# Headaches, Migraines Common in People Living With HIV

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Headaches affect one in two HIV-positive people, with more than one in four people living with the virus experiencing chronic migraines, according to a new University of Mississippi research paper published ahead of print in the medical journal *Headache*.

“This research is of interest for several reasons,” Todd Smitherman, PhD, noted in an accompanying press release. “Recent research from the U.S. Centers for Disease Control and Prevention shows that, despite the availability of medications that effectively slow disease progression, most Americans with HIV do not have the disease under control. Our study shows that patients with poorly controlled HIV/AIDS are most prone to suffer also from frequent, severe migraines at rates that far exceed those of the general population.”

The objective of the study, conducted by Smitherman and his colleagues, was to characterize headache symptoms among people living with HIV and to assess the associations between headaches and various HIV disease variables, such as CD4 cell count, viral load, length of HIV infection and use of antiretroviral (ARV) therapy.

Two hundred people living with HIV averaging 43 years old—49 percent were female, and 74 percent were African American—from an internal medicine clinic and an AIDS outreach clinic participated in a diagnostic interview and two pain-related disability assessments to evaluate and define headache characteristics and related features that are consistent with established medical classifications. The study was cross-sectional in design, meaning that volunteers were asked to recall their current or past headache symptoms, along with their HIV medical histories, during the interview and assessment visit.

According to the study’s results, 107 (53.5 percent) of the HIV-positive interview subjects reported headache symptoms. Unfortunately, the researchers did not employ a control group—consisting of demographically matched HIV-negative individuals—thus the study was not able to conclude that headache symptoms are necessarily more common among people living with HIV.

However, Smitherman and his colleagues noted that many of the headaches reported were “not your typical, run-of-the mill tension headaches.” About 27.5 percent of the study volunteers met criteria for “chronic migraine,” a rare headache condition in which a person has migraine symptoms—intense, pulsating and throbbing head pain; sensitivity to light; nausea and vomiting;

blurred vision; etc.—for 15 or more days per month. In comparison, the authors suggest, only 2 percent of the general population is classified as having chronic migraines.

Severity of HIV disease—as indicated by CD4 cell counts—but not duration of HIV or number of prescribed ARV medications, was strongly associated with headache severity, frequency and disability. HIV severity also distinguished migraine from tension-type headaches. Whether there was an association between specific ARVs and headaches was not reported by the researchers.

“Problematic headache is highly prevalent among patients with HIV/AIDS, most of which conform to the [criteria] of chronic migraine,” the authors conclude. “A low frequency of identifiable secondary causes”—notably AIDS-related diseases of the central nervous system—“is likely attributable to reduced frequency of opportunistic infections in the current era of [combination ARV therapy],” they add. “Disease severity is strongly predictive of headache, highlighting the importance of physician attention to headache symptoms and of patient adherence to treatment.”

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