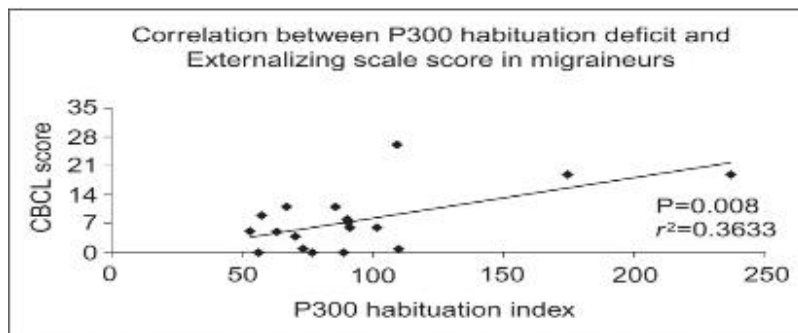
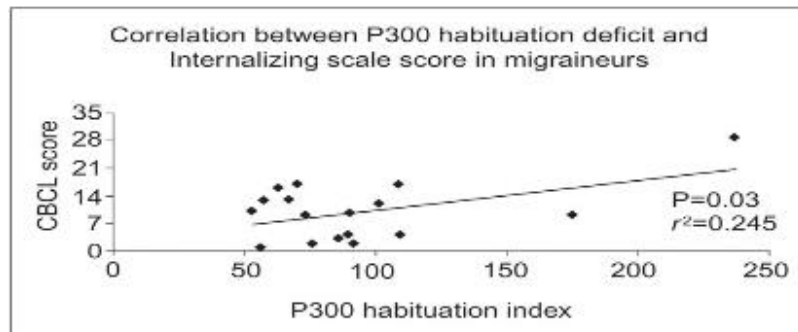
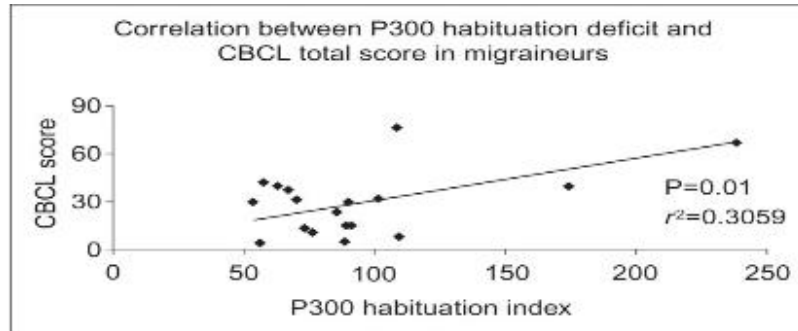


Correlazione tra fattori psicologici e neurofisiologici.



Correlazione tra fattori psicologici e neurofisiologici.

I pazienti emicranici (ma non quelli con cefalea tensiva) presentano una correlazione tra l'habituation dell'onda P300 e le scale Internalizzazione, Esternalizzazione e Totale del questionario CBCL

Diagnosi/valutazione psicologica

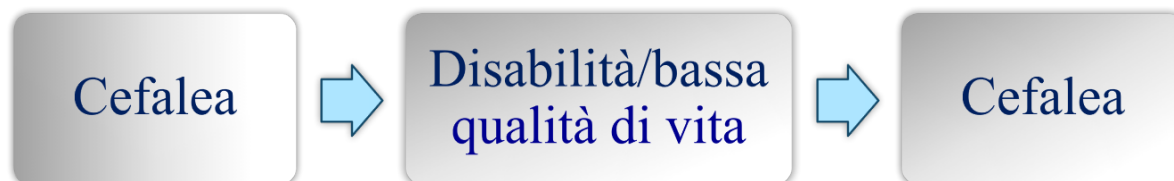
Individuare i fattori psicologici
che possono peggiorare,
mantenere e cronicizzare la
cefalea



Intervento

Aiutare il paziente ed i genitori
nella gestione del mal di testa e
del relativo stress

Lavorare sul circolo vizioso



Supporto Psicologico

Supporto della persona in situazioni di vita specifiche o di un determinato momento di vita. “Attivare strategie idonee alla risoluzione delle problematiche incontrate, stimolando le risorse personali, agendo sui punti di forza della persona, fornendo supporto rispetto alla gestione di un attuale problema specifico (emotivo, relazionale, psicologico, affettivo). La durata variabile ma generalmente il percorso si conclude quando la persona ha attivato nuove modalità di gestione della situazione”.



