# HOME-BASED EEG NEUROFEEDBACK FOR THE TREATMENT OF CHRONIC MIGRAINE: A MIXED METHODS CASE REPORT

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## **Background and Rationale**

- · Migraine affects one billion people globally, with women three times more likely to be affected $^{(1,2,3)}$ .
- Migraine may be partially driven by neuronal hyperexcitability in the cerebral cortex, particularly in the alpha (8-10Hz), beta (13-30Hz) and theta (4-8Hz) frequency bands, impacting sensory processing<sup>(4,5)</sup>
- Qualitative experiential studies exploring female migraine found adverse effects on work, home life, self-efficacy, and increased psychological distress<sup>(6)</sup>.
- This case study describes a 52 year old woman with chronic episodic migraine who participated in a clinical trial using home-based EEG neurofeedback to target abnormal excitability in the somatosensory cortex.
- · Mixed methods were utilised to explore her response to treatment.

## **Methods**

- The neurofeedback training was performed using the Axon<sup>™</sup> system, comprising a purpose-built EEG headset and bespoke tablet-based software.
- The participant completed 47 sessions over 8 weeks. EEG activity was recorded at each session and transmitted via Bluetooth to the app, allowing for real-time modulation of brain activity (Figure 1).



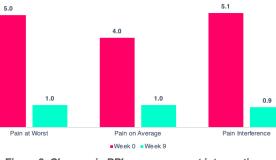
Figure 1: Axon neurofeedback system (L) and one of the 'games' played by the participant (R)

- A selection of 'games' utilised operant conditioning principles and reward-based learning in the form of game progression, to achieve relative alpha upregulation above baseline threshold at each session.
- Pain was measured via online assessment at Week 0 and Week 9, relative EEG power was analysed by averaging relative power values at the beginning of each week, and statistical significance calculated using paired two sample t-test at each time point.
- Qualitative data was collected via online guestionnaires at Week 0 and 6, and an interview at Week 9.

## Results

- Pain outcome measures showed substantial reductions in pain at worst (80%), on average (75%) and pain interference (82%) (Figure 2).
- Resting-state relative alpha activity was significantly upregulated, and relative theta and hi-beta downregulated (Figure 3).

### **Brief Pain Inventory (BPI) Scores**



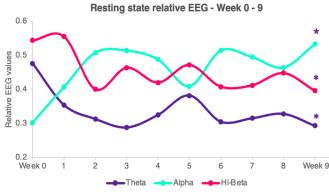


Figure 3: Changes in relative EEG. \* Denotes p<0.05

## **Qualitative findings**

- · Preliminary thematic analysis identified important concepts that developed during the intervention.
- At Week 0, loss of control was a prominent theme "I feel like my migraines rule my life and no one can fix the problem.... I would like to feel in control and get my life back".
- By Week 6 strategies for training success had developed, changes in her condition were evident and increased confidence was apparent "the headaches have been almost non-existent...to get through a month without a migraine is amazing ... life changing in many ways and gives me real hope for the future".
- At Week 9 she reported increased resilience, a near cessation of migraines and feelings of hope "things have gone up...each day I'm thinking 'today is a good day and I haven't been ill this month' ... It has definitely given me hope!"



Self-efficacy and control can be measured quantitatively, but hope is a more intangible concept, highlighting the importance of gualitative data when researching the complex and subjective nature of chronic pain conditions.

## **Discussion and conclusion**

- These results suggest that neurofeedback may be a promising treatment for chronic migraine.
- The participant's reduction in migraine frequency and severity signified by changes in pain at worst, on average, pain interference and improvements in affect, show the potential of neurofeedback as a treatment for migraine.
- Changes in resting state EEG indicate the potential efficacy of relative alpha modulation as a mechanism for managing the symptoms of chronic episodic migraine.
- · The qualitative findings add substantial value to the quantitative data and provide invaluable insights into the importance of agency, selfefficacy and hope in treating a disease that is poorly understood, with a paucity of effective non-pharmacological treatments.
- Further gualitative and guantitative research is warranted to validate these findings.
- · Neurofeedback has the potential to be a valuable adjunctive therapy for individuals living with chronic migraine, offering pain reduction, improved quality of life, and renewed hope.



4) Zhang, N., Pan, Y., Chen, Q., Zhai, Q., Liu, N., Huang, Y., .& Chen, S. (2023).

Figure 2: Changes in BPI scores pre-post intervention