

MEETING ABSTRACT

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The role of comorbidity in delineating the etiopatomechanism of disease: the co-occurrence of migraine with aura and restless leg syndrome

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Background

The etiology and pathomechanism of migraine is not yet fully understood. This may be related to the fact that the pathophysiology of disorders comorbid with migraine (depression, restless leg syndrome) is also not fully known. The common well-known syndromes of migraine attack include nausea, vomiting, drowsiness, and its comorbidity with restless leg syndrome (RLS) and related neurogenetic and neurochemical research in the past years led to the proposal of the pathogenetic role of the dopaminergic system in the development of migraine. RLS affects about 10-15% of USA population and shows a 17% comorbidity with migraine. RLS is a sensorimotor disorder showing a circadian pattern which worsens in a quiet awake state (especially around falling asleep). Often a permanent sleep-wake disorder develops with mental and affective disturbances. The origin of RLS is idiopathic in 30-40% of cases but it can also be familiar. In the background of secondary RLS there is often iron deficiency peripheral neuropathy, uraemia, rheumatoid arthritis, diabetes, etc is present. Pregnancy and hormonal symptoms may also enhance the symptoms. The treatment is complex: pharmacological and non-pharmacological therapy.

We would like to present the case of a 57 year old woman who suffers from migraine with visual aura since her young adulthood and from restless leg syndrome since the age of 48, together with relevant literature data. She sought medical and psychological help for her sleep-wake disturbances, affective symptoms and deteriorating quality of life present in the last few years.

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