Psicoterapia

“E’ una pratica terapeutica che si occupa dei disturbi psicopatologici di diversa gravità, che possono andare dal modesto disadattamento o disagio personale fino ad una sintomatologia ben più grave”.

Migraine and psychiatric comorbidity: a review of clinical findings

Fabio Antonaci · Giuseppe Nappi · Federica Galli ·
Gian Camillo Manzoni · Paolo Calabresi ·
Alfredo Costa

1. **Psychiatric disorders are causal factors** in the development of migraine. In this case, psychiatric disturbances are responsible for a full expression of migraine, and under particular circumstances for the evolution of migraine in a daily pattern (chronic migraine)
2. **Migraine is a causal factor** in the development of psychiatric disorder. In this case, the repetition of intense and/or long lasting pain episodes may facilitate the development of anticipatory anxiety and/or depression
3. Shared aetiological factors and **common determinants** explain the co-occurrence of both entities. In this case, there is no clear causal association, and a common substrate (e.g., deranged activity of neurotransmitters or receptors) may cause both migraine and the comorbid psychiatric disorder.

Headache and Psychological Functioning in Children and Adolescents

Scott W. Powers, PhD, ABPP; Deborah Kruglak Gilman, PhD; Andrew D. Hershey, MD, PhD

Headache can affect all aspects of a child's functioning, leading to negative affective states (eg, anxiety, depression, anger) and increased psychosocial problems (for instance, school absences, problematic social interactions). For children and adolescents who experience frequent headache problems, comorbid psychological issues are a well-recognized, but poorly understood, clinical phenomenon. The confusion surrounding the relationship between pediatric headache and psychopathology exists for several reasons. First, in some cases, headache has been inappropriately attributed to psychological or personality features based on anecdotal observations or interpretations that go beyond the available data. Additionally, measures of psychopathology have not always adhered to the American Psychiatric Association's diagnostic criteria, thus reducing the reliability of diagnostic judgments. Furthermore, the diagnosis of headache has not always followed standard criteria, and has been complicated by the emergence of new terms and evolving measures. Finally, methodological shortcomings, such as incomplete descriptions of the procedures and criteria used for the study, inadequate descriptions of headache severity, lack of a control group for comparison with individuals without headaches, reliance primarily on cross-sectional research designs that are often discussed with inferences to causal hypotheses, and the use of unstandardized assessment measures, have significantly limited the validity of research findings. The goal of the current review is to examine the extant literature to provide the most up-to-date picture on what the research has made available about the magnitude, specificity, and causes of psychopathology in children and adolescents with headache, in an effort to further elucidate their relationship and prompt a more methodologically rigorous study of these issues.

Key words: pediatrics, anxiety, depression, quality of life, disability, psychopathology

(*Headache* 2006;46:1404-1415)

between anxiety and headache. For example, Pine and colleagues did not find an association between anxiety or mixed anxiety and depression and headache.³⁵ Likewise, Pakalnis and colleagues reported that they did not find a significant difference in reported anxiety symptoms between children and adolescents with headache and non-headache controls.¹⁴

SUMMARY

Despite the large body of evidence documenting

DEPRESSION AND ANXIETY AND HEADACHE

Researchers have suggested a relationship between depression, anxiety, and headaches. Mirikangas et al suggested that anxiety in childhood and adolescence precedes migraine, and that a syndromic relationship between migraine, anxiety, and depression exists, such that anxiety in childhood precedes migraine and childhood migraine leads to development of depression.⁴⁹ Guidetti and colleagues reported that their results also supported this theory, and that the ab-

Fattori di vulnerabilità psicologica

- Difficoltà nella regolazione/espressione delle emozioni (alessitimia)
- Stile di attaccamento
- Lutti non risolti
- Eventi traumatici
- Abuso



**Emicrania
cronica**



Comorbidità psichiatrica

Ansia, Depressione, Tratti ossessivo /compulsivo
Disturbi alimentari, Disturbi del sonno, Altri sintomi somatici
"Simptomi dissociativi-psicotici"

