

Photophobia and phonophobia

E. Not attributed to another diagnosis

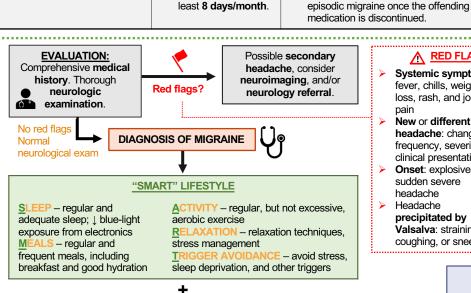
PEDIATRIC MIGRAINE



Kotos					
PEDIATRIC MIGRAINE CRITERIA (International Classification of Headache Disorders, 3 rd Edition)					
MIGRAINE WITHOUT AURA	MIGRAINE WITH AURA				
60-80% of childhood migraines A. At least 5 distinct attacks meeting the following criteria B. Attacks lasting 1*-72 hours C. At least 2 of the following: Bilateral* or unilateral Pulsing or throbbing quality Moderate or severe pain intensity	 At least 2 distinct attacks meeting the following criteria B. Aura consisting of at least one of the following reversible symptoms: Visual (most common), sensory, dysphasic speech disturbance, motor, brainstem, and/or retinal symptoms C. At least 3 of the following: At least 1 aura symptom develops gradually over ≥ 5 minutes 				
Aggravated by or causing avoidance of physical activity D. At least one of the following during the headache: Nausea and/or vomiting	 2 or more aura symptoms occur in succession Each aura symptom lasts ≥ 5 and ≤ 60 minutes At least 1 aura symptom is unilateral 				

ASSOCIATED CONDITIONS	CHRONIC MIGRAINE	MEDICATION OVERUSE HEADACHE (MOH)	STATUS MIGRAINOSUS
Episodic syndromes: Cyclic vomiting syndrome Abdominal migraine Benign paroxysmal vertigo Benign paroxysmal torticollis	 Headache occurring on ≥ 15 days/month for ≥ 3 months. Patient has features of migraine headache on at 	 Worsening headache that develops in a patient with pre-existing primary headache, who uses acute headache medication ≥ 15 days/month for 3 months. 50% of patients diagnosed with chronic migraine have MOH, which returns to an 	 A migraine that is unremitting for ≥ 72 hours with debilitating pain and/or associated symptoms. Often associated with

D. Not attributed to another diagnosis





Rest in a dark and quiet location. Encourage sleep. Optimize hydration. Give meds as soon as possible after headache onset.

1st line: **NSAIDs** (ibuprofen or naproxen) or acetaminophen.

If the response is inadequate, consider a **triptan** (2nd line).

FDA approved triptans: 6+ years old: rizatriptan oral melts. 12-17 years old: almotriptan oral tablets, zolmitriptan nasal spray, and sumatriptan/naproxen oral tablets.

∧ RED FLAGS FOR 2º HEADACHE ∧

• At least 1 aura symptom is **positive** (scintillations, pins & needles, etc)

· Headache begins during aura or follows the aura within 60 minutes

- Systemic symptoms: fever, chills, weight loss, rash, and joint pain
- New or different headache: change in frequency, severity, or clinical presentation
- Onset: explosive or sudden severe headache
- Headache precipitated by Valsalva: straining, coughing, or sneezing

Headache with

medication overuse.

- positional changes Neurologic signs or symptoms
- Sleep-related headache: waking patient from sleep or always present in the mornina
- Secondary risk factors: hypercoagulability,

neurocutaneous disorder, cancer, rheumatologic disorder

PROPHYLACTIC MIGRAINE **MANAGEMENT**

Consider a 2-3 month trial.

Supplements: vitamin B₂, magnesium, melatonin, or coenzyme Q10

Medications: topiramate, propranolol, or amitriptyline

+/-Cognitive behavioral therapy

Counsel about the risk of medication overuse headache



days per month

≥4 headache

MIGRAINE MANAGEMENT IN THE EMERGENCY DEPARTMENT: IV fluids, IV ketorolac, IV metoclopramide or prochlorperazine, place the child in a quiet, dark room and encourage sleep

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