E-Poster

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The Decrease of Pain and Drug Consumption in Migraine Patients Following a Physical Therapy Program for Cervical Spine Dysfunctions

Topic: Exercise

Sana Salah[1], Maroua Cherif[2], Amine Kalai[1], Samar Ben Abed[2], Zohra Ben Salah Frih[2]

[1]*Physical Medicine and Rehabilitation, Fattouma Bourguiba University Hospital, LabTIM Research Laboratory LR12ES06, Faculty of Medicine, University of Monastir, Monastir, Tunisia*
[2]*Physical Medicine and Rehabilitation, Fattouma Bourguiba University Hospital, Monastir, Tunisia*

BACKGROUND

Patients who experience frequent migraine attacks often rely heavily on acute medications for relief. However, excessive use of these medications can lead to the development of chronic daily headaches and a secondary condition known as Medication Overuse Headache. In addition to headache symptoms, a significant yet frequently overlooked complaint among migraine sufferers is neck pain. Despite its common occurrence, neck pain remains underappreciated in migraine management, even though it may contribute to headache persistence and treatment resistance.

The aim of this study was to evaluate the extent to which a rehabilitation protocol, whether supervised or self-administered, can influence the effectiveness of pharmacological treatment in migraine patients suffering from neck pain. By assessing pain levels, medication intake, neck function, and overall migraine-related disability, we sought to determine whether incorporating physical therapy could enhance treatment outcomes.

METHODS

This prospective study was conducted over a six-week period and included 12 migraine patients experiencing concurrent neck pain. Participants were divided into two groups: Group A, which received a supervised rehabilitation program for neck pain, and Group B, which followed a self-administered rehabilitation protocol. Outcome measures included pain intensity (Numerical Pain Rating Scale, NPRS), headache frequency and medication intake (National Headache Foundation headache diary, NHF), neck function (Neck Disability Index, NDI), and overall migraine-related disability (Migraine Disability Assessment Test, MIDAS).

RESULTS

Our findings reinforce the significance of physical therapy in migraine management, particularly in relation to neck pain, headache intensity, attack frequency, functional disability, and medication dependence. Both groups exhibited improvements, including reduced pain levels, decreased medication intake, and lower migraine disability scores, along with enhanced neck mobility and function. While both rehabilitation approaches were effective, the supervised protocol (Group A) yielded slightly superior results, suggesting a potential benefit of guided therapy.

CONCLUSION

Neck pain assessment should be an integral part of migraine management. Identifying dysfunctions and tailoring appropriate rehabilitation may enhance treatment outcomes and improve response to pharmacological therapy. Further studies with larger sample sizes are required to confirm these results and refine rehabilitation strategies for migraine sufferers.

Statement of Disclosures

None

Corresponding Author:
Sana Salah
Physical Medicine and Rehabilitation, Fattouma Bourguiba University Hospital, LabTIM Research Laboratory LR12ES06, Faculty of Medicine, University of Monastir, Monastir, Tunisia
Email: sanasalahdoc@gmail.com

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