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The IRON Registry (The Italian chRONic migraiNe registry): an update on 637 patients

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Objective: To update the findings of the Italian IRON Registry, the first chronic migraine (CM) registry worldwide, which is aimed to disentangle the diverse endophenotypes of CM, optimize its ascertainment, favor a shared clinical management strategy and rationalize healthcare resource use.

Methods: All consecutive CM patients seen at 22 Italian headache centers were enrolled. 406 items on socio-demographic factors, life-style, migraine features before and after chronicization, comorbidities and healthcare resource use were gathered by specifically-trained neurologists via face-to-face interviews and shared a web-based platform.

Results: 774 CM patients were enrolled, the interim analysis was conducted on 637 individuals. The majority of patients were females (83.1%), mean age of 46.8 ± 12.9 yrs and a mean monthly headache frequency of 26.9 ± 16.4 days. Migraine started at 17.6 ± 9.3 yrs, chronicization at 27.6 ± 7.4 yrs and the first headache specialist consultation at 36.3 ± 13.0 yrs. 70% of patients were on migraine prophylaxis, only 20.6% of them when migraine was episodic. The mean n. of preventive treatments per patient was 1.84 ± 1.9 . Analgesic overuse was present in 57.9% of cases, detoxification in 33.1% of patients, effective only in 17.6%. Symptoms of peripheral trigeminal sensitization were common: unilateral headache (48.4%), pulsating (55.0%), associated with vegetative symptoms (73.8%) and unilateral cranial autonomic symptoms (31.1%). Almost 80% had consulted ≥ 2 headache centers. 77.2% of patients underwent >1 investigation-frequently inappropriate (48%)-and generally (57.8%) charged to the national health system (NHS). During the previous year, 18.7% of patients were admitted to the ED; lifetime hospitalization for migraine was 18.5%, for DH 16.8%, mean n. of specialists consultations was 9.22 ± 16.86 per patient.

Conclusion: The IRON registry shows the presence of symptoms of peripheral trigeminal sensitization in CM; a substantial delay between age at migraine chronicization and headache center consultation; a relatively low n. of prophylaxis tried by patients; a large number of inappropriate diagnostic procedures, mostly charged at the NHS

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