

BOTULINUM THERAPY IN THE TREATMENT OF CHRONIC MIGRAINE**Kamalova Nigora Laziz qizi**

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Abstract. Migraine is a special type of paroxysmal headache, which is an independent nosological form, more and more people suffer from migraine, the incidence of this disease is increasing (women experience migraine attacks 2 - 3 times more often than men, the age of migraine patients is younger (the peak incidence falls on the period from 25 to 34 years). Taking into account the clinical manifestations and complaints of the patient, in 2000 migraine was included in the list of diseases of global importance and representing a burden for humanity, due to both its widespread prevalence and significant impact on the patient's quality of life.

Keywords: chronic migraine, history, modern therapy, botox.

Introduction. Headache is one of the urgent problems of neurology. The most difficult to curate are patients with chronic migraine (HM). The prevalence of chronic migraine in the world is on average 14%, it is more common in women. In the world, XM affects 1.4-2.2% of the total population.

Various methods with a high level of evidence are used to treat XM in the Neurology department of the ASMI Clinics: modern drug therapy, botulinum therapy, psychotherapy (including cognitive behavioral therapy).

In the treatment of GB, the drug Botox has been used since 1994. Application experience Botox in ASMI Clinics was a reflection of the trend of using botulinum toxin type A (BTA) drugs in the treatment of GB. In 2000 the works of W. Binder et al. were published. and S. Silberstein et al. on the treatment of migraine, in 2001 - the first Russian manual on botulinum therapy, which showed the possibility of using the method in various types of G.B.

To date, Botox is a unique drug for prevention of GB in adult patients with HM.

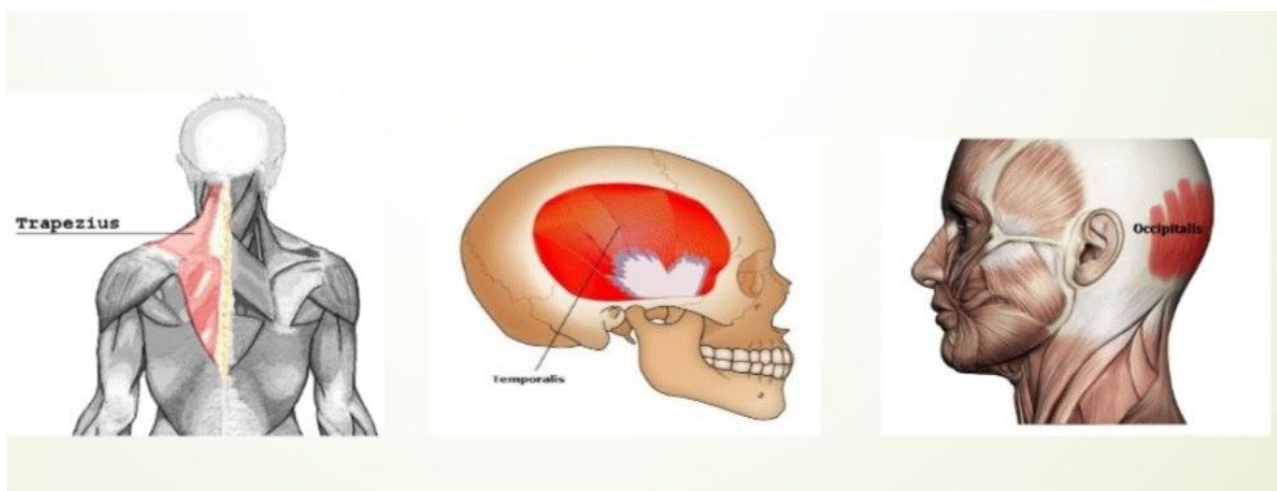
The aim of the study is a comparative assessment of the effectiveness of botox and a standard treatment complex for the preventive treatment of XM.

Material and methods. In 2020-2023, a study was conducted in ASMI Clinics, which included 34 women (average age 38.1 ± 11.2 years, duration of the disease 12.1 ± 4.3 years). The patients suffered from HM without aura, which was defined as GB occurring 15 days or more per month, more than 50% in some cases, it was migraine-like or probably migraine-like in nature: at least 4 different GB episodes with a duration of each 4 hours or more. For patients from the same group (14 patients) additional preventive treatment was not carried out for the patients. All patients filled out informed consent before being included in the study and were examined to exclude other types of GB. The study was conducted for 9 months, the condition of the patients was assessed before treatment and after repeated injections of botox (every 6 months), which was injected into the muscles of the head and neck by the fixed-point method. The subjects were divided into two groups: 14 patients of the 1st group were injected botox of 100 units, 16 patients of the 2nd group — standard treatment was carried out.

The effectiveness of therapy was assessed by the diaries of GB patients with registration of the frequency of all GB attacks (background and paroxysmal), the number of analgesic drugs taken, adverse events; questionnaires for assessing the effect of migraine on daily activity and working capacity for migraine (MIDAS) for 6 months; questionnaires for subjective assessment of satisfaction with treatment.

Statistical data processing was carried out using the Statistica 10.0 software package. The results are presented in the form of an average value and errors of the mean ($M \pm SD$). The critical level of significance when testing statistical hypotheses in the study is $p < 0.05$.

Results. All participants have completed treatment. Before treatment, all patients complained of almost daily GB — background and paroxysmal (migraine). The study assessed the frequency of all types of pain, since at the first stage of treatment, the transformation of chronic pain into episodic is a priority, and patients do not set the task of reducing the frequency of a particular type of pain. After the 1st introduction of BTA, the frequency significantly decreased GB attacks: in the 1st group from 19.8 ± 6.2 to 13.2 ± 0.01 ($p < 0.05$) attacks per month, in the 2nd - against the background of standard treatment - 19.6 ± 6.7 to 16.4 ± 0.6 ($p < 0.005$), a significant difference between the groups. The frequency of seizures reached the maximum decrease by the 2nd month in the first group, by the end of the 6th month, the indicators increased again, but were significantly ($p < 0.05$) lower than the background values: in the 1st group 3.4 ± 0.02 seizures per month, in the 2nd group 12.3 ± 0.9 .



After the 2nd administration of the drug, the frequency of seizures in the first group

continued to decrease: in the 1st group 9.3 ± 0.04 seizures versus 13.2 ± 0.01 after on the 1st administration ($p < 0.05$), in the 2nd group - 9.2 ± 0.2 attacks per month against 11.4 ± 0.6 seizures ($p < 0.05$), significant differences between the groups.

At the final stage, there was a significant ($p < 0.05$) decrease in the frequency of GB attacks to 12.1 ± 0.06 and 8.6 ± 0.3 in groups 1 and 2 accordingly, this indicates the preventive role of botox in relation to the frequency of GB attacks.

Patients of both groups took a large amount of analgesics before the start of the study. After the 1st administration of botox significantly ($p < 0.05$) the amount of analgesics consumed decreased until the end of the observation period.

Conclusion. The results of the study indicate the high efficiency of repeated botox injections and allow us to recommend use in the preventive treatment of XM 100 units of botox as the effective dose. Preventive treatment should include at least two

repeated cycles and continue as long as the patient retains the benefits of botox administration and there are no serious adverse events.

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