We noted that increased frequency of migraine was predictive of higher incidence of both depression and anxiety disorders, and also there was higher occurrence of migraine within those populations, as well.

Both migraine disease and psychiatric disorders remain underrecognized, underserved, and undertreated; and unfortunately, because of that, the co-occurrence, or the comorbidity, becomes a larger problem.

Migraine disease and psychiatric disorders like depression and anxiety frequently occur together.

Dysregulation in certain areas of the brain can lead to both migraine disease and psychiatric disorders.

Even if mood is not the primary issue, it's important to assess it and decide what role it might be playing in migraine disease and patient health in general.

Psychiatric conditions should be addressed concurrently, and as early as possible, during treatment of migraine disease.

Both depression and anxiety are predictors of the transition from episodic migraine to chronic migraine.

Acceptance can play an important role in coping with migraine; it does not mean giving up an active role in controlling your condition.

Coping strategies need to be exercised to be strong. Instead of turning to relaxation and de-stressing strategies only in emergencies, build them into your life on a regular basis to manage stress before it reaches a boiling point.

Seek out some form of regular therapy, whether it be through health care professionals, community support groups, religious leaders, or other means.

Health care providers should assess and address psychiatric comorbidities concurrently with assessment and treatment of migraine disease.

Antianxiety medication
Antidepressant medication
Biofeedback
Bite plates
Cognitive behavioral therapy
Exercise
Mindfulness
Progressive muscle relaxation training
Psychotherapy
Socialization