

Department of General Paediatrics and Neurology

Migraine in children

Information for patients, parents and carers

Introduction

This fact sheet aims to give you information about migraines and the available treatments.

What is a migraine?

Migraines are the most common type of headaches in young children. A variety of symptoms may accompany the headache which can have a huge impact on the child's life at school and home. It is important that you know and understand how to manage migraines well.

What causes a migraine?

Migraines usually run in families and often a family member would have suffered them as well. No one really understands what causes migraines.

What are the symptoms of a migraine?

Most children have a pounding or throbbing headache, which worsens as the day goes on. The headache may be on one side of their head.

- Symptoms that may accompany migraine are.
 - Looking pale
 - Feeling sick and may be sick
 - Feeling that normal light causes discomfort
 - Feeling that normal noises sound loud and uncomfortable
 - Visual problems (blurred vision, unusual patterns of lines or circles/dots in black and white)
 - Unpleasant taste
 - Sensitivity to smell
 - Sweating
 - Feeling clumsy
 - Numbness in the arms or legs
 - Difficulty in speaking or understanding

All of these symptoms do not always occur and can vary from one child to another with some children having worse symptoms. Some children have symptoms before that help predict an attack of migraine (aura). They may have craving for some foods .e.g. sweets, be hyperactive or feel excessively tired, yawning, experience mood changes.

Some children have 'tummy pains' without the headaches. They may also have the listed symptoms accompanying a migraine – and this is recognized as a type of migraine as well.

How are migraines diagnosed?

There are no specific tests to diagnose migraine. Diagnosis is based on doctors reviewing the symptoms and examining the child. Keeping an accurate record of the child's symptoms in a headache diary helps doctors decide about the diagnosis and management.

Scans of the head do not help in the diagnosis of migraine.

A Headache diary is useful to record:

- the frequency, duration and severity of headaches,
- any triggers or precipitating factors
- and to monitor the effectiveness of headache interventions

How is migraine treated?

There is no cure for migraines. However there are plenty of options aimed at lessening the impact on a child's daily lifestyle.

Lifestyle advice and identification for triggers

Headaches can be triggered by variety of factors and these can vary in different children. The ones discussed below are commonly recognised triggers and may be relevant to your child's headaches. Please record any identifiable triggers in the headache diary.

1. Eating: It is important to eat regularly and avoids skipping meals. A number of dietary factors can trigger migraine headaches. For example; coffee, chocolate, cheese, tea, baked beans, tomatoes including ketchup, fizzy drinks/cola, citrus fruit/juices (oranges, lemon, lime). Some food additives may also act as triggers (monosodium glutamate found in Chinese takeaways).

ALL these foods do not need to be avoided, if a food is suspected to trigger migraine a period of exclusion can be trialed to see if this helps to reduce migraine episodes. These foods **only** have to be kept out of the diet if you think that food triggers a migraine and avoidance helps.

2. Drinking: Dehydration can be a trigger for headaches, ensure adequate intake of fluids, and drink plenty in hot weather and when exercising.

3. Exercise: Regular exercise is an important part of healthy lifestyle and is associated with less frequency of headaches.

4. Hormones changes and periods can be linked with migraines.

5. Computer/TV screens can worsen headaches. Children should take regular and frequent breaks away from screens.

6. Sleep: oversleeping or sleep deprivation can trigger migraines. Maintain regular sleeping hours and routines as well as avoiding a morning lie-in.

7. Be aware of the effects of **drugs, alcohol and smoking** on health. There is evidence that these may increase the risk for more frequent migraine attacks.

8. Stress: Stress, fatigue and anxiety are most common triggers of headache. Identify stress and seek advice and help for anxiety and stress management.

9. Managing exams and studies: anticipate and plan children's studies to reduce stress and disruption to routines such as sleep, rest and food.

