Vitamin D Deficiency and Its Correlates in Migraine Patients

Sir,

Serum vitamin D levels have been associated with migraine. Seasonal variation of serum vitamin D levels depicting higher levels in summer and lower levels in autumn-winter were matched with that of migraine attacks.^[1] A lower level of serum vitamin D was associated with migraine.^[2] Despite a probable relationship between migraine and serum vitamin D, clinical correlates associated with vitamin D deficiency were not clearly identified in migraine patients. Therefore, we identified vitamin D deficiency and its correlates in migraine patients for suggesting the role of vitamin D supplementation in migraine therapy.

We conducted a prospective, cross-sectional study. We invited new patients with migraine who visited our headache clinic. The Institutional Review Board of Kyungpook National University Hospital approved the study (approval number KNUH 2016-03-009). All participants gave written informed consent. We collected their clinical characteristics and conducted the Migraine Disability Assessment Scale,^[3] the Patient Health Questionnaire-9,^[4] the Generalized Anxiety Disorder-7,^[5] the Insomnia Severity Index,^[6] and the Fatigue Severity Scale.^[7] All eligible patients measured serum vitamin D levels by radioimmunoassay. Vitamin D deficiency is defined as a serum 25 (OH) D of less than 20 ng/ml.^[8] By this value, we divided patients into two groups as having vitamin D deficiency and having no deficiency. We identified factors associated with vitamin D deficiency by using univariate and multivariate analyses.

Initially, 380 new patients were visited our clinic. Of them, 92 patients were excluded due to concurrent vitamin D intake (n = 57), probable migraine (n = 18), refusal to the study (n = 15), younger age (n = 1), and older age (n = 1). Finally, 288 patients were eligible for the study. Their mean vitamin D level is 15.8 ± 5.7 ng/ml (range: 3.4-34.9 ng/ml). Of them, 240 patients (83.3%) had vitamin D deficiency. According to the existence of vitamin D deficiency, characteristics of patients are manifested in Table 1. Factors associated with vitamin D deficiency by univariate analyses are denoted in Table 2. Younger age, chronic migraine (CM), anxiety, and fatigue were associated with vitamin D deficiency. However, BMI, the amount of sunlight exposure, the date of blood sampling, headache intensity, and disability were not associated with it. Factors associated with vitamin D deficiency by multivariate analyses are listed in Table 3. CM (adjusted Odds Ratio [AOR] 4.038, 95% confidence interval [CI] 1.890-8.628, P < 0.001) and younger age (AOR 1.031, 95%) CI 1.006-1.058, P = 0.017) were selected.

We found major correlates for vitamin D deficiency were CM and younger age. The role of vitamin D deficiency on migraine chronicity has not been clearly identified. The

Table 1: Characteristics of migraine patients by serum vitamin D levels

	Mean±SD (range) or number (%)			
	25 (OH) D ≥20 ng/ml	25 (OH) D <20 ng/ml		
	(<i>n</i> =48)	(<i>n</i> =240)		
Age (years)	42.9±12.0 (20-64)	39.0±13.5 (20-68)		
Gender, female	41 (85.4)	194 (80.8)		
Education (years)	13.2±2.9 (6-18)	13.0±3.1 (3-20)		
BMI	22.0±2.7 (16-30)	22.5±3.4 (15-36)		
Sunlight exposure (/week)				
Less than 1 hour	20 (41.7)	98 (40.8)		
1 hour to less than 8	22 (45.8)	112 (46.7)		
hours				
8 hours or more	6 (12.5)	30 (12.5)		
Date of blood sampling				
October-March	19 (39.6)	125 (52.1)		
April-September	29 (60.4)	115 (47.9)		
Type of migraine				
Migraine with aura	3 (6.3)	27 (11.3)		
Migraine without aura	45 (93.7)	213 (88.7)		
Migraine chronicity				
EM	38 (79.2)	125 (52.1)		
CM	10 (20.8)	115 (47.9)		
MOH	3 (6.3)	24 (10.0)		
Age at onset (years)	31.4±12.6 (13-58)	28.3±11.7 (6-60)		
Duration of migraine (years)	11.5±8.6 (0.3-31)	10.7±9.1 (0.5-42)		
Associated symptom				
Nausea/vomiting	39 (81.3)	204 (85.0)		
Photophobia	24 (50.0)	122 (50.8)		
Phonophobia	31 (64.6)	150 (62.5)		
Osmophobia	20 (41.7)	118 (49.2)		
VAS	7.7±2.4 (0-10)	7.5±2.3 (0-10)		
MIDAS (days)	19.6±18.0 (0-70)	25.8±30.4 (0-181)		
Depression, > 7 on PHO-9	11 (22.9)	82 (34.2)		
Anxiety, > 5 on GAD-7	9 (18.8)	89 (37.1)		
Insomnia, >15 on ISI	5 (10.4)	43 (17.9)		
Fatigue, >3.21 on FSS	21 (43.8)	146 (60.8)		

