

AAP National Conference: Pediatric neurologists to review diagnosis, treatment of migraines

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When you think of migraines, the associated symptoms that usually come to mind are nausea and sensitivity to light.

Yet children suffering from these headaches also can present with eyelid drooping, tearing, complaints of ear fullness, visual hallucinations and even euphoria, said Sonia Partap, M.D., M.S., FAAP, a member of the AAP Section on Neurology Executive Committee.

“Migraines can present unilaterally as we typically think of migraine, but even both sides at the same time,” she said. “Pediatricians might be surprised that migraines can wake up children in the middle of the night.”

Dr. Partap will help pediatricians distinguish migraines from other headaches and will discuss treatment options during a session titled “‘Brain Cramps’: Migraines and Its Variants” from 2-3:30 p.m. Saturday (S1127) in Room 103 of Moscone South and from 2-3:30 p.m. Sunday (S2135) in Room 104 of Moscone South. Joining her will be Amy Gelfand, M.D., assistant professor of neurology and pediatrics at UCSF School of Medicine and a child neurologist at the UCSF Headache Center.

Headaches affect 5% of 7-year-olds and up to 15% of 15-year-olds.

“Interestingly, migraines are more common in boys before puberty and then in girls after puberty,” said Dr. Partap, clinical associate professor, child neurology and neuro-oncology, Stanford University and Lucile Packard Children’s Hospital, Palo Alto, Calif.

There is evidence that foods high in tyramine (cheese), nitrites (hot dogs, cured meats) and chocolate can trigger migraines, she said. Stress also plays a significant role as a trigger as do obesity and depression.

“Every child’s triggers are different and therefore, the most important part of treatment starts with a thorough history,” Dr. Partap said.

When children have headaches, pediatricians may be concerned about more serious diagnoses. Some of the red flags to watch for are morning headaches with nausea and vomiting, which can signal increased intracranial pressure, as well as progressively worsening headaches, balance problems, positional headaches, headache with Valsalva maneuvers (e.g., coughing, laughing, sneezing) and papilledema, she said.

Dr. Partap and Dr. Gelfand will discuss treatments for acute migraine and prophylactic therapy as well as biofeedback and lifestyle changes that can improve headaches.

“Proper treatment of migraine and headaches in children is essential not only for the child’s well-being but also the family as a whole,” Dr. Partap said, noting that parents may have to miss work when their child has a headache.

A referral to a neurologist is appropriate when red flags are present or when a child has failed triptan therapy or at least one prophylactic medication, she said.

“Treating headaches and migraines successfully can be very rewarding,” Dr. Partap said. “It empowers children to ‘heal’ themselves. As their doctor, it allows me to incorporate both my neurology and psychiatry skills — an amalgamation of the brain and mind.”

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