

Kids Get Headaches Too



It is hard to see your child in pain. It can be frustrating or scary for a child to have headaches.

In this booklet you will learn about:

- headaches
- how to manage headaches
- ways to help prevent headaches
- how to comfort your child when he or she is in pain
- how to improve the quality of life for your family

Table of Contents

Headache Facts	1
Types of Headaches	I
Are there different types of headaches?.....	1
What are primary headaches?	1
What causes headaches?	2
What causes primary headaches?	2
What causes secondary headaches?	2
Will my child need any tests done?	3
Triggers.....	3
What are triggers?	3
Preventing Headaches	3
How can I help prevent my child from getting headaches?	3
Headache Diary	4
Why should I keep track of my child's headaches?	4
Headache Treatments	5
Are there ways other than medication to help my child's headaches?	5
What medications are used to treat headaches?	5
Medications to Prevent Migraines.....	6
Are there medications that can prevent migraines?.....	6
How do I know what medications will work for my child?	8
For More Information	8
Notes	9

Headache Facts

Children get headaches. Almost half of all children have had a headache by age 7. About 75 percent of children have had a bad headache by age 15.

Migraine headaches tend to run in families. Boys and girls get migraines. About 10 percent of people that get migraines are under 15 years old.

Types of Headaches

Are there different types of headaches?

There are two types of headaches:

- primary (headaches that just happen, there is no health problem)
- secondary (caused by something in the body that is not normal)

What are primary headaches?

Migraines and tension-type headaches are the two most common types of primary headaches children get.

Migraines

A migraine is usually a moderate to severe headache often described as pounding or throbbing. A migraine is most often on one side of the head but can be on both sides of the head. Some children get a feeling or symptom (aura) before or when a migraine starts. Auras are different for everyone, but most are visual (e.g., seeing coloured spots, wavy lines, dots, or lights). An aura can also be a symptom like numbness or weakness.

A migraine can last from 1 to 48 hours. Migraines can get worse when your child is active. Often there is a family history of migraines if your child gets this type of headache. Normally, children who get migraines have times in between the migraines when they do not have headaches (episodic).

With a migraine, your child might:

- not feel hungry
- have an upset stomach (nausea)
- throw up (vomit)
- be more sensitive to light (photophobia)
- have stomach pain
- be more sensitive to sound (phonophobia)

If your child gets complicated migraines, there may be neurological symptoms before, during, or after the headache such as:

- arm and/or leg weakness
- double vision (because eye movements are weaker)
- feeling unsteady when walking

Tension-Type Headaches

A tension-type headache feels like a dull tightening or pressing on the head. There is no nausea with this type of headache. Your child can still do regular activities with a tension headache.

Chronic Daily Headaches

If your child gets migraine or tension-type headaches, he or she might start to get the headaches more often (many or most days out of a month). When this happens, your child might be diagnosed with chronic migraine or chronic tension-type headaches depending on the main type of headache he or she has. Your child might even start with a headache that never seems to go away. This is called new-daily persistent headache and can be hard to treat.

It is not known why the number of headaches increases, but sometimes the increase might happen when your child has other problems like depression or anxiety. If your child gets chronic migraine, chronic tension-type, or new-daily persistent headaches, he or she might:

- feel dizzy
- feel anxious
- have sleep problems
- have trouble concentrating
- feel tired
- be sad

What causes headaches?

What causes primary headaches?

More is known about migraines than ever before, but what causes them is not fully understood. Migraines do run in families (genetic cause).

During a migraine part of the brain gets more sensitive to things like light and noise and chemicals are released, which might affect the size of the blood vessels.

During a migraine aura, some brain cells "power down" (like a computer) for a few minutes and then "power up" again without causing any harm.

The exact cause of tension-type headaches is not known.

What causes secondary headaches?

There are many different causes of secondary headaches (SH). Health problems which cause headaches are often easy to treat. Common causes of headaches are illnesses (e.g., flu, virus) and too much caffeine or alcohol.