25 (OH) D=25-hydroxyvitamin D; BMI=Body Mass Index; EM=episodic migraine; CM=chronic migraine; MOH=medication overuse headache; VAS=Visual Analog Scale; MIDAS=Migraine Disability Assessment Scale; PHQ-9=Patient Health Questionnaire-9; GAD-7=Generalized Anxiety Disorder-7; ISI=Insomnia Severity Index; FSS=Fatigue Severity Scale

pathogenic mechanism of migraine chronicity presumes to be associated with a neurotransmitter imbalance and upregulation of inflammatory pathways in CNS resulting in central amplification of peripheral pain signals.^[9] Vitamin D has anti-inflammatory effects in the body by reducing the release of pro-inflammatory cytokines and suppressing T-cell responses.^[10] So vitamin D deficiency may promote inflammatory pain mechanisms associated with CM. Another

Table 2: Factors associated with serum vitamin D deficiency by univariate analyses							
Variable	ß	SE (<i>B</i>)	OR (95% CI)	Р			
Age	0.023	0.012	1.123 (0.998-1.048)	0.042			
Gender	0.328	0.441	1.389 (0.586-3.294)	0.456			
Education	0.028	0.053	1.029 (0.927-1.142)	0.596			
BMI	-0.053	0.051	0.948 (0.858-1.047)	0.295			
Sunlight exposure, less than 1 hour							
Versus 1 hour to less than 8 hours	0.020	0.510	1.020 (0.375-2.773)	0.968			
Versus 8 hours or more	-0.018	0.504	0.982 (0.365-2.639)	0.972			
Date of blood sampling	0.506	0.322	1.659 (0.882-3.120)	0.116			
Migraine type	0.643	0.630	1.901 (0.553-6.540)	0.308			
СМ	1.252	0.378	3.496 (1.666-7.336)	0.001			
MOH	0.511	0.634	1.667 (0.481-5.774)	0.420			
Age at onset	0.022	0.013	1.022 (0.996-1.049)	0.091			
Duration of migraine	0.010	0.017	1.010 (0.976-1.044)	0.570			
Nausea/vomiting	0.268	0.412	1.308 (0.584-2.930)	0.515			
Photophobia	0.033	0.316	1.034 (0.556-1.922)	0.916			
Phonophobia	-0.090	0.330	0.914 (0.479-1.745)	0.785			
Osmophobia	0.303	0.320	1.354 (0.723-2.535)	0.343			
VAS	0.038	0.072	1.039 (0.902-1.197)	0.595			
MIDAS	-0.009	0.007	0.991 (0.978-1.004)	0.175			
Depression	0.557	0.369	1.746 (0.846-3.601)	0.131			
Anxiety	0.938	0.393	2.554 (1.182-5.520)	0.017			
Insomnia	0.630	0.502	1.877 (0.702-5.017)	0.209			
Fatigue	0.692	0.320	1.997 (1.067-3.736)	0.030			