Research Submissions

Role of the Attachment Style in Determining the Association Between Headache Features and Psychological Symptoms in Migraine Children and Adolescents. An Analytical Observational Case-Control Study

Samuela Tarantino, PsyD; Cristiana De Ranieri, PsyD; Cecilia Dionisi, PsyD; Valentina Gagliardi, PsyD; Maria Francesca Panizza, PsyD; Alessandro Capuano, MD, PhD; Roberto Frusciante, MD; Martina Balestri, MD; Federico Vigevano, MD; Simonetta Gentile, PsyD; Massimiliano Valeriani, MD, PhD

Objective.—We aimed to study the role of attachment style on headache severity and psychological symptoms in migraineurs children/adolescents. Moreover, we investigated the association between attachment style, migraine severity, and psychological symptoms.

Background.—Attachment theory suggests that early interpersonal relationships may be important determinants of psychopathology and pain management. In particular, individuals with insecure attachment styles have been shown to experience more pain than people with secure attachment style. Few studies focused on headache and data on attachment style in pediatric headache are scarce.

Methods.—We studied 90 migraineurs (mean age 12.2 ± 2.6 years; female: 54, male: 36). Patients were divided in two groups according to headache attack frequency: (1) high frequency (HF) patients, having from weekly to daily episodes and (2) low frequency (LF) patients, showing ≤ 3 episodes per month. According to headache attack intensity, patients were classified in two groups: (1) mild pain (MP), allowing the patient to continue his/her daily activities and (2) severe pain (SP), leading to interruption of patient activities or forcing the child to go to bed. The psychological screening was assessed by SAFA Anxiety, Depression, and Somatization questionnaires. Attachment style was measured by the semi-projective test Separation Anxiety Test. Patients were divided into “secure,” “avoidant,” “ambivalent,” and “disorganized/confused” attachment patterns.

Results.—We found a significant relationship between the attachment style and migraine features. The ambivalent attachment was the most common style among patients reporting high attack frequency (51%) and severe pain intensity (50%). Anxiety (SAFA-A Tot: $F = 23.3$, $P < .001$), depression (SAFA-D Tot: $F = 11.8$, $P < .001$), and somatization (SAFA-S Tot: $F = 10.1$, $P < .001$) were higher in patients with ambivalent attachment style. Moreover, our results showed an association between high attack frequency and high anxiety levels, in children with ambivalent attachment style ($F = 6.7$, $P < .002$).

Conclusions.—Ambivalent attachment style may be a common vulnerability factor that impacts on pain severity, anxiety, depression, and somatization symptoms in young migraineurs. In particular, the present study provides the first

Results

Attachment styles in our migraine patients

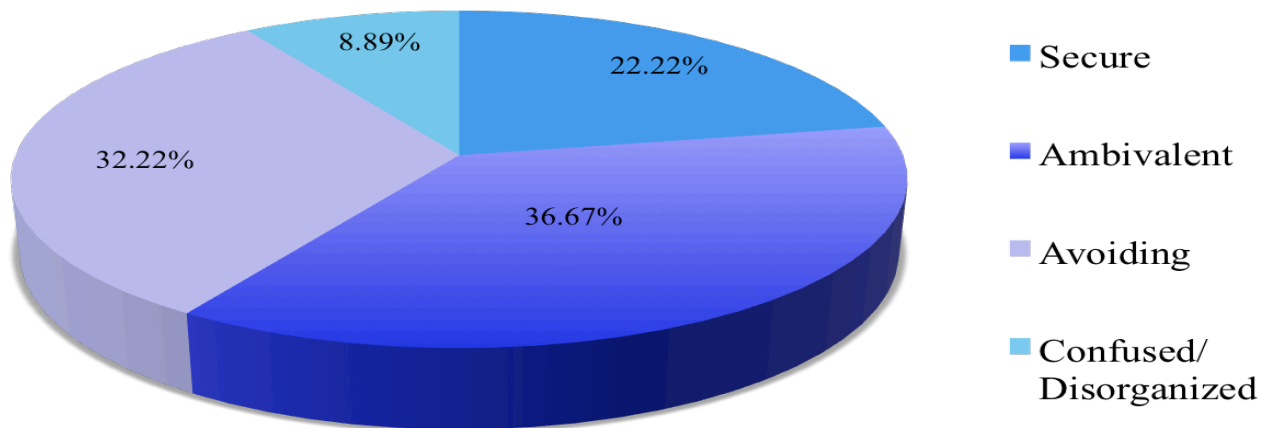


Table 4.—SAFA Scores (Mean \pm Standard Deviation) and ANOVA Among Attachment Based Groups

