

# Pediatric Headache

Sponsored by the Section on Neurology

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## When Did the Headaches Start?

- If fever is present:
  - If there is purulent nasal drainage, consider a sinus infection and antibiotics.
  - If neck stiffness or a decreased level of consciousness is present, consider a more serious diagnosis such as meningitis.

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## “Red Flag” Symptoms

- Headaches that wake the patient from sleep
- Early-morning headaches
- Progressively worsening emesis
- Presence of an abnormal neurological exam
  - Includes thorough fundoscopic evaluation to evaluate for papilledema
- New and/or different type of headache from patient’s known baseline headaches
  - Especially if focal or side-locked

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## “Red Flag” Symptoms

- Any positive answer increases the suspicion of an abnormal intracranial process, such as a tumor.
- If all of the answers are negative and the neurological and fundoscopic exams are normal, head imaging should be deferred.

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## Headache Frequency

- How frequently do “bad” headaches occur that cause the patient to miss school or other important activities?
- Ask how many headache-free days exist.
  - Patients with chronic migraines tend to only complain of the severe headaches, but may be dealing with daily headaches.



# Let the Patient Describe!

- Where (on the head)?
  - Migraines are frontotemporal or shifting in location and typically unilateral, but can be bilateral in children.
  - Isolated occipital-based headaches may suggest a space-occupying lesion and an MRI is warranted!
  - Side-locked headaches are unusual and may represent a trigeminal autonomic cephalgia or space-occupying lesion.



## Let the Patient Describe!

- What (do they feel like)?
  - Throbbing or pounding pain may suggest a migraine.
  - Squeezing or a “tightness” may suggest a tension-type headache.
  
- How (long do they last)?
  - Helps with differentiating headache types.
  - Migraines classically last 4–72 hours if left untreated (can be as short as 2 hours in children).





## Let the Patient Describe!

- What (other symptoms are involved)?
  - Photophobia and phonophobia may not be explicitly endorsed but inferred from certain behaviors, such as going to a quiet, dark place to sleep.
  - Movement sensitivity is common in a migraine.
  - Migraines must have photophobia and phonophobia OR nausea and/or vomiting with at least 5 similar episodes in the past.



## Aura Symptoms

- **Visual** – Dark spots, sparkling lights, zigzags, etc.
- **Sensory** – Pins and needles sensation, numbness, etc.
- **Motor** – Unilateral weakness may suggest a hemiplegic migraine.

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# Headache Hygiene Questions

- **Sleep** – Important to obtain age-appropriate durations as well as good-quality sleep.
  - Frequent snoring or pauses during breathing will disrupt and produce non-restorative sleep.
  - Children with poor sleep habits or patterns during the school week often have headaches near the end of the school day and tend to be headache-free or have fewer headaches during weekends or school vacations.

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# Headache Hygiene Questions

## ■ Nutrition

- Avoid skipping any meal, especially if there is a pattern of headaches prior to standard meal times.

## ■ Hydration

- Ensure adequate and appropriate water intake.
  - Write a school note to permit carrying a water bottle and extra bathroom breaks.
- Reduce caffeine intake, if present.

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## Medication Considerations

- What does the parent give when the patient has a headache? How frequently? At what dose?
  - Ibuprofen 10 mg/kg is an appropriate initial therapy.
  - Goal of acute abortive medication is only needed 2–3 times per week, at most.
  - Some common over-the-counter combination analgesics given frequently over a long period of time increase the risk of medication-overuse.
  - Opioid medications should be avoided!



# Thank you!

- With these tools, hopefully your next pediatric headache patient is less of a headache!

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