Pediatric Migraine

Diagnostic “Peals”
- For kids, drawing may be easier than talking about migraine
- This approach tends to produce very accurate diagnoses
- An MRI may be needed in children:
  - Younger than age 6
  - With occipital headaches
  - With headaches that wake up a child from sleep
  - With new onset headache or abnormal neurological examination

A Common Problem
- Headache affects:
  - 37% to 51% of 7-year-olds
  - 57% to 82% of 15-year-olds

- Recurrent migraine affects:
  - ~2.5% to 4.0% of children under age 8
  - ~10% of 5- to 15-year-olds
- Boys are far more likely to have migraine than girls at a very young age
- By the preteen and teen years, prevalence in girls sharply surpasses boys
- Migraine prevalence increases to adult levels throughout the late-teen years

Different in Children and Adolescents
- Children and adolescents are not mini-adults
- Migraine symptoms and presentation differ from adults:
  - Attacks can last 1 or 2 hours, not 4
  - Pain often affects both sides of the head
  - Treatments may not work the same way

Goals of Treatment
1. Reduce headache frequency, severity, duration, and disability
2. Reduce reliance on poorly tolerated, ineffective, or unwanted acute medications
3. Improve quality of life
4. Avoid acute headache medication escalation
5. Educate and enable patients to self-manage their condition
6. Reduce headache-related distress and psychological symptoms

Understanding Disability
- Migraine can prevent or limit school and other social activities significantly more than those who don’t have migraine
- A tool called PeDiMIDAS* - which stands for PEDiatric Migraine DisAbility Score - can be used to assess migraine disability in younger patients

In the Last three months, how many...
1. Full days of school were missed due to headaches?
2. Partial days of school were missed due to headaches?
3. Days did you function at less than half your ability in school because of a headache?
4. Days were you not at home due to activities (e.g., chores, homework, etc.)
5. Days you did not participate in other activities due to headache (e.g., play, go out, sports, etc.)
6. Days did you participate in these activities, but functioned at less than half your abilities?

Add them up!
- The number of days are added to determine migraine-related disability
  - Below 10 means little to none
  - 11-30 means mild
  - 31-50 means moderate
  - Above 50 means severe

*PeDiMIDAS Migraine DisAbility Score

Balanced Treatment Plans
- To achieve treatment goals, balanced treatment plans are needed
- Balanced plans include medical, biobehavioral, and nonpharmacologic treatments
  - Medical — acute and preventive medications
  - Biobehavioral — biofeedback, cognitive behavioral therapy, stress management, sleep hygiene, exercise, and dietary modifications
  - Nutraceuticals — vitamin B2, coenzyme Q10 and vitamin D

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Understanding Disability

Migraine and despair: factors associated with depression and suicidal ideation among Canadian migraineurs in a population-based study.

References
3. Lipton, RB, Buse, DC, Hall, CB, Tennen, H, DeFreitas, TA, Borkowski, TM, ... & Haut, SR. Reduction in perceived stress as a migraine trigger Testing the “let-down headache” hypothesis. Neurology. 2014; 82(16), 1395-1401.