# **ORAL PRESENTATION**

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# O011. Patients with "prolonged aura" do not show clinical or demographic differences from the patients with "typical aura"

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## **Background**

A recent systematic review of the duration of migraine aura reported that aura symptoms may last longer than one hour in a significant proportion of patients [1]. Here we investigated in a prospective diary-aided study whether patients with a "prolonged aura" (PA - an aura in which there is at least one symptom lasting for more than one hour) are different from the patients with a "typical aura" (TA).

#### **Methods**

We recruited 176 consecutive patients affected by migraine with aura at the Headache Centres of Pavia and Trondheim. The study received approval by the local Ethics Committees. All patients signed an informed consent form. Fifty-four patients completed the study recording prospectively the characteristics of three consecutive attacks in an ad hoc aura diary that included the time of onset and the end of each aura symptom and the headache. We also collected demographic and clinical variables of each patient including age, gender, presence of headache associated with aura, frequency of migraine with aura attacks, age at onset of migraine with aura, duration of illness, co-occurrence of migraine without aura or tensiontype headache, age of migraine without aura onset, use of a migraine preventive therapy, family history for migraine with aura and white matter lesions at MRI in the analysis. We performed an analysis to evaluate if there was any

demographic or clinical variable associated with having suffered from at least one PA out of three attacks.

#### Results

Fifty-four patients completed the study recording in a diary the characteristics of three consecutive auras (n=162 auras). Fourteen out of 54 patients (26%) had at least one PA, while 30 patients (74%) had three TA. In univariate analyses, none of the clinical or demographic parameters was significantly associated with the fact of having experienced a PA (Table 1).

#### **Conclusions**

For the first time we demonstrate that patients with "prolonged aura" have no demographic and clinical differences with patients with "typical aura". These data support the need to review the ICHD criteria for migraine with aura.

Written informed consent to publication was obtained from the patient(s).

#### Conflict of interest

None.

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Table 1. Association between clinical variables and the condition of having suffered of at least one migraine with prolonged aura out of three attacks: univariate analysis

Clinical variable	All patients (n=54)	Patients without prolonged aura	Patients with at least one prolonged aura	P value
Sex				
Female	45 (83.3)	32 (80.0)	13 (92.9)	0.487
Male	9 (16.7)	8 (20.0)	1 (7.1)	
Age, years (SD)	39.6 (14.5)	41.2 (14.4)	34.8 (14.0)	0.153
Age at MwA onset, years (SD), n=52	23.4 (11.5)	24.2 (12.2)	21.3 (9.1)	0.571
Frequency of MwA, attacks/year (SD)	23.9 (27.6)	24.1 (29.6)	23.3 (22.0)	0.866
Duration of MwA, years (SD), n=52	15.6 (12.7)	17.1 (12.6)	11.3 (12.3)	0.079
Aura with headache				
on 3/3 attacks	46 (85.2)	32 (80.0)	14 (100)	0.193
on 0/3 attacks	3 (5.6)	3 (7.5)	0 (0)	
on 1/3 or 2/3 attacks	5 (9.3)	5 (12.5)	0 (0)	
Co-occurrence of MwoA n=53				
No	15 (28.3)	10 (25.6)	5 (35.7)	0.710
Yes	38 (71.7)	29 (74.4)	9 (64.3)	
Age at MwoA onset, years (SD), n=38	17.8 (8.6)	18.3 (8.7)	16.2 (8.6)	0.327
Frequency of MwoA attacks/month (SD), n=38	5.2 (5.3)	5.4 (5.7)	4.6 (1.4)	0.904
Co-occurrence of tension type headache				
No	46 (85.2)	36 (90.0)	10 (71.4)	0.213
Yes	8 (14.8)	4 (10.0)	4 (28.6)	
Familiarity for aura, n=52				
No	40 (76.9)	28 (73.7)	12 (85.7)	0.588
Yes	12 (23.1)	10 (26.3)	2 (14.3)	
Preventive prophylaxis, n=53				
No	33 (62.3)	26 (66.7)	7 (50.0)	0.434
Yes	20 (37.7)	13 (33.3)	7 (50.0)	
White Matter Changes at MRI, n=45				
No	34 (75.6)	23 (71.9)	11 (84.6)	0.604
Yes	11 (24.4)	9 (28.1)	2 (15.4)	

Prolonged aura: aura with at least one symptom lasting for more than 60 minutes. MwA: migraine with aura; MwoA: migraine without aura.

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