SAFA Scales	Attachment Styles			ANOVA	Comparison Between Groups	Post Hoc <i>P</i> value
	Secure (1)	Ambivalent (2)	Avoiding (3)			
SAFA-A	20.0 \pm 7.4	40.2 \pm 14.5	26.9 \pm 15.9	<i>F</i> value = 23.3 <i>P</i> = <.001*	1 vs 2 1 vs 3 2 vs 3	<.001* .076 .001*
SAFA-D	16.6 \pm 9.4	32.0 \pm 16.5	22.8 \pm 16.2	<i>F</i> value = 11.8 <i>P</i> = <.001*	1 vs 2 1 vs 3 2 vs 3	<.001* .133 .014*
SAFA-S	10.1 \pm 3.0	16.0 \pm 6.4	12.3 \pm 7.3	<i>F</i> value = 10.1 <i>P</i> = <.001*	1 vs 2 1 vs 3 2 vs 3	<.001* .280 .030*

*Statistically significant differences.

Discussion

Much remains to be learned about contextual psychological and interpersonal vulnerability factors which may contribute to this link. The present study provides the first evidence of the role of attachment in the relationship between pain severity and psychological symptoms in migraine children. We found that the ambivalent attachment style may contribute in the association between high attack frequency and worse anxiety levels. As

Maternal Alexithymia and Attachment Style: Which Relationship with Their Children's Headache Features and Psychological Profile?

Samuela Tarantino^{1*}, Laura Papetti¹, Cristiana De Ranieri², Francesca Boldrini², Angela Maria Rocco², Monica D'Ambrosio², Valeria Valeriano², Barbara Battan¹, Maria Francesca Paniccia², Federico Vigeveno¹, Simonetta Gentile² and Massimiliano Valeriani^{1,2}

¹ Division of Neurology, Headache Center, Bambino Gesù Ospedale Pediatrico (IRCCS), Rome, Italy; ² Unit of Clinical Psychology, Ospedale Pediatrico Bambino Gesù (IRCCS), Rome, Italy; ³ Center for Sensory-Motor Interaction, Aalborg University, Aalborg, Denmark

Introduction: A growing body of literature has shown an association between somatic symptoms and insecure "attachment style." In a recent study, we found a relationship between migraine severity, ambivalent attachment style, and psychological symptoms in children/adolescents. There is evidence that caregivers' attachment styles and their way of management/expressions of emotions can influence children's psychological profile and pain expression. To date, data dealing with headache are scarce. Our aim was to study the role of maternal alexithymia and attachment style on their children's migraine severity, attachment style, and psychological profile.

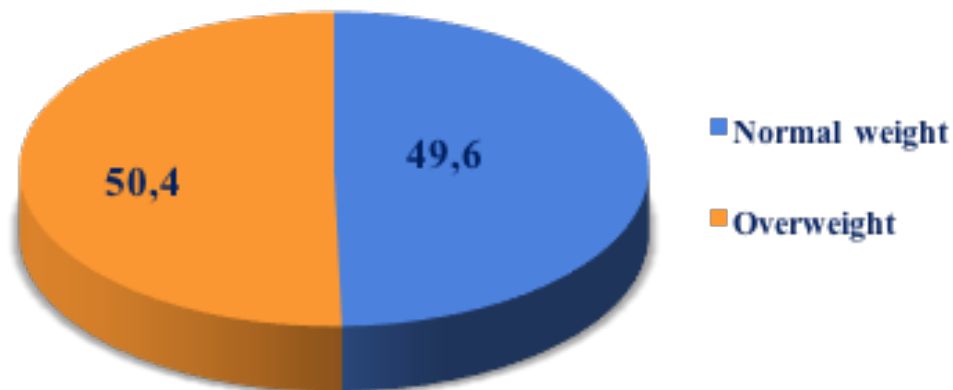
Materials and methods: We enrolled 84 consecutive patients suffering from migraine without aura (female: 45, male: 39; mean age 11.8 ± 2.4 years). According to headache frequency, children/adolescents were divided into two groups: (1) high frequency (patients reporting from weekly to daily attacks), and (2) low frequency (patients having ≤ 3 episodes per month). We divided headache attacks intensity into two groups (mild and severe pain). SAFA "Anxiety," "Depression," and "Somatization" scales were used to explore children's psychological profile. To evaluate attachment style, the semi-projective test SAT for patients and ASQ Questionnaire for mothers were employed. Maternal alexithymia traits were assessed by TAS-20.