BMI=Body Mass Index; CM=chronic migraine; MOH=medication overuse headache; VAS=Visual Analog Scale; MIDAS=Migraine Disability Assessment Scale

Table 3: Factors associated with serum vitamin D deficiency by multivariate analyses

Variable	ß	SE (<i>B</i>)	Adjusted OR (95% CI)	Р
Constant	-3.807	0.683	0.022	< 0.001
СМ	1.396	0.387	4.038 (1.890-8.628)	< 0.001
Age	0.031	0.013	1.031 (1.006-1.058)	0.017

CM=chronic migraine

possibility is, as vitamin D deficiency was associated with emotional distress and fatigue in our patients, these symptoms is likely to work as migraine triggers and induce repetitive migraine attacks. Under these pathogenic roles of vitamin D deficiency, we presume serum vitamin D levels may be an important correlate for migraine chronicity. The lower level of vitamin D in the younger age may be explained by disproportionately greater time spent indoors and less time spent outdoors among younger compared with older individuals.^[11]

Although we cannot conclude vitamin D deficiency is specific for migraine patients due to the lack of data for healthy controls, we presume migraine chronicity may accentuate vitamin D deficiency. As vitamin D supplementation is effective for decreasing frequency of migraine attacks in EM,^[12] further studies should be warranted to prove the therapeutic efficacy of vitamin D supplementation on CM. In addition, the relationship between serum vitamin D levels and therapeutic response should be also identified.

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

- Prakash S, Mehta NC, Dabhi AS, Lakhani O, Khilari M, Shah ND. The prevalence of headache may be related with the latitude: A possible role of Vitamin D insufficiency? J Headache Pain 2010;11:301-7.
- Celikbilek A, Gocmen AY, Zararsiz G, Tanik N, Ak H, Borekci E, *et al.* Serum levels of vitamin D, vitamin D-binding protein and vitamin D receptor in migraine patients from central Anatolia region. Int J Clin Pract 2014;68:1272-7.
- Lee HS, Chung CS, Song HJ, Park HS. The reliability and validity of the MIDAS (Migraine Disability Assessment) Questionnaire for Korean migraine sufferers. J Korean Neurol Assoc 2000;18:287-91.
- 4. Seo JG, Park SP. Validation of the patient health questionnaire-9 (PHQ-9) and PHQ-2 in patients with migraine. J Headache Pain 2015;16:65.
- 5. Seo JG, Park SP. Validation of the generalized anxiety disorder-7 (GAD-7) and GAD-2 in patients with migraine. J Headache Pain 2015;16:97.
- Cho YW, Song ML, Morin CM. Validation of a Korean version of the insomnia severity index. J Clin Neurol 2014;10:210-5.

- Chung K, Song C. Clinical usefulness of fatigue severity scale for patients with fatigue, and anxiety or depression. Korean J Psychosom Med 2001;9:164-73.
- Holick MF, Binkley NC, Bischoff-Ferrari HA, Gordon CM, Hanley DA, Heaney RP, *et al*. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. J Clin Endoclinol Metab 2011;96:1911-30.
- Aurora SK, Brin MF. Chronic migraine: An update on physiology, imaging, and the mechanism of action of two available pharmacologic therapies. Headache 2017;57:109-25.
- Hewison M. Antibacterial effects of vitamin D. Nat Rev Endocrinol 2011;7:337-45.
- 11. Choi HS, Oh HJ, Choi H, Choi WH, Kim JG, Kim KM, *et al.* Vitamin D insufficiency in Korea--a greater threat to younger generation: The

Korea national health and nutrition examination survey (KNHANES) 2008. J Clin Endocrinol Metab 2011;96:643-51.

 Buettner C, Nir RR, Bertisch SM, Bernstein C, Schain A, Mittleman MA, et al. Simvastatin and vitamin D for migraine prevention: A randomized, controlled trial. Ann Neurol 2015;78:970-81.

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