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SPECIFICITY OF CLINICAL AND GENETIC MANIFISTATIONS AND IMPROVEMENT OF PATHOGENETIC TREATMENT IN PATIENTS WITH SIMPLE AND COMPLEX MIGRAINE

Annotation. Migraine is one of the most common conditions with which patients come to see both a therapist and a neurologist every day. The article highlights in detail the current understanding of the pathogenesis of migraine, clinical manifestations of the disease, the diagnostic algorithm, as well as research work on the search for candidate genes predisposition to migraine. New possibilities of complex therapy of migraine attacks are described. The conclusion is made about the expediency of using these drugs for the treatment of migraine attacks of mild and moderate intensity.

Keywords: migraine, genetic role of attack therapy, combined drugs.

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СПЕЦИФИЧНОСТЬ КЛИНИКО-ГЕНЕТИЧЕСКОГО ПРОЯВЛЕНИЯ И УЛУЧШЕНИЕ ПАТОГЕНЕТИЧЕСКОГО ЛЕЧЕНИЯ У ПАЦИЕНТОВ С ПРОСТОЙ И СЛОЖНОЙ МИГРЕНЬЮ”

Аннотация. Мигрень является одним из наиболее распространенных состояний, с которым пациенты ежедневно приходят на прием как к терапевту, так и к врачу-неврологу. В статье подробно освещены современные представления о патогенезе мигрени, клинические проявления заболевания , алгоритм диагностики, а также исследовательские работы по поиску генов-кандидатов предрасположенности к мигрени . Изложены новые возможности комплексной терапии мигренозных приступов. Сделан вывод о целесообразности применения указанных лекарственных средств для терапии мигренозных приступов легкой и умеренной интенсивности.

Ключевые слова: мигрень, генетическая роль терапия приступа, комбинированные препараты.

Introduction. Migraine is a genetically influenced complex disorder characterized by episodes of moderate-to-severe headache, most often unilateral and generally associated with nausea and increased sensitivity to light and sound. The word migraine is derived from the Greek word "hemikrania," which later was converted into Latin as "hemigranea." The French translation of such a term is "migraine."[1] Migraine is a common cause of disability and loss of work. Migraine attacks are complex brain events that unfold over hours to days in a recurrent matter. The most common type of migraine is without aura (75% of cases). Migraine has a strong genetic component. The risk of migraines in ill relatives is three times greater than that of relatives of non-ill subjects, but there has not been any pattern of inheritance identified.[3][4] The genetic basis of migraine is complex, and it is uncertain which loci and genes are the ones implicated in the pathogenesis; it may be based on more than one genetic source at different genomic locations acting in tandem with environmental factors to bring susceptibility and the characteristics of the disease in such individuals. Identifying

these genes in an individual with migraines could predict the targeted prophylactic treatment. The current stage in the study of migraine is characterized by the study of genetic, neurophysiological, neurochemical and immunological aspects of the pathogenesis of migraine, the search for effective means of relief and prevention of headache.

To date, it is assumed that patients with migraine suffer from chronic dopaminergic hypofunction due to defects in the level of dopamine, and mutations of genes encoding enzymes and other proteins of the dopaminergic system. Dysfunction of the dopaminergic system leads to an increase in the activity of dopamine receptors. When an attack begins (prodromal phase), dopamine is released and at a relatively low plasma concentration, dopaminestimulates the hypersensitive central presynaptic dopamine receptors, causing yawning and drowsiness. The increasing level of dopamine and the activation of the trigemin-vascular system that has started, stimulate the central and peripheral postsynaptic dopamine receptors, causing nausea, vomiting and hypotension. In the postdromal phase, dopamine concentration slowly returns to the baseline level, which leads to drowsiness and fatigue, but in some cases it can continue to increase, causing postdromal symptoms such as euphoria and polyuria. The diagnosis of migraine is completely based on the data of anamnesis, neurological examination and the clinical picture of the disease. There are no specific methods of examination, except for the diagnostic criteria of the International Classification of Headaches (ICGB), confirming the diagnosis of migraine. From a diagnostic point of view, a special role for doctors today has become determining the level of blood hormones, the presence of a gene responsible for it.

The main approaches to planning migraine therapy

can be summarized as follows.

1. Making the correct diagnosis.

2. Identification of the influence of comorbid disorders.

3. Assessment of the degree of suffering, violation of the quality of life associated with migraine.

4. Identification and control of migraine triggers.

5. Using a headache diary to clarify the clinical characteristics of pain, concomitant symptoms and triggers.

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