



CLINICAL AND PSYCHOLOGICAL CONFIRMATION OF STABILIZING EFFECT OF NEUROFEEDBACK IN MIGRAINE

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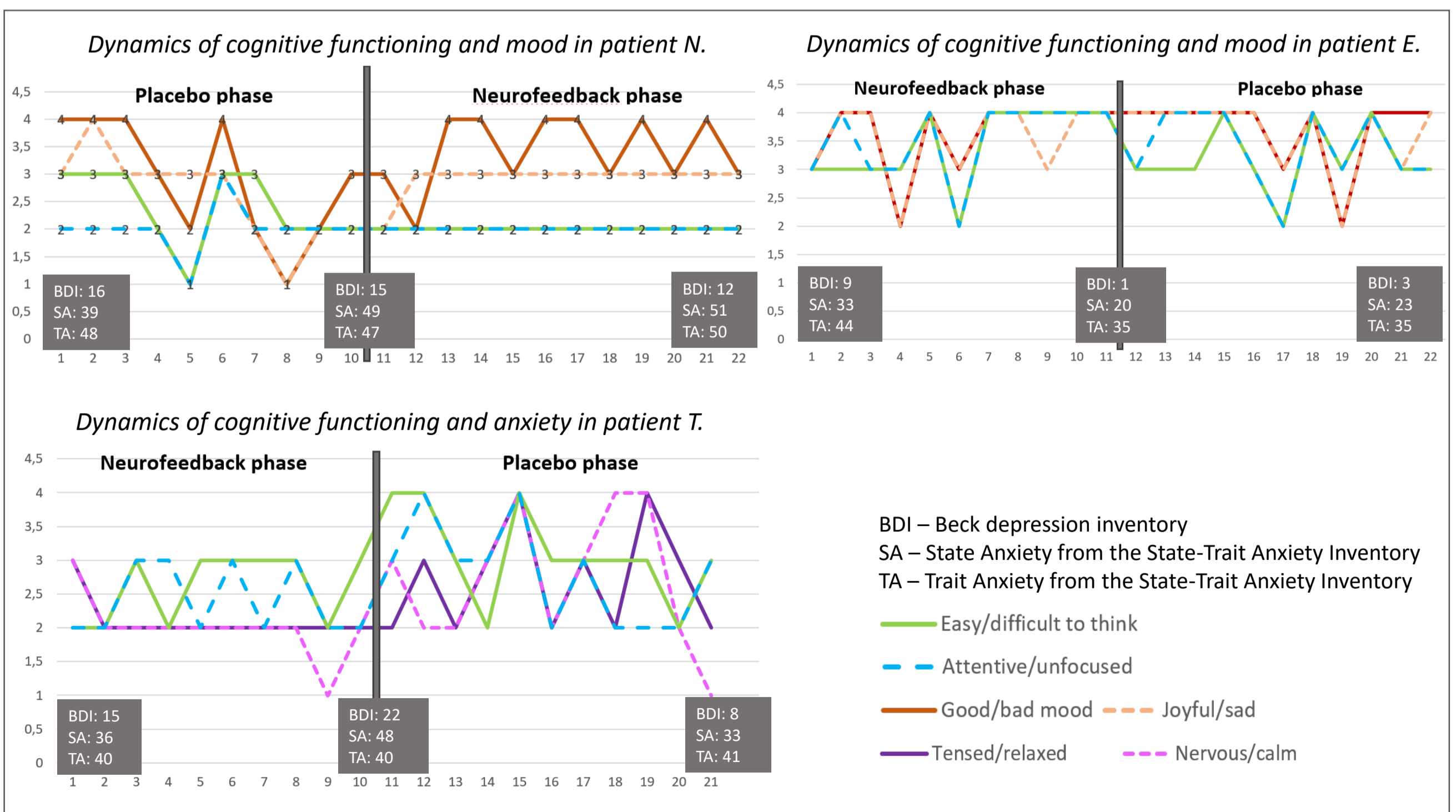
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Background: Neurofeedback in migraine aims to improve neurophysiological state, which is linked to psychosomatic, emotional and cognitive regulation. Objective and complex evaluation of neurofeedback effects is feasible.

Methods: A single case design cross-over placebo-controlled study with blinded evaluator included 3 females with frequent migraine (N., E., T.), 1 of whom (T.) also had TTH. Study had 4 phases: evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), evaluation (≥ 2 weeks). Treatment 1 and 2 included 10 infra-low frequency neurofeedback and 10 sham-neurofeedback sessions at T3T4 site in randomized order. Detailed psychological assessment was performed a baseline, at phase switch and in the end. Every day participants fill a computerized diary about pain, aura, mood, stress, copings. Before each session they received questionnaire “well-being, activity, mood” (rating of the current state between antonym adjectives, in Russian).

Results: The main finding was reduction of migraine (but not TTH) frequency during real, but not sham neurofeedback phase: 11% vs. 31% days in N. ($p=0.1$), 15% vs. 30% days in E. ($p=0.046$), T. after the start of neurofeedback had only TTH. Another detected phenomena was reduction of day-to-day shifts in cognitive function domains of “well-being, activity, mood” (easy/difficult to think, attentive/unfocused). In N. and E these domains had co-dynamic with mood (good/bad mood, happy/sad), while in T. – with anxiety (tensed/relaxed, nervous/calm).



Conclusion: Infra-low frequency neurofeedback from interhemispheric site resulted in decrease in migraine frequency and in reduction of shifts in psychological state. Thus, the treatment had multimodal stabilizing effect.