

Headaches in Childhood

BACKGROUND

- Most recurrent headaches of childhood are due to either migraine or tension headache

DIFFERENTIALS

- Tension headache
- Migraine
- Cluster headache
- Space occupying lesions e.g. brain tumour
- Idiopathic intracranial hypertension
- Sinusitis
- Meningitis

TENSION HEADACHE

- Bilateral pressing or tightening pain
- Moderate severity, self-limited, responds to simple analgesia
- Associated with stressful events e.g. bullying, marital discord

MIGRAINE

- Unilateral severe throbbing pain
- Pallor, nausea, vomiting, photophobia
- 15% have migraine with aura
 - ✓ Transient focal neurological symptoms that resolve with onset of headache
 - ✓ Commonly visual or sensory
- Triggers include stress, sleep deprivation, nuts, caffeine, chocolate, MSG, cheese

TREATMENT OF MIGRAINE

- Acute migraine
 - ✓ Early simple analgesia
 - ✓ Sumatriptan
- Prophylaxis
 - ✓ Propranolol
 - ✓ Topiramate

HISTORY

- Description of headache:
 - ✓ Location
 - ✓ Duration
 - ✓ Radiation
 - ✓ Associated features
 - ✓ Aggravating/relieving factors
 - ✓ Precipitating factors
- Change in severity or frequency of headaches
- School days missed
- Medications tried
- Family history

EXAMINATION

- Centiles
- Head circumference
- Measure BP
- Cranial nerve exam including extraocular movements, fundoscopy, visual acuity and visual fields
- Full neurological exam and gait assessment

INVESTIGATIONS

- Headache diary is most powerful diagnostic tool
- CT/MRI scans are indicated in specific circumstances
- Avoid ordering scans for parental reassurance only

TREATMENT

- Review 4-6 weeks after initial consultation with headache diary
- If tension headache:
 - ✓ Explore school and home issues
- If migraine:
 - ✓ Avoid triggers
 - ✓ Consider pharmacological treatment and prophylaxis

REFERRAL

- Children who meet criteria for neuroimaging
- Migraine not responding to simple analgesia or requiring prophylactic treatment
- Abnormal neurological or fundoscopic exam
- Change in headache pattern

RED FLAGS

- Macrocephaly
- Early morning headaches relieved by vomiting
- Poor balance
- Seizures
- Acute squint
- Deteriorating vision
- Occipital headache

INDICATIONS FOR NEUROIMAGING

- Change in personality
- Abnormal neurological or visual exam
- Frequent or persistent vomiting
- Crescendo pattern
- Signs of raised ICP
- Focal/generalised seizures
- Early morning headache

TAKE HOME MESSAGES

- Always review after 4-6 weeks to examine pattern of headaches using diary
- Assess trigger factors
- Treatment should focus on lifestyle modification, identification and removal of triggers and simple analgesia
- Consider imaging if increased frequency or severity of headaches over a short time period (weeks)

REFERENCES

- www.bash.org.uk
- www.headsmart.org.uk
- Forum 2008; 25(9):61-63