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## 31<sup>st</sup> STN Meeting | 10<sup>th</sup> TCNA Meeting

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Yasmine Hammamet Tunisia



| Title       | Phenotypes of Residual Headaches After Treatment of Idiopathic Intracranial Hypertension and Their Impact on Quality of Life |
|-------------|------------------------------------------------------------------------------------------------------------------------------|
| Authors     | K.OUCHEN, S.BOUCAL, F. HJIRA, N.CHTAOU, A. EL MIDAOU, MF.BELAHSEN                                                            |
| Affiliation | Neurology Department, Hassan II University Hospital of Fez, Morocco                                                          |

## INTRODUCTION

**Idiopathic intracranial hypertension** (IIH) is a neurological disorder characterized by elevated intracranial pressure without an identifiable cause. **Visual prognosis** is the primary concern for clinicians the main target of therapeutic interventions. **Residual headaches** are frequently observed, often presenting with heterogeneous phenotypes, and their management poses a clinical challenge.

## AIM

This study aims to characterize **the phenotype** of these headaches and evaluate **their impact** on patients' quality of life

## METHODS

This is a **cross-sectional** study conducted in the Neurology Department of Hassan II University Hospital in Fez over a **17-month** period. It included all patients being followed for IIH whose most recent follow-up ophthalmologic examination showed **complete resolution of papilledema**. Patients completed a questionnaire including the following tools: the Headache Impact Test (HIT-6), the Migraine Disability Assessment Scale (MIDAS), and the World Health Organization–Five Well-Being Index (WHO-5). Statistical analysis was performed using the software “**stats.pvalue.io**.”

## RESULTS (1)

We included **25 female** patients. The mean age was **33.66** years. The average time to diagnosis was **26** days, and the mean disease duration was **44** months. Fifteen patients had no significant past medical history. Fourteen patients (**56%**) had a history of **primary headaches**. Ten patients had used oral contraceptives. The initial mean body mass index was **30.59 kg/m<sup>2</sup>**. The mean initial cerebrospinal fluid opening pressure was **40 cm H<sub>2</sub>O**. Thirteen patients presented with severe initial visual field impairment, of whom six showed no clear improvement after treatment. All patients received **acetazolamide** as first-line therapy. One patient underwent a ventriculoperitoneal shunt, and two patients underwent lateral sinus stenting. **Figure 1** illustrates the distribution of patients according to headache persistence and phenotype. **Figure 2** shows the distribution according to HIT-6 scores.

## RESULTS (2)

A history of primary headaches, disease duration, time to diagnosis, and initial CSF opening pressure showed **no significant** correlation with the HIT-6 score. The mean WHO-5 score was **65.6** and showed **a significant correlation with the HIT-6 score**.

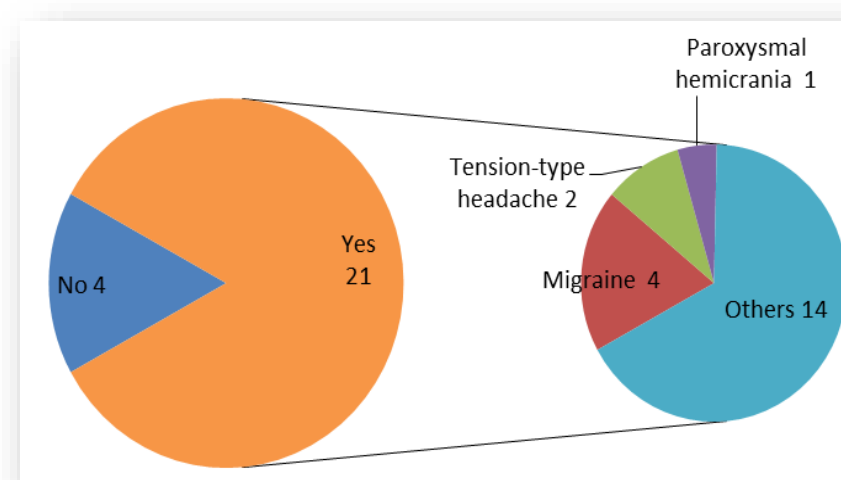


Figure 1: Distribution of patients according to headache persistence and phenotype

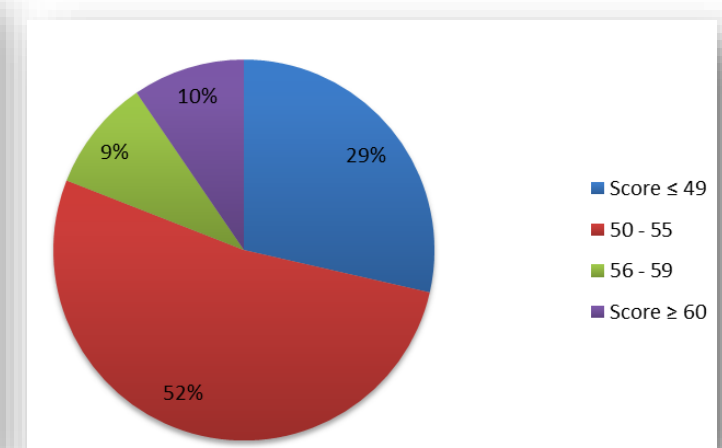


Figure 2: Distribution of patients according to the HIT-6 score

## DISCUSSION

Several studies have reported **the persistence of headaches** in the majority of patients with IIH, despite well-managed treatment [1, 2, 3]. A prior **history of migraine** and **tight stenosis** at the junction of the transverse and sigmoid sinuses have been associated with a higher risk of residual headaches [1]. These patients are also at increased risk of developing **anxiety-depressive syndromes** and **concentration disorders** [1, 4]. In our series, the contrast between patients' complaints regarding the impact of persistent headaches on their quality of life and their HIT-6 scores may be explained by the fact that the majority of the patients are **housewives**, and therefore have no alternative but to continue with their daily activities despite their headaches.

## CONCLUSION

Although current treatments improve visual outcomes, IIH remains **a chronic condition**. Persistent headaches significantly impact quality of life and may lead to psychological issues. It is therefore essential for clinicians to **actively screen for these headaches and manage them to improve functional outcomes**.

## REFERENCES

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