York and Scarborough Teaching Hospitals
NHS Foundation Trust

Primary Headaches in Children and Young People

Information for patients, relatives and carers

ⓘ For more information, please contact:

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Introduction

Headaches affect people of all ages. Many adults remember having headaches as children. Headache in children can occur on its own (primary disorder, common) or as a result of another condition (rare). This leaflet concerns only primary headache disorders, including migraine and tension type headache.

What causes headaches and migraines?

The tendency to suffer from migraines is inherited. Someone else in a child's family will often suffer from them too. There can also be triggers. Some migraine sufferers can identify clear triggers. It is possible for them to prevent attacks by avoiding these, but it is rarely so straightforward. Some people experience dietary triggers, where a migraine is initiated by eating a particular food. Dietary triggers are uncommon, except for caffeine and alcohol. Doctors know that migraines are not caused by eye problems, other medical conditions, or having a particular type of personality.

It is much more usual for migraines to be brought on by lifestyle triggers. These can include stress, fatigue, missed meals, sleeping in and/or any disruption to sleep. Spending too long on screens may also be a trigger. Unfortunately, these are all factors that are impossible to avoid completely.

Tension headaches and chronic daily headache

Tension headaches often affect both sides of the head and daily activities can usually be continued. They tend to be shorter and less severe than migraines. If they are occurring every day, this is called chronic daily headache, which can sometimes be caused or exacerbated by overuse of medications.

Medication overuse headache (MOH)

Medication overuse headache (MOH) is common, especially in people with primary headaches, which become transformed by the frequent use of any single analgesic (pain killer) into a chronic daily headache. It can be explained as a ‘rebound’ headache and can be prevented by restricting all pain killers to a maximum of two or three days per week.

Treatment of MOH includes stopping the suspect medication abruptly. Sometimes preventative headache medication is also given. The headaches can initially become worse after stopping the medication, before improving.

Migraine

Most children with migraine will experience headache, with pain that is usually throbbing in nature. The headache can also be accompanied by nausea or vomiting along with increased sensitivity to light, noise, movement, or smell.

Headache diary

Keeping a headache diary can help establish the diagnosis and whether any treatments are working. See:
https://bpna.org.uk/audit/Headache%20diary.PDF

Lifestyle advice

The following can help reduce the frequency and/or severity of headaches:

- Engage in work and play activities as much as possible, between incapacitating headaches
- Regular and sufficient sleep
- Regular rest and relaxation
- Regular meals (particularly breakfast)
- Adequate hydration (drinking enough non-caffeinated fluids)
- Regular exercise
- Do not limit normal activities, food or drinks, unless there is very clear evidence that one has been harmful in a particular case

Distraction can help many children, especially those with mild and moderate headaches.

Acute/Rescue treatments

Not all headaches require medication (see lifestyle advice section).
When medication is required, paracetamol (calpol) and/or ibuprofen are good first line treatments for most primary headaches, especially tension-type headaches.

Triptans

Triptans (for example sumatriptan) are often used for the acute treatment of migraine type headaches. These are not licensed in children but are still commonly prescribed by paediatric doctors with good effect (see information below about unlicensed medications).

- Triptans are most effective when taken as early as possible in the onset of the headache.
- Intranasal (nose spray) sumatriptan is helpful for those who vomit medications.
- A triptan taken with ibuprofen and/or anti-sickness medication is an effective combination.
- All analgesics, including triptans, should be limited to two days per week to avoid medication overuse headache.

Use of unlicensed medications in children

Certain medicines that are given to children have not received a licence and are said to be unlicensed. This position arises when a pharmaceutical company has made an application to the Licensing Authority for a Marketing Authorisation for use of the medicine in adults, but has chosen not to make an application for the use of that medicine in children.

The use of unlicensed medicines is necessary and common in paediatric practice when there is no suitable alternative. Such uses are usually informed and guided by a respectable and responsible body of professional opinion and are considered safe.

Nausea and vomiting

Feeling sick and, sometimes, being sick are common features of migraine-type headaches. Sometimes antiemetics (anti-sickness) medications are prescribed. If vomiting is a problem, a buccal antiemetic, prochlorperazine can be used. This is applied to the gums (buccal) rather than swallowed.

Preventative treatment

If headaches are frequent and troublesome, preventative treatment can be considered. These include medications such as propranolol, amitryptilline and topiramate. These medications are taken every day and usually need to be taken for at least four weeks to reach their maximal effect. A good response is considered to be a reduction in headache frequency of around half.
Keeping a headache diary can help decide whether medications are working.

Role of Neuroimaging

Brain scans are not usually required for children with primary headaches who examine normally and have no worrying features (see list on next page). Overuse of neuroimaging leads to frequent discovery of incidental findings, increased testing and anxiety.

Incidental findings

In all medical testing, it is common to have unexpected results, including incidental findings. These are conditions that are discovered unintentionally and are usually unrelated to the reason for the test.

In well children undergoing MRI brain scans, incidental findings have been reported in just over one out of five children. None of these resulted in major changes in the primary diagnosis, medical management, surgical intervention, or prognosis (future outlook). Incidental findings do, however, cause anxiety and uncertainty and usually lead to further tests and monitoring.

When to Worry/Seek Advice

- Change in personality, behaviour, worsening schoolwork or lethargy
- First severe headache
- Rapidly worsening headaches
- Change in headache
- Headache mainly when lying down, asleep, bending, straining or coughing
- Abnormal growth or early or delayed puberty
- Convulsions/seizures
- Visual difficulties
- New difficulties with balance
- Head tilt (holding head persistently to one side)
- Early morning headache, particularly if associated with vomiting
- Headaches that wake your child up in the night

Further Reading

https://www.nationalmigrainecentre.org.uk/
https://migrainetrust.org/

Scan the QR code to view an online copy of this leaflet:

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
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Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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