

Headache UK

An alliance working for people with headache



Headache, migraine and related syndromes in children and adolescents

**Based on a presentation by Dr Ishaq Abu-Arafeh, Stirling Royal Infirmary,
to the All-Party Parliamentary Group on Primary Headache Disorders
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Headache and migraine are common in children, but often go undiagnosed and untreated. This has negative consequences in terms of children and young people's wellbeing and educational attainment. Headache disorders in children need to be recognised and managed more effectively, with parents taking the problem more seriously, schools responding better and health professionals working with families to address the issues.

Prevalence of headache and migraine in children

Headache and migraine are widespread in children and young people. Between 75-80 per cent of 15 year olds have at least one headache per year. Studies have shown that between 50-70 per cent of children have at least one episode of headache per year. Twenty per cent of children have at least three severe attacks per year. Episodic tension-type headache (TTH) affects between 18-25 per cent of children. Migraine affects two per cent of five year olds and 18 per cent of 13-14 year olds.

What is special about migraine in children and adolescents?

Typical migraine attacks are described as a throbbing unilateral headache, accompanied by anorexia, nausea, vomiting, intolerance of light and noise. It can last one to two days.

In children and adolescents migraine attacks are often short, with 10 per cent of them lasting less than one hour. Most children with migraine (60 per cent) have difficulty describing the pain or describing it as "just sore". The pain is commonly centered around the forehead and the severity of an attack is best assessed by parents or teachers observing the child's behaviour during an attack.

No migraine trigger factors are identifiable in the majority of children but they may include anxiety, stress, excitement and exams. Nausea occurs in 90% of attacks and vomiting in 60%.

Some children suffer from mixed headaches where they suffer from more than one type of headache. Between 10-20 per cent of children have migraine and tension-type headache.

The impact of migraine

- **School education**

In general population studies, between three and 13 days are taken off school with headache on average per year. In migraine clinic populations that figure rises to an average of between 32 days and three months taken off school with headache per year.

- **Level of disability**

One in four children with headache had a disability score of moderate to severe using PedMIDAS disability scoring tool (Hershey et al, 2004). This represents 2.5% of all schoolchildren aged five to 15 years.

- **Quality of life**

Children with migraine scored lower than children without migraine against measures such as the Paediatric Quality of Life, which assesses physical and psychological health, emotional, social and school functioning (Powers et al, 2004). Their parents agreed with the scoring. Headaches clearly reduces quality of life.

Childhood syndromes related to migraine or migraine variants:

- **Benign idiopathic paroxysmal torticollis** – This occurs in infants under three years of age, shown by head tilt, with episodes lasting from hours to days. The child is normal between attacks. Diagnosis is made by exclusion of intracranial brain disorder and the condition can be linked to hemiplegic migraine and CACNA1a gene. Migraine is common in older children.
- **Cyclical vomiting syndrome** – This affects around two per cent of schoolchildren, featuring recurrent severe episodes of vomiting lasting hours to days, with normal health between attacks and no apparent cause for the vomiting.
- **Abdominal migraine** – This affects four per cent of schoolchildren, featuring recurrent episodes of abdominal pain that is severe enough to interfere with normal daily activities. It is associated with any two of: anorexia, nausea, vomiting or pallor, with each attack lasting for at least one hour, with normal health between attacks.
- **Benign paroxysmal vertigo** – It affects young children between two to five years of age with episodes of sudden unsteadiness, fear, and falls, clinging to adults or furniture or having to lie down. The child looks pale and unwell but recovers spontaneously. Children with this may have more typical migraine as they get older.

Conclusion

Children can suffer from a range of headache disorders which are often undiagnosed and untreated, leading to loss of quality of life and a negative impact on wellbeing and attainment.

This problem lacks adequate recognition, adversely affecting two of the Every Child Matters (ECM) outcomes – Achieving and Staying Healthy. In addition, children with migraine are often unable to access their medication whilst at school which results in longer, more painful attacks.

Parents and carers are also adversely affected, having to leave work or home to collect an unwell child from school which results in lost productivity.

Headache UK calls for the Department for Children, Schools and Families and the Department of Health to undertake a review of education provision for migraine sufferers in line with the ECM agenda and Healthy Schools Programme. It also calls for schools to recognise migraine as equal to other chronic conditions such as asthma or diabetes.