10. Avoid medication overuse: taking regular painkillers (paracetamol, ibuprofen, codeine, Migralve, etc.) can cause a dull daily headache (medication overuse headache), which is difficult to treat and does not respond to any medications. The only way to stop medication overuse headache is to stop taking these regularly.

Treatment of acute attack

The best treatment for most attacks is rest and sleep. Most children find relief by lying still in a dark quiet room. Many local therapies like applying cold packs to head or massage to head, neck and temples also helps. Drinking plenty of water at the start of the headache makes the child feel better.

In some situations it would be appropriate to treat with a painkiller (usually paracetamol and/or ibuprofen) in doses directed by the doctor. Frequent use of analgesics need to be avoided to prevent medication overuse headache.

Alternatively, there are medications called 'triptans' that could be tried in selected cases. These would be recommended by your doctor in selected cases.

For some children, nausea and vomiting are the most distressing aspect of the migraine and an anti-sickness medicine called domperidone is useful.

Preventative medications

If migraines continue, more than two - four episodes every month, despite following the lifestyle measures and avoiding regular painkillers, a medication could be taken to reduce headache frequency.

The medicine should be taken regularly for at least two – three months to note if there is an improvement. If the medicine is not beneficial after four months it should be gradually discontinued and another option should be discussed.

None of the preventative medicines are without side effects. Sometimes, these medicines may cause a temporary worsening of the headaches. It is worth persevering with the medicine as this may reduce the intensity and frequency of the migraines in the long run.

After six months or more of good control, a trial period without preventative medication being taken is recommended. This is to establish if there is an on-going need for the medication.

The commonly used groups of preventative medicines are:

- Propranolol
- Pizotifen
- Topiramate
- Amitriptylin

What happens to migraines as the children grow older?

Migraine may never completely remit. Most boys find that migraines tend to improve around puberty. In contrast, girls tend to get worsening migraines due to hormonal changes during teenage years.

Most children will be able to identify lifestyle changes that worsen their headaches as they grow older and adopt strategies to avoid anything that worsens the headaches.

Where can I get further information?

The 'Migraine Trust' has a website www.migraine.org.uk and www.migrainetrust.org which has lots of helpful and age appropriate information for 7-12 years and teens about headaches and migraines. You could also download leaflets about lifestyle changes, medication overuse headache and a headache diary from this website.

Please note: We do not monitor the content of third-party websites. Any link provided is solely for your convenience. We do not accept any responsibility for any third-party website.

This fact sheet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this fact sheet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

Alder Hey Children's Foundation Trust
Eaton Road
Liverpool
L12 2AP
Tel: 0151 228 4811
www.alderhey.nhs.uk

Ref.HC/1/05 ©Alder Hey 2016 Date of next review: June 2018 PIAG 35

DATE	Headache Duration		Headache severity				Associated Symptoms (please tick ✓)						Medications Used (Name and dose)	Relief (please tick ✓)			Triggers Activities/Foods School /Sleep / Stress video screens etc.
	More than 4 hours	Less than 4 hours	Stops & lies down	Decrease normal activity	Continue normal activities	Clear days	AP	N	V	PT	PN	WPA		No	Yes	Good	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	

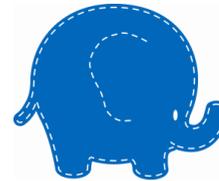
Key: AP: Abdominal Pain N: Nausea V: Vomiting PT: Sensitivity to light (Photophobia)
 PN: Sensitivity to sound (Phonophobia) WPA: Worsen with Physical Activity

Instructions for completing your headache diary

Please complete diary for full calendar month. Each day please tick the box that indicates:

- how long (duration) your headache lasted for
- how it affected you (severity)
- associated symptoms other than the headache

If medicine was taken please record what it was and how much taken on that day.



Please tick the box to indicate if the medicine worked (relief).

Please write anything you think may have caused the migraine (triggers).

Please record the:

Number of visits to your GP (doctor) for headache

Number of hospital visits for headache

Number of school days missed because of migraine

My Monthly Headache Diary

Name

Month

Year