



# The Doctor Is In

## Kids and Headaches

BY DR. DAVID HILL

**R**aising children certainly involves some headaches. Sometimes those headaches belong to the child. In fact, 90% of school-aged children have suffered headaches. While the vast majority of childhood headaches are benign, a handful of symptoms warrant medical attention. Don't worry, this won't hurt a bit.

### What kinds of headaches are there?

Children who come to the emergency department with a first-time (acute) headache most commonly have viral illnesses (colds, influenza, mono), sinus infections, or first migraines. Dental abscesses and minor head trauma are other benign causes of acute headache. Some children have acute headaches as a result of high blood pressure or exercise. The most serious acute headaches are associated with brain infections like meningitis and encephalitis or with bleeding from trauma or ruptured blood vessels.

### What about headaches that last a long time or keep coming back?

Headaches that return frequently are called "acute recurrent." Migraines account for most of these, but cluster headaches and tension headaches also fall into this category. Cluster headaches usually occur in adolescent males. They're always one-sided, and they're usually intensely painful. The eye on the affected side may tear or turn red. Tension headaches feel like a band around the head. Typically they accompany periods of stress or depression.

Headaches that last days or weeks without worsening are called "chronic non-progressive." These are usually from stress, depression, or anxiety, but may also result from daily use of pain relievers (analgesic rebound headaches).

"Chronic progressive" headaches seem to worsen over time, making them the most concerning. Tumors, abnormal blood vessels (arterio-venous malformations or AVMs), and elevated spinal fluid pressure (pseudotumor cerebri) fall into this category.

### Do kids really get migraines?

Migraines can start in infancy, and they grow more common with age. Around 2% of children under age seven have migraines. Over 10% of children are affected by age fifteen. In younger children boys have more migraines than girls, but by adulthood women have three times as many migraines

as men. (Scientists have not determined how many of their headaches are actually caused by men).

### How do I know it's a migraine?

While there's no real "migraine test," some symptoms are strongly suggestive. Aura is a distortion of perception that usually precedes a migraine. Aura may range from a vague uneasy feeling to the sense that people or objects are unusually large or small. The most common aura is a visual hallucination called scotoma. Scotoma appears as flashing lights, colored waves, zig-zags, or dark spots in the vision.

Other features of migraine are an aversion to light or noise, the presence of belly pain or nausea, and improvement with rest or sleep. Children may appear ill or pale during migraines. They can have dramatic neurologic symptoms such as difficulty walking or talking. You may notice certain migraine triggers including hunger, poor sleep, menses, or caffeine.

Family history is important in diagnosing migraines. Around 80% of children with migraine have an affected mother, father, or sibling. The parents' migraines are often undiagnosed, attributed to "sinuses."

### What headache symptoms are most concerning?

In acute headaches, fever, pain that worsens with light (photophobia), and neck stiffness suggest meningitis. Headache, fever, and neck stiffness may also accompany influenza, mononucleosis, and strep throat, so a physical exam is especially important in these cases.

In more chronic headaches, pain that awakens children from sleep or that occurs in the early morning hours is concerning. These headaches may be quite localized, and they're often more pronounced at the back of the head. Other concerning symptoms are pain that worsens with bending over, coughing, or using the bathroom. Migraines may cause nausea, but vomiting with headache is worrisome. Personality change or lethargy deserves an evaluation.

### What will my doctor do?

Your child's doctor will ask questions to screen for the features we've reviewed: nature of the headache, what makes it better or worse, and what symptoms come with it. She'll also delve into family and social history, looking for sources of stress in the home or school. The physical exam will include a careful examination of the

retinas and specific tests of strength, reflexes, and coordination. The doctor will also want to plot height, weight, head size, and blood pressure. While a vision screen may be part of a headache evaluation, refractive errors rarely cause severe or recurrent headaches.

### Does my child need a head CT or MRI?

Most headaches can be diagnosed based on history and physical exam alone. In the rare cases where the history turns up "red flags" a CT scan will catch most significant lesions. There are some cases where an MRI may be better, such as when symptoms suggest an AVM. When meningitis or pseudotumor cerebri is the concern, your doctor may want to perform a spinal tap (lumbar puncture), often after a CT has been done.

### What makes headaches better?

Therapy, of course, depends on the type of headache. Many common headaches respond to nonsteroidal analgesics (NSAIDs) like ibuprofen and naproxen. Acetaminophen (Tylenol) is also helpful. The key to treating migraine pain is to get the meds in early. But take care not to give pain relievers on a daily basis; overuse can lead to rebound headaches. Sometimes the best thing for a migraine is to go to bed.

Migraines often respond to a new class of medications called "triptans." Sumatriptan (Imitrex) can be given as a nasal spray, which is both effective and convenient. When nausea is a major component, antiemetics like promethazine (Phenergan) are helpful.

Kids with frequent migraines sometimes need a preventive daily medication. A variety of medications seem to help, including some blood pressure medicines, seizure medicines, and antidepressants. Biofeedback, relaxation techniques, and psychological counseling may all help with chronic headaches.

### Will my child outgrow her migraines?

The good news is that many children with benign headaches see a partial or complete resolution of their symptoms as they grow older.

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