

Headaches in childhood

Background

Most headaches are either tension or migraine in type

History

- Clear description of headache episode
- Change in tempo +/- severity of headaches
- Lost school days
- What precipitates?
- Medications tried

Examination

- measure head size + look for head tilt
- Height/weight centiles
- BP measurement
- Cranial nerves / visual acuity
- Examine gait

Indications for CT/MRI:

- change in personality
- Abnormal neuro exam
- Frequent vomiting
- Crescendo pattern of headaches
- Signs of raised ICP
- Focal/generalized seizures

Treatment

- review + re-examine in 4-6 weeks with diary
- if tension explore school + home issues
- avoid migraine triggers
- Relaxation therapy +/- hypnosis

Migraine

Throbbing /unilateral/ severe/ghostly pallor / dark room/aura

Triggers – stress/fasting/ lack of sleep/ food
(nuts, caffeine, MSG, chocolate, blue cheese)
Early analgesia + avoid triggers

Treatment for Migraine

Early simple analgesia
Nasal sumatriptan if older
Preventive medications : Propranolol or topiramate

Reference

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www.bash.org.uk
www.headsmart.org.uk

Forum 2008 ;
25(9): 61-63

TAKE HOME MESSAGES

Always review after 4-6/52
Consider imaging if increased headache frequency + severity over a short time period (ie a few weeks)
Assess trigger factors for migraine
Migraine prophylaxis rarely needed

Differentials

Tension Headaches
Migraine

Brain tumours
Benign IH
Cluster headaches
Ethmoid /frontal sinusitis

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Amendments following suggestions of QIP committee of the ICGP . Secondary care investigations denoted in pink

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