You or your child might worry that the headaches are caused by a brain tumour. Brain tumours are not a common cause of headaches. Your family doctor (or pediatrician) will assess your child to find out what is causing the headaches. If your child has symptoms like unsteady walking or behaviour changes that do not go away between headaches, he or she needs to see a doctor.

Will my child need any tests done?

Your child will need to be seen by a doctor and have a complete medical history and neurological exam. Most children do not need any other tests done.

Triggers

What are triggers?

A trigger is something that turns on or sets off a process that is linked to a headache. Triggers **do not** cause headaches.

Some children know what triggers their headaches. Staying away from triggers can prevent headaches or keep them from getting worse. Some children get headaches from:

- lack of sleep
- missing meals
- changes in barometric pressure
- travel
- dehydration (e.g., chinooks)
- too much sun
- being overtired

Stress is a common trigger. Stress at school can be caused by schoolwork or other children (e.g., bullying). Stress at home can be caused by moving, changing schools, parents getting separated or divorced, or not getting along with siblings.

About 10percent of people who get migraines have food triggers. Food triggers are less common in children and diet restrictions are not recommended. Some foods and drinks that can be triggers are:

- aged cheese
- caffeine
- processed meats
- yogurt
- citrus fruit
- monosodium glutamate (MSG)
- chocolate
- fast foods
- alcohol

Hormone changes (e.g., when a girl has her period) can also be a trigger. Migraine headaches might increase for boys and girls around the time of puberty.

Preventing Headaches

How can I help prevent my child from getting headaches?

You might be able to help your child control his or her headaches with a combination of medication, lifestyle, and diet changes. Make sure your child:

- eats regular meals
- drinks lots of water
- has a regular sleep schedule
- stays away from known triggers
- does regular aerobic exercise (e.g., walk, run, swim, bike, other sports)
- talks about stress (a counsellor can help your child learn to control emotions and mood swings if needed)

Help your child learn to manage stress. Your child can see a counselor to find ways to control emotions and mood swings if needed.

When a headache starts, it might help your child to stop whatever he or she is doing and rest or nap in a cool and quiet place.

Headache Diary

Why should I keep track of my child's headaches?

It is a good idea to keep a **headache diary** for at least 2 to 3 months. Keeping a diary (log), might help you notice a pattern and find that certain activities, stressors, or foods cause your child's headaches.

It can help to put your child's log on a calendar. Write down the information below for every headache (see sample diary below):

- date and time
- is there an aura
- how does it feel
- triggers
- how long does it last
- how bad is it (rate out of 10)
- one or both sides of the head
- other symptoms (e.g., nausea, need a quiet place with dim light)
- treatment and how well it worked
- what happened 24 hours before (if known)

Sample Diary						
Date	Time start/end	Pain	Triggers	Other symptoms	Medication	Other treatments
May 1	4:00 p.m. - 5:00 p.m.	Pain on left side of head near the ear. Throbbing. 8/10.	Birthday party with loud music. Ate lots of chocolate cake and pizza with salami. Had a good night sleep last night.	Upset stomach, felt queasy for 2 hours before the headache started (thought it was the cake and pizza). Sensitive to light.	Advil 400 mg at 4:00 p.m.	Had a nap in dark and quiet room with cold cloth on head.



Headache Treatments

Are there ways other than medication to help my child's headaches?

Research into complementary therapies and headaches is just starting. Some types of complementary therapies used to help control headaches are:

- biofeedback
- herbs, minerals, and vitamins
- acupuncture
- chiropractor (no neck manipulation)
- guided imagery
- massage therapy (no cranial therapy)
- relaxation therapy

Your healthcare provider (e.g., nurse, social worker, psychologist, doctor) can help you and your child:

- identify factors which might cause headaches
- learn ways to reduce and manage stress (if needed)

Often medications and complementary treatments can be used together to help manage headaches.

