.037$ ) and role emotional ( $p=0.046$ ). Ninety patients presented stress, prevailing the psychological symptoms in 94.5%. Among the patients who presented stress, 2 were at the alert phase, 33 at resistance phase, 46 at almost exhaustion and 9 at exhaustion phase. Stress diminished significantly the scores at the SF-36, except on physical function. There was no association between stress and medication overuse. Comparing the stress phases with SF-36 scores, except on bodily pain scale, the resistance phase showed scores significantly higher than the almost exhaustion phase.

CDH is the result of a convergence of several types of headaches that integrates the ICHD-II. Most patients presented stress and half of them were at the almost exhaustion phase. Stress produced significant reduction in all scales from SF-36 questionnaire, except on physical function. The patients with stress at the almost exhaustion phase showed scores significantly lower than resistance phase in all scales of SF-36 questionnaire, except on bodily pain.

**KEY WORDS:** chronic daily headache, classification, quality of life, stress.

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INSOMNIA, DEPRESSIVE SIGNS AND SYMPTOMS AND QUALITY OF LIFE IN INSTITUTIONALIZED ELDERLY SUBJECTS (ABSTRACT)\*. **DISSERTATION. SÃO PAULO, 2006.**

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**Introduction:** Growing old is a dynamic and continuous process.

**Objective:** To identify the relationship between insomnia and depression and quality of life (QL) of elderly subjects. Specific objectives to identify the following in the institutionalized elderly: 1- insomnia; 2- depressive signs and symptoms; 3- check perception of QL.

**Method:** The study was conducted at "São Joao Bosco" Asylum, and with senior citizens who joined a

contact center for the elderly called "João Nogueira Vieira" (comprising the study group), both in the city of Campo Grande, MS Brazil. Data were obtained from Mini-Mental State, brief-WHOQOL test, Hamilton Depression Rating Scale and Giglio's Sleep Questionnaire. The 36 institutionalized elderly group consisted of 83.4% males and 16.6 females; the majority, 58.33% ranged from 70 to 79 years of age; 50% were single and 100% retired; regarding their education, 58.33% had been to ele-

mentary school (completed or not). The 39 senior citizens in the control group were males (10.2%) and females 89.7%); the majority, 48.7% were about 70 to 79 years of age; 56.4% were widowed and 97.4% retired.

**Results:** Concerning insomnia in institutionalized senior citizens, 77.78% reported initial insomnia, 55.55% had intermediate insomnia and 22.2% had final insomnia, while in the control group 23.1% of the senior citizens presented initial insomnia, 38.5% intermediate insomnia and 17.9% final insomnia; as to depressive signs and symptoms, 44.5% of the institutionalized seniors showed only slight degrees and 8.3% moderate degrees, while the majority of the control group did not manifest either feature. Regarding QL, the subjective perception of institutionalized elderly citizens was that most of them felt neither satisfied nor dissatisfied as to social relationships (72.2%), psychological (91.6%) and physical (50%) domains of WHOQOL, 88.9% referred dissatisfaction about environmental domain, 72.2% referred neither satisfaction nor dissatisfaction with their global and subjective QL evaluation, 51.2% referred satisfaction with their global and subjective health, while 79.5% of the control group expressed satisfaction with social relationship domain, 84.6% related dissatisfaction with environmental domain, the large majority neither satisfied nor dissatisfied with physical (87.2%) of psychological (61.5%) domains of WHOQOL, 87.2% were satisfied with their global and subjective QL and 74.4% with their health. A significant difference in QL was found among insomniac and non-insomniac institutionalized seniors in physical ( $p<0.05$ ), environmental ( $p<0.05$ ) and social relationships ( $p<0.05$ ) domains of WHOQOL and

with their global and subjective QL ( $p<0.05$ ), and health ( $p<0.05$ ).

**Conclusion:** 1-insomnia was more frequent in institutionalized elderly than in control group; 2-there was greater occurrence of depressive signs and symptoms in institutionalized elderly than in control group; 3-as to perception of QL : a) in the social relationship domains, 72.2% of institutionalized elderly reported being neither satisfied nor dissatisfied while 79.5% of control group showed dissatisfaction; b) in the environmental domain, both institutionalized seniors (88.9%) and control group (84.6%) reported dissatisfaction; c) in the psychological domain, most institutionalized elderly (91.6%) and 61.5% of the control group reported neither satisfaction nor dissatisfaction; d) in physical domain, 50% of the institutionalized elderly reported neither satisfaction nor dissatisfaction as did 87.2% of control group; e) in global and subjective perception of QL, most institutionalized elderly (72.2%) reported neither satisfaction nor dissatisfaction, while 87.2% of control group reported satisfaction; f) in global and subjective perception of health, 61.2% of institutionalized elderly and 74.4% of the control group expressed satisfaction; 4- institutionalized elderly displayed worse QL in physical ( $p<0.05$ ); environmental ( $p<0.05$ ) and social relationships ( $p<0.05$ ) domains of WHOQOL, and global and subjective perception of QL, results showed  $p<0.05$  and in health,  $p<0.05$ ; 5- there were more depressive signs and symptoms in institutionalized elderly insomniacs than in institutionalized non-insomniacs.

**KEY WORDS:** sleep disorders, sleep, insomnia, quality of life, ageing.

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