

Headache, alcoholic consumption, and medical student

Cefaleia, consumo de álcool e estudantes de medicina

Beuy Joob¹, Viroj Wiwanitkit²

Dear editors,

The recent publication on headache, alcoholic consumption, and medical student is very interesting¹. Domingues and Domingues concluded that “having headache leads to a reduction in alcohol consumption among medical students regardless the degree of headache functional impact¹.” All data in this paper were derived by the questionnaire, hence the problem of bias cannot be excluded. In addition, there is no

subjective evidence to exclude or find the pathology in subjects with headache. In cases on alcoholic drinking, it is also interesting to realize if the exact kind of beverage is known. Different beverages contain different levels of alcohol and this can result in different levels of headache and drowsiness. Finally, although it is not directly related to the neurological aspect it is surprisingly that medical students drink alcohol. Indeed, medical personnel should be the role models for good health behavior practice.

References

1. Domingues RB, Domingues SA. Headache is associated with lower alcohol consumption among medical students. *Arq Neuropsiquiatr* 2011;69:620-623.

Reply

Reposta

Renan Barros Domingues, Simone Aires C. Domingues

Dear editors,

Doctors Beuy Joob and Viroj Wiwanitkit present some interesting comments about our paper. First, they say that “data in this work were derived by the questionnaire, hence the problem of bias cannot be excluded”. We agree and we recognize this limitation in the discussion when we say: “Our study has some clear limitations. The ID-migraine is a screening tool. Although it has been validated in Portuguese language it has not the same accuracy

than a clinical evaluation by a headache expert using the International Headache Criteria. The evaluation of the alcohol intake was based on retrospective information and did not discriminate the type of alcohol beverage; however, AUDIT is a largely validated tool¹.”

Second, the authors suggest that different beverages contain different levels of alcohol and this can result in different levels of headache. We also agree. This study was only to evaluate the impact of alcohol with AUDIT and its correlation with headache. We are currently evaluating the effect

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of different types of beverages in another study. We appreciate the valuable suggestion.

Third, our colleagues state that “it is surprisingly that the medical students drink alcohol. Indeed, medical personnel should be the role models for good health behavior

practice”. Unfortunately, alcohol consumption and alcohol-related problems among medical students have been reported in several countries. The references are listed on such subject²⁻⁹. We intended only to address a particular aspect (headache) of this recognized public health problem.

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