Let's Talk About...

# Headaches, migraines

Almost everyone experiences headaches, including children. Headaches are common in children and have many causes and levels of severity. Most headaches cause a dull pain around the front, top, or sides of the head. Migraine headaches are different. Migraines in children are occasional headaches that usually last several hours, produce nausea, vomiting or loss of appetite, and are relieved by rest or sleep. Often bright lights and loud sounds make them worse. A migraine headache can produce pounding, or throbbing. It can be constant and movement can make it worse. Children with migraines can have temporary problems with eyesight, speech, sensation, or movement of the body. Migraines can be disabling and children with migraines often need to stay home from school or skip sports or other activities until they feel better.

## What causes migraine headaches?

The brain cannot "feel" pain. The brain does not have nerve endings (pain sensors), like you have in your fingers or toes. However, there are pain sensors in the blood vessels inside and around the brain and in the tissues that cover the brain. Many doctors think migraines happen when blood vessels in the brain get narrow and when they expand. Some think certain chemicals in the brain cause migraines.

Most agree that different things (called "triggers") can bring on a migraine attack. Some common triggers are:

- Stress
- Missing or delaying meals
- Menstruation
- Certain foods such as cheese, chocolate, MSG, caffeine, aspartame, nuts, pizza, and processed meat
- Too much or too little sleep
- Weather changes
- Travel

All migraines start differently. Some children say they just don't feel right. Light, smells, sound, or physical activity may bother them and make them feel worse. They may become nauseated and vomit. Some have muscle weakness, lose their balance and stumble, or have trouble talking. Some children have an "aura" about 10–30 minutes before a migraine starts. An "aura" is a warning sign that a migraine is about to start. Blurred vision or seeing spots, colored balls, jagged lines, or bright lights are the most common auras. Some children say they smell something funny.

## How will the doctor diagnose my child's migraines?

A pediatric neurologist will evaluate your child. This includes a history and physical examination. They may also order tests to look for what may be causing the migraines. These may include blood or urine tests, a CT scan, or an MRI of the brain. Usually, the child does not have a serious medical condition.

## How will the doctor treat my child's migraines?

The first step is to make some healthy lifestyle changes. Without these basic health measures, other treatments may not work. Your child should:

- Drink lots of liquids and eat a balanced diet with healthy meals three times a day.
- Take part in enjoyable physical activity for at least 30 minutes a day. Some examples are walking, hiking, playing sports, or swimming.

- Get the proper amount of sleep (minimum of eight hours). This is important. Lack of proper sleep often triggers migraines.

The next step is to recognize and avoid triggers that cause your child's migraines. Sometimes triggers are not obvious and cannot be identified. To help figure out what triggers your child's migraines, doctors often ask parents and older kids and teens to keep a migraine diary. This will show you when migraines happen, how long they last, and what may trigger them.

Occasional migraines are fewer than four a month, last less than 24 hours, and do not interfere with school attendance or other activities. These can be treated with medicine. These medicines work best when given as early as possible after the headache starts. The longer a headache lasts, the harder it is to stop. Ask your child's primary care doctor to provide a letter for the school so your child can receive rescue medicine as soon as the migraine starts.

A daily medicine to prevent migraines may be helpful. This is true if the migraines happen once a week or more, last several days, interfere with school attendance or performance, or cause neurological problems. Your child's doctor will consider how often the headaches happen. The doctor will discuss with you the medicine's possible benefit and side effects.

You can use non-medication or complimentary treatments with medicine. These may help treat or minimize the migraines. These include relaxation training, massage, physical therapy, biofeedback, self-hypnosis, and imagery therapy.

Most migraines can be managed at home. If a migraine does not improve with rescue medicines, the goal will be to get your child to sleep. Your child should lie down in a darkened, quiet room.

Your child should see a doctor if:

- Your child has migraines that wake him from a deep sleep.
- Your child develops problems with vision, personality, coordination, or school performance.
- Your child has a sudden migraine that is the worst ever.
- Your child has depression or anxiety.

Rescue plans typically start with over-the-counter medicines. Over-the-counter means you can get the medicine without a doctor's prescription. Your pediatric neurologist will help you and your child's primary care doctor to make a plan. You can use this plan to treat migraines that do not respond to usual treatment. This should help so you don't have to call your child's doctor or bring your child to the emergency room.



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