

## Indian Version of ID-Migraine Questionnaire

Migraine is one of the most common neurological diseases worldwide, with the global prevalence of migraine being 14–15%.<sup>[1]</sup> It is the leading cause of disability among young women and the second leading cause of disability worldwide. In terms of years lived with disability (YLDs), it represents 4.9% of the world's population suffering from ill-health. Some argue that even these statistics are likely underquantified, and that YLDs are not an accurate representation of migraine-related burden.<sup>[1]</sup> Despite this high level of disability and burden, the awareness of migraine among patients and physicians are very poor.<sup>[2]</sup> Migraine is frequently misdiagnosed as other headache disorders. These factors further exacerbate the disability associated with migraine. It may result in frequent outpatient and emergency department visits, use of unnecessary medications, a higher risk of medication-overuse headaches, and unnecessary referrals from primary care physicians to neurology or headache clinics. There is a need to improve migraine recognition in primary care in order to lessen the burden associated with migraine. Instruments for migraine screening have been developed by a few authors. Lipton *et al.*<sup>[3]</sup> validated a three-item self-administered questionnaire commonly referred to as the Identify-Migraine (ID-Migraine) Migraine™ in order to screen for migraine headaches in primary care. ID Migraine™ was discovered to be an excellent instrument for identifying migraine headaches in primary care settings, with extremely high sensitivity, specificity, and positive predictive value. Several studies have validated the ID Migraine in different languages including French, Turkish, Italian, Portuguese, Hungarian, German, Spanish, and Chinese.

In this issue of the journal, an article has been published in which the authors validated the ID Migraine in two Indian languages, Hindi and Punjabi.<sup>[4]</sup> It is a nice effort to develop and validate screening instruments for migraine in Indian languages. Sensitivity, specificity, and positive predictive value of the ID Migraine for Hindi version were 94%, 56%, and 79%, respectively. The figures for the Punjabi version were lower in comparison to the Hindi version; 86%, 43%, and 68%, respectively. The overall results were comparable to other similar research conducted for other languages.

However, there are several limitations in this study. The study's biggest drawback is its extremely small sample size, only 50 persons for each of the two languages. Another important point is whether or not the study population is truly representative of both languages. There was no mention of the first language or mother tongue of the study participants. The survey was conducted in a primarily Punjabi-speaking city in India. According to the 2011 Indian census, 44% of

Indians (528 million) speak Hindi as their first language.<sup>[5]</sup> Furthermore, spoken Hindi in India has a wide range of regional variations and dialects. In a study of this type in India, the literacy rate must also be considered. Since literacy rates vary between states (and languages) in India, it is also crucial to consider the participants' educational backgrounds. This study was conducted at the neurology outpatient clinic of a tertiary hospital. So, these patients may not be a true representative of migraine or other headache disorders.

A screening test for any disease is particularly important in primary care settings because it is specifically designed to use in that settings. So, such validation study should include primary care hospitals. The validity study of the original ID Migraine was carried out in 27 primary care practice sites and 12 headache specialty practice sites. Therefore, additional large-scale studies involving primary care hospitals across India are needed to validate the findings of the current investigation, particularly for the Hindi version of ID Migraine.

**Sanjay Prakash, Kaushik Rana**

Department of Neurology, Smt. B. K. Shah Medical Institute and Research Centre, Sumandeep Vidyapeeth, Vadodara, Gujarat, India

**Address for correspondence:** Dr. Sanjay Prakash, Professor, Department of Neurology, Smt. B. K. Shah Medical Institute and Research Centre, Vadodara - 391 760, Gujarat, India. E-mail: drprakash@yahoo.co.in

### REFERENCES

- Steiner TJ, Stovner LJ. Global epidemiology of migraine and its implications for public health and health policy. *Nat Rev Neurol* 2023;19:109-17.
- Viana M, Khaliq F, Zecca C, Figuerola MDL, Sances G, Di Piero V, *et al.* Poor patient awareness and frequent misdiagnosis of migraine: Findings from a large transcontinental cohort. *Eur J Neurol* 2020;27:536-41.
- Lipton RB, Dodick D, Sadovsky R, Kolodner K, Endicott J, Hettiarachchi J, *et al.* A self-administered screener for the migraine in primary care: The ID Migraine™ validation study. *Neurology* 2003;61:375-82.
- Sahu P, Chaturvedi P, Khan R, Singla M, Munshi A, Singh G. Translation and Validation of ID-migraine questionnaire to North-Indian vernacular languages. *Ann Indian Acad Neurol* 2023;26:543-8
- Available from: [https://censusindia.gov.in/nada/index.php/catalog/42458/download/46089/C-16\\_25062018.pdf](https://censusindia.gov.in/nada/index.php/catalog/42458/download/46089/C-16_25062018.pdf).

**Submitted:** 29-Apr-2023 **Accepted:** 01-May-2023

**Published:** 31-May-2023

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**DOI:** 10.4103/aian.aian\_376\_23