

THE ROLE OF HYPOMENTALISATION AND PAIN CATASTROPHIZING IN MIGRAINE-RELATED DISABILITY

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BACKGROUND AND AIM: Beyond a neurovascular condition, migraine is conceptualised as a complex biopsychosocial disorder involving altered pain processing, limbic system dysregulation, and psychosocial vulnerabilities. Pain catastrophising is one of the strongest predictors of migraine-related disability. Mentalisation, defined as the capacity to understand bodily and emotional experiences in terms of mental states, may play a key role in shaping maladaptive pain appraisals. We hypothesised that, hypomentalisation would be associated with higher pain catastrophising and migraine-related disability. This study aims to examine whether hypomentalisation is associated with migraine-related disability through pain catastrophising as a potential mediator.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional study was conducted at a neurology outpatient clinic in Sincan Education and Research Hospital between July and October 2025. The study was approved by the hospital's ethics committee (02.06.2025-BAEK-2025-21). A total of 196 participants were aged 18–65 and diagnosed with migraine according to ICHD-3 criteria. Reflective functioning was assessed using the RFQ-

6, pain catastrophising using PCS-13, and migraine-related disability using the HIT-6. Pearson correlations were calculated, followed by bootstrapped mediation analyses (5,000 resamples) controlling for age and gender.

RESULTS: Higher RFQ-6 score was significantly associated with greater pain catastrophising ($r = .35$) and migraine-related disability ($r = .26$). PCS-13 score correlated with HIT-6 ($r = .52$), with the Helplessness subscale the strongest correlation ($r = .57$).

Mediation analyses indicated that PCS-13 significantly mediated the relationship between hypomentalisation and migraine-related disability (ACME = 0.57), accounting for 71% of the total effect. When PCS-13 Helplessness was tested as the mediator, the indirect effect increased (ACME = 0.69), explaining 87% of the total effect, while direct effects remained non-significant.

CONCLUSIONS: These findings support a process-based model of migraine-related disability in which hypomentalisation may be associated with functional impairment primarily through pain catastrophising, particularly perceived helplessness.

Keywords: hypomentalisation, migraine, pain catastrophising