Results: We found a significant higher score in maternal alexithymia levels in children classified as "ambivalent," compared to those classified as "avoiding" (Total scale: $p = 0.011$). A positive correlation has been identified between mother's TAS-20 Total score and the children's SAFA-A Total score ($p = 0.026$). In particular, positive correlations were found between maternal alexithymia and children's "Separation anxiety" ($p = 0.009$) and "School anxiety" ($p = 0.015$) subscales. Maternal "Externally-oriented thinking" subscale correlated with children's school anxiety ($p = 0.050$). Moreover, we found a correlation between TAS-20 Total score and SAFA-D "Feeling of guilt" subscale ($p = 0.014$). Our data showed no relationship between TAS-20 and ASQ questionnaires and children's migraine intensity and frequency.

Anxiety, depression and body weight in children and adolescents with migraine

Samuela Tarantino, Laura Papetti, Alessandra Di Stefano, Valeria Messina, Fabiana Ursitti, Michela Ada Noris Ferilli, Giorgia Sforza, Romina Moavero, Federico Vigeveno, Simonetta Gentile and Massimiliano Valeriani

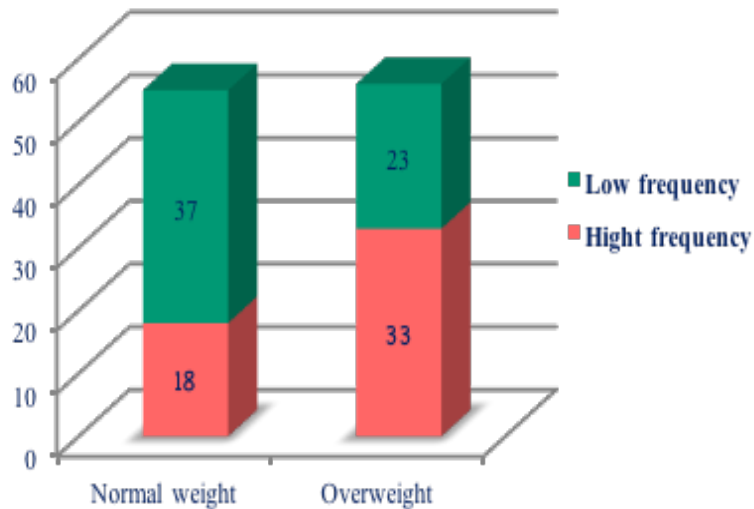
Percentage distribution of migraine children, by body mass index (BMI) category



