

# Migraine Myth of the Month

## *Is There a Migraine Personality?*



*Myth: There is a definite “migraine personality”. Specifically, migraineurs are type A perfectionists whose rigidity often results in behavior that could justifiably be described as neurotic.*

Really? So all 40 million Americans actively afflicted with migraine are, in fact, a bunch of nit-picking over-achievers badly in need of a relaxing week at the beach? Implicit in this widely held misperception is the inclination to place blame squarely on the migraineur (*If you just weren't so uptight, then...*). It's bad enough to have migraine-to be blamed for it does little to help.

Before deflating this myth, it's probably appropriate to once again emphasize that migraine is not a disorder that lends well to use of the adverb “always”. Migraine does not *always* improve with pregnancy. Migraineurs are not *always* prone to motion sickness. Red wine is not *always* a migraine trigger.

Migraine is comorbid with a number of other chronic medical disorders. Comorbidity implies that the given chronic disorder (e.g., irritable bowel syndrome) occurs more frequently in a population with another chronic disorder (e.g., diabetes) than in the age and gender-matched general population. Bidirectional co-morbidity implies that this association works both ways. To give him an example of bidirectional co-morbidity, individuals with migraine are more likely than non-migraineurs to have epilepsy, and those with epilepsy are more likely to have migraine. As both disorders appear to reflect a genetically hypersensitive brain, it's not surprising they should coexist.

Comorbidity simply implies an association, and associations are not always causal. Migraine is comorbid with a common heart valve abnormality termed mitral valve prolapse, but it seems highly unlikely that one disorder is capable of “causing” the other. On the other hand, migraine is

comorbid with patent foramen ovale (PFO), another heart abnormality, and there is a strong body of evidence to suggest that having an anatomically significant PFO may predispose to certain subtypes of migraine.

Migraine is also comorbid with a variety of psychological/psychiatric disorders. The frequencies of depression, generalized anxiety disorder, panic disorder, bipolar disorder and past-traumatic stress disorder in the migraine population are higher than would be expected by chance alone. Even so, the majority of migraineurs are not depressed, anxious or bipolar.

To take this a step further, there is no such thing as a single “migraine personality”. When it comes to mood, affect and behavior, migraineurs come in all shapes and sizes. From laid-back and reflexively tranquil to high-strung and rigidly obsessive, the spectrum of “migraine personalities” spans the entire human spectrum. **17**