

MIGRAINE HEADACHES

Migraine is a special kind of headache related to dilation (over stretching) of arteries in the scalp. It is **not** another name for any bad headache.

Migraine is a hereditary disorder that affects about five percent of American children by age fifteen. They may occur often (once a week or more) or uncommonly (once or twice a year) and this frequency can change from year to year. Migraines are often quite unpredictable.

Common migraine is characterized by a throbbing pain, usually on only one side of the head (the side affected may change with different headaches). It is usually accompanied by nausea, lack of appetite and, vomiting. The child may appear pale, with dark circles under the eyes.

Classic migraine is similar to common migraine except that the headache is preceded by an "aura". These are commonly visual hallucinations of zigzag lights, spots, darkness, or unusual perceptions where objects appear smaller or larger than they really are. Occasionally, the aura may be the perception of an unusual odor, or some other sensory disturbance.

Basilar migraine is much less common and is associated with lack of muscular coordination, partial temporary paralysis, vertigo, stupor, or confusion.

What Causes Migraine?

The current theory on the cause of migraine headaches is related to disturbances in the function of neuropeptides, brain chemicals that influence pain, sleep, mood, and the constriction and dilation of blood vessels.

Although for many people, the headache's "trigger" (what sets it off) remains a mystery, others can pinpoint certain foods, stresses, etc. that seem to set off a migraine attack. For this reason, it is useful to keep a diary of the headaches. In addition to recording the date, time, and length of the headache, write down what was eaten in the previous eight hours, where the child has been, what activities she was involved in before the onset of the headache, and anything else that you consider relevant. Common triggers include:

- 1) foods containing tyramine (aged cheese, yogurt);
- 2) nitrates (Salami, bacon, pepperoni, hot dogs, and smoked foods);
- 3) MSG (some Chinese foods);
- 4) caffeine (cola, coffee, tea);
- 5) chocolate;
- 6) car travel;
- 7) NutraSweet (aspartame or Equal®)
- 8) excessive physical activity;
- 9) bright lights or sunlight;
- 10) strong smells;
- 11) skipping meals;
- 12) not getting enough sleep;
- 13) menstrual periods;
- 14) stress, worry, or anxiety.

Treatment:

The best treatment for migraine would be finding the "triggers" and then avoiding them. Unfortunately, most people are never able to identify specific triggers. Other times, the triggers just can't be avoided.

Simply resting in a dark, quiet room with a cold, damp towel applied to the forehead can help. If the child is able to fall asleep, the headache is usually gone upon awakening.

Over-the-counter medications in the proper doses are often effective for occasional headaches. Start with acetaminophen (e.g. Tylenol) taken as soon as possible after the headache starts. If that is not effective, try aspirin or ibuprofen (e.g. Advil). If the child usually vomits with her migraine attacks, you can give either acetaminophen or aspirin as a rectal suppository. These are available without a prescription but you may have to ask the pharmacist for them, as they are kept refrigerated. However, if the child is having daily headaches, these medications may do more harm than good as headaches can be caused by "rebound", that is, the withdrawal of pain medicine once the body has become "accustomed " to them.

If these methods are not effective, your physician may decide on a trial of a prescription medication. These generally fall into one of two categories:

1) Immediate Relief Medications:

- a) Prescription strength pain relievers and/or sedatives. Many of these products contain small amounts of a medication to help the migraine sufferer relax and fall asleep, as migraine is usually relieved by sleep. We find that these medicines are generally safe if taken as directed and needed no more than a few times per month.
- b) Ergotamine compounds work by preventing the arteries of the head from dilating. This may be taken at home just before a headache starts, so is useful mainly in patients with classic migraine who can take the medicine during the "aura". Another version (DHE) can be given by injection or nasal inhalation even after the headache is established.
- c) Newer antimigraine medications called tryptans that interact with the brain's neuropeptides to stop the headache. These are available as tablets, injections or nasal sprays.

2) Preventive Medications: There are several medications that prevent migraine. These must be taken every day. Because of frequent (though generally not serious) side effects and the difficulty with remembering to take a chronic medication, these are used only in children with frequently occurring migraines that affects their school attendance.

If a child is very motivated to learn to control her symptoms, classes in biofeedback, self-hypnosis, yoga, or meditation may be suggested. If stress, tension, or anxiety seems to be triggering headaches, and the family has been unable to help the child deal effectively with it, professional counseling may be warranted.

It is often difficult for a parent to know the right course to take when a child complains of headache. Whenever possible, the child should continue her normal activities. Parents should be careful about lowering their expectations of the child, who may see come to see pain as a relief from responsibility or as a way to get attention or love. On the other hand, parents run the risk of alienating the child, especially a teenager, if her complaints aren't taken seriously. This is a time when meaningful child-adult communication tends to be difficult. Take the opportunity to ask about the child's feelings, friends, school, etc. and be willing to spend some time in non-judgmental listening. Such talk can often get to the root of the stressors that may be triggering the headache.

For further information, write to the **National Headache Foundation**, 5252 N. Western Avenue, Chicago, IL, 60625 or call 1- 800-843-2256.