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Editor-in-Chief:

Dr. Ewelum Johnson Nnadi

Managing Editors:

1.Harold Jan R. Terano

2.Dr. Mandakini Singla

3.Massoud Kaykhaii







PSYCHODIAGNOSTICS OF PAIN CATASTROPHIZATION IN PATIENTS SUFFERING WITH MIGRAINE

Fayzullayeva B.P
Tashkent State Medical University

Relevance of the topic: Migraine is one of the most common neurological disorders worldwide, significantly affecting not only the patient's physical well-being but also their psycho-emotional state. Recent studies indicate that pain catastrophizing—characterized by an excessively negative perception of pain, fear of future attacks, and a sense of helplessness in the face of pain—is a key psychological factor determining migraine severity and treatment response.

In clinical practice, migraine diagnosis is typically limited to neurological parameters (attack frequency, pain intensity, and duration), while cognitive-emotional components such as catastrophic thinking are often overlooked. However, patients with high levels of catastrophizing exhibit reduced pain resilience, heightened symptoms of anxiety and depression, and a significant decline in quality of life. Consequently, the early and accurate psychological assessment of catastrophic thinking in migraine patients is a pressing issue in the fields of medical psychology and neurology. Research objective: To study the effectiveness of clinical and psychological diagnostic methods in identifying pain catastrophizing in patients suffering from migraine.

Research methods: Thirty-seven patients diagnosed with migraine participated in the study. All patients were enrolled based on neurological examinations and the collection of clinical histories.

A range of clinical-psychological diagnostic methods was employed to assess pain catastrophizing, including:

PCS (Pain Catastrophizing Scale) — to evaluate components of catastrophic thinking such as rumination, magnification, and helplessness;

HADS (Hospital Anxiety and Depression Scale) — to determine the levels of anxiety and depression in patients;

MIDAS (Migraine Disability Assessment Scale) — to assess the impact of migraines on the patients' lives;

Clinical interview — to identify the patients' subjective perceptions of and expectations regarding pain.

The obtained results were statistically analyzed, and catastrophizing scores were compared with neurological and psycho-emotional parameters.

Research results: The study revealed high levels of pain catastrophizing in the majority of the 37 patients. Specifically, 62% of patients exhibited high levels of rumination (according to the PCS scale), while 54% showed high levels of helplessness and fear of future attacks. Patients with high PCS scores also demonstrated a significantly higher frequency of attacks and greater pain intensity.

HADS results indicated that 50% of patients experienced moderate to high levels of anxiety, and 40% exhibited depressive symptoms; these indicators were notably more prevalent among patients with high levels of catastrophizing.

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According to the MIDAS scale, 45% of patients experienced moderate to severe functional limitations affecting their daily and professional activities.

Clinical interviews revealed that the majority of patients exhibited cognitive characteristics such as fear of future attacks, a sense of inability to control the pain, and excessive focus on the pain.

Conclusion: The study results demonstrated that pain catastrophizing is a prevalent psychological phenomenon among migraine patients and is intrinsically linked to the severity of the disease. It was found that the combined use of the PCS, HADS, and MIDAS scales, alongside clinical interviews, holds significant diagnostic value in identifying catastrophizing. Therefore, when evaluating migraine patients, it is advisable to assess their cognitive-emotional state in conjunction with the neurological evaluation. This serves as a foundation for developing effective psychotherapeutic intervention programs in the subsequent stage.