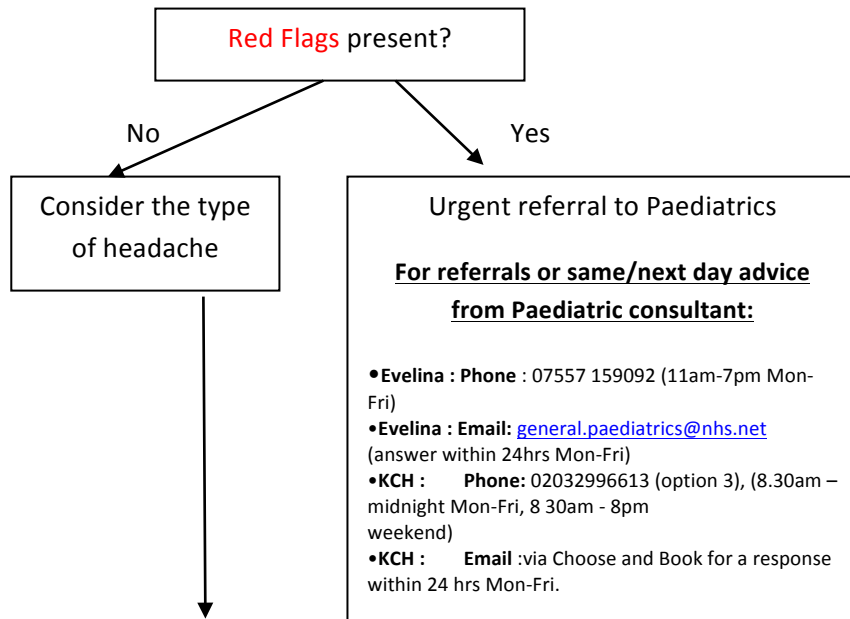


Headache in Children and Young People



Red Flags

- New onset cognitive dysfunction or neurological signs including gait disturbance
- Change in personality or behaviour
- Signs of raised ICP e.g orthostatic headache (worse on lying down), papilloedema, visual disturbance, persistent or recurrent vomiting
- Abnormal head position e.g. head tilt, stiff neck, wry neck
- Triggered by cough, sneeze, valsalva or exercise
- Significant head trauma within last 3 months
- New fits or seizure
- Delayed or arrested puberty
- Impaired level of consciousness
- Meningism – or fever with worsening headache
- Thunderclap (sudden onset and maximal intensity within 5 minutes)

TYPE	TENSION	MIGRAINE (+/-aura)
Features (Not all will be present in every case)	Bilateral Mild/Moderate pain that is pressing or tightening Lasts 30 min to continuous	Uni/Bilateral Moderate/severe pain that is pulsating, throbbing or banging Aggravated by daily tasks Sensitivity to light/sound Nausea, vomiting Aura Lasts 1-72 hours
Acute Treatment	Paracetamol and/or NSAIDs	Offer combination of nasal (or oral) triptans and paracetamol or NSAIDs Where nasal (or oral) preparations are not tolerated, consider other routes of administration and offer antiemetics
Prophylaxis	Consider up to 5-8 weeks of acupuncture (10 sessions)	Offer topiramate or propranolol If unsuccessful/unsuitable consider acupuncture

TOP TIPS

- ❖ Migraine and tension headaches are very common
- ❖ Consider a headache diary (minimum 8 weeks) to aid diagnosis of primary headaches
- ❖ Ask about family history
- ❖ If you are worried from the history do not be reassured by a normal neurological exam
- ❖ Consider triggers
- ❖ Is there a psychological aspect? Suspect if headaches are school related (only occurring on Sunday evenings/weekdays)
- ❖ Remember when prescribing topiramate for teenage girls that it affects the OCP and has teratogenic effects
- ❖ Other causes in decreasing frequency. *Common:* sinus or analgesic related. *Uncommon:* cluster headache or systemic illness. *Rare:* benign intracranial hypertension, space occupying lesion or hypertension

When should you refer?

- Child less than 5 years old
- Diagnostic doubt
- Uncontrolled migraine or clusters
- Headaches are affecting school attendance

Referrals to general paediatrics:
 KCH : via Choose and Book
 Evelina : Letter to General Paediatrics by:
 Post : Sky Level 6, Evelina London Children's Hospital
 o Fax: 020 7188 4612, or
 o Email: general.paediatrics@nhs.net
 o Tel: 020 7188 4683 for queries