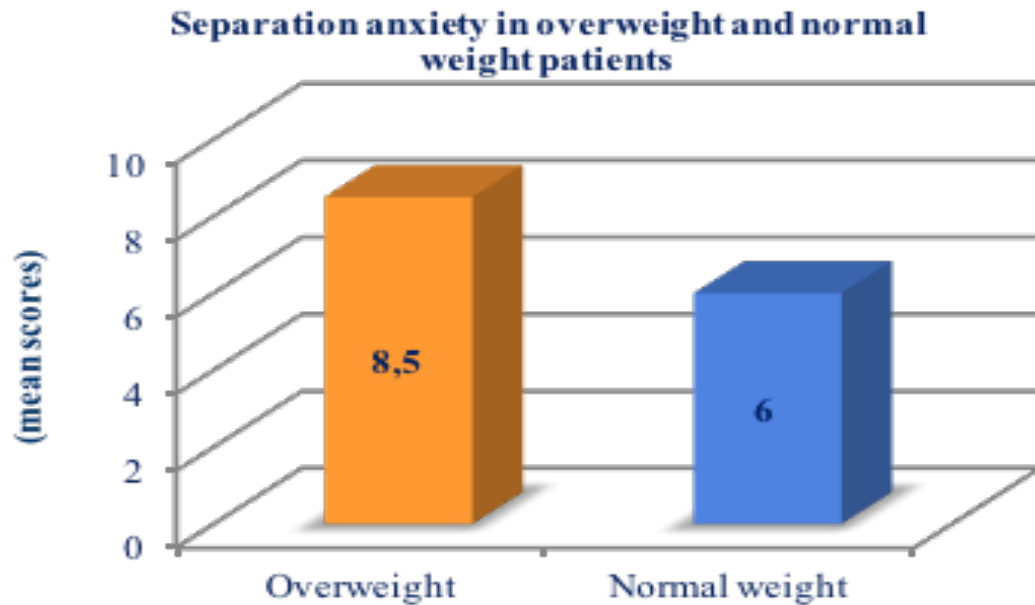
Close to 50% of our migraine children/adolescents were classified as overweight

Anxiety, depression and body weight in children and adolescents with migraine

Relationship between body weight and migraine frequency



High frequency patients were more common in children with overweight (64.7%) than among normal weight patients (35.3%) ($p < .05$)



Compared to normal weight children, overweight patients showed a significant higher score in “Separation anxiety” subscale ($p=.006$)

Anxiety and depression symptoms in patients with high and low frequency of attacks.

	Low frequency	High frequency	Eta-squared	p
SAFA Scales	Mean \pm SD	Mean \pm SD		
SAFA-A Generalized Anxiety	7.4 \pm 4.7	11.3 \pm 5.8	.12	.000*
SAFA-A Social Anxiety	5.9 \pm 4.5	8.9 \pm 5.3	.09	.001*
SAFA-A Separation Anxiety	6.2 \pm 4.3	8.6 \pm 4.8	.06	.006*
SAFA-A Scholastic Anxiety	7.0 \pm 4.9	10.2 \pm 5.6	.08	.002*
SAFA-A Total Anxiety	26.4 \pm 15.1	38.2 \pm 16.8	.122	.000*
SAFA-D Depressed mood	3.1 \pm 2.9	4.2 \pm 3.9	.02	.133
SAFA-D Anhedony	1.6 \pm 1.7	2.4 \pm 2.5	.03	.065
SAFA-D Touchy mood	5.2 \pm 3.4	6.6 \pm 4.2	.18	.070
SAFA-D Sense of inadequacy	2.7 \pm 3.0	2.8 \pm 3.1	.07	.943
SAFA-D Insecurity	5.8 \pm 3.6	7.2 \pm 3.9	.03	.063
SAFA-D Feeling of guilt	3.3 \pm 2.8	4.2 \pm 2.6	.02	.116
SAFA-D Hopelessness	2.0 \pm 2.5	2.4 \pm 3.2	.07	.489
SAFA-D Total depression	24.3 \pm 15.2	31.7 \pm 19.5	.21	.042

*Statistically significant differences

Anxiety, depression and body weight in children and adolescents with migraine



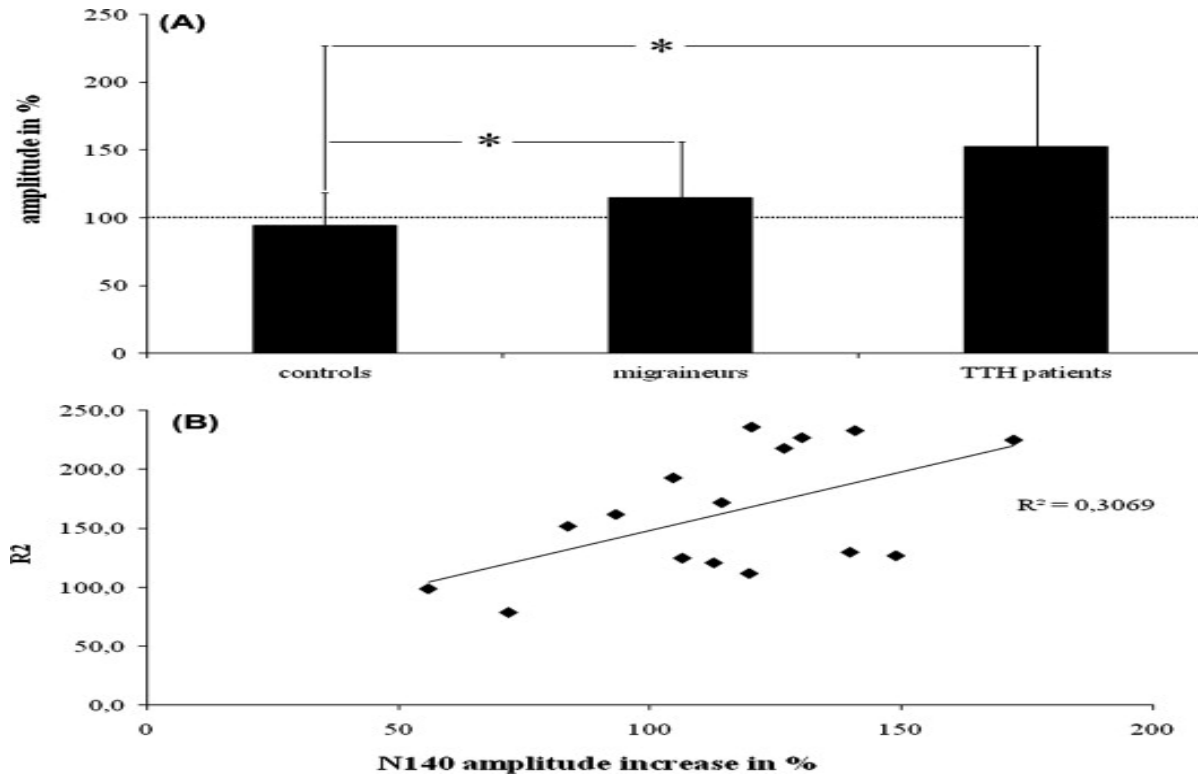
A mediating role between overweight and high frequency of attacks for Social anxiety ($Z = 2.04 \pm .03$; $p < .05$) and Total anxiety ($Z = 2.11 \pm .03$; $p < .05$) was found.

Il ruolo dello psicologo: le difficoltà neuropsicologiche

Le funzioni cognitive maggiormente esplorate sono:
memoria, attenzione e quoziente intellettivo.

- In corso di attacco emicranico: notevole compromissione delle diverse attività. Relazione tra l'intensità dell'attacco ed il deficit neuropsicologico. La frequenza degli attacchi sembra correlare con la riduzione della prestazione scolastica per meccanismi sia diretti (numero di assenze scolastiche), che indiretti (impossibilità allo studio nel corso degli attacchi).
- Fase libera dall'attacco: risultati contrastanti, tuttavia, sembra che i bambini emicranici siano più lenti nei tempi di reazione a stimoli attentivi.

Vi è evidenza empirica che i pazienti con emicrania, anche con aura, non presentano il rischio di un deterioramento a lungo termine



A significant positive correlation was found between the N140 amplitude modification between NC and SAC and the R2 “Deux Barrage” index in migraine patients ($R^2 = 0.3061$, $P = 0.03$). All other correlations in both migraine and TTH patients and in controls were not significant ($P > 0.05$).

Our results suggest that in migraine children a normal attention performance can be obtained allocating a larger amount of “frontal lobe resources”, as compared to healthy children.

La valutazione psicodiagnostica: il “protocollo cefalee”

- **Colloqui con il giovane paziente;**
- **Colloqui con i genitori;**
- Somministrazione test psicologici che aiutino nell'esplorazione delle difficoltà emotive del paziente.

Screening cognitivo: Matrici progressive di Raven

Reattivi grafici: Test della figura umana, Test della famiglia, Test della persona sotto la pioggia, Test dell'albero, favole della Duss

Test semistrutturati: Test SAT per lo stile di attaccamento

Test strutturati: Questionari ASEBA: CBCL per i genitori, YSR per i ragazzi (11-18), scale SAFA e TAS-20 (per l'adolescente)