What medications are used to treat headaches?

There are three types of medications used to treat headaches:

- pain relievers
- anti-nausea medications
- anti-migraine medications

Pain Relievers (Analgesics)

Analgesics work well for mild to moderate migraines and tension headaches, especially when they are taken as soon as a headache starts (within 15 to 30 minutes). **Do not** use any of the analgesics below more than 2 or 3 times a week on a regular basis. The 3 types of analgesics used for headaches are:

- Ibuprofen (e.g., Advil®, Motrin®) is an anti-inflammatory medication, which is used to treat headaches most often. There are usually no side effects other than stomach upset (nausea).
- Acetaminophen (e.g., Tylenol®) is another common medication used to treat headaches. There are usually no side effects.
- Naproxen (e.g., Aleve®) is an over-the-counter, anti-inflammatory medication used to treat migraines. You can try naproxen if ibuprofen or acetaminophen does not work. If used on a regular basis, naproxen can cause stomach problems. **Do not** give your child naproxen more than 2 times a week.

Medication-induced headaches (also called medication overuse or analgesic rebound headaches) can happen when analgesics are taken regularly for weeks or months. Talk to your healthcare provider if you have any questions about your child's medication.

Anti-Nausea Medications

Anti-nausea medications help prevent nausea and vomiting. The two types are:

- dimenhydrinate (e.g., Gravol®), which can cause drowsiness, dry mouth, or blurred vision
- metoclopramide (e.g., Maxeran®), which can cause muscle spasms and feeling tired

Anti-Migraine Medications (Triptans)

Triptans might be used to treat migraines (often when analgesics do not work). Triptans work by altering chemicals that make blood vessels in the head bigger or transmit pain signals. Your child has to take triptans **right** away when a migraine starts. **Do not** take triptans on a regular basis or to prevent headaches.

There are many types of triptans used for migraines. Only almotriptan (Axert®) is approved in Canada for children between 12 and 17. Possible side effects may include feeling weak, dizzy, tired, and feeling chest tightness. Rizatriptan (Maxalt®), sumatriptan (Imitrex®), and zolmitriptan (Zomig®) are other commonly used triptans. These medications are considered safe, but are not officially approved for children because they haven't been studied with this age group. Talk to your healthcare provider about whether triptans are right for your child.

Your child should **not** take triptans if he or she:

- has high blood pressure
- is taking certain antidepressant medications (e.g., MAO inhibitors). Talk to your doctor or pharmacist if you have questions.
- has hemiplegic or basilar migraines

Medications to Prevent Migraines

Are there medications that can prevent migraines?

Your child might take medication to help prevent migraines. Your child might have to take medication every day. This is usually if the headaches are really bad or interfere with your child's activities.

Tell your healthcare provider if your child has any medical problems (e.g., sleep problems, depression, anxiety, seizures). Medications that might help prevent headaches include:

- calcium channel blockers
- antidepressants
- antihistamines
- beta-blockers
- anticonvulsants
- vitamins and minerals

Calcium channel blockers (CCB)

CCB like flunarizine work well to prevent migraines in children. CCB change the way the blood vessels in the head react before and during a migraine and block chemicals that cause headaches. Side effects may include feeling tired, sleepy, or depressed.

Antihistamines

Cyproheptadine is an antihistamine medication sometimes used for children under 12 with frequent migraine headaches. Side effects may include sleepiness and increased appetite.

Anticonvulsants

Anticonvulsants are used to treat epilepsy and also work well for migraines.

Topiramate (Topamax®) is a treatment for migraines. Research shows it works for children between 12 and 17. Side effects may include:

- feeling tired (fatigue)
- mood changes
- taste changes
- kidney stones
- trouble concentrating
- numbness and tingling
- decreased sweating
- 'loss of appetite and weight loss

Valproic acid (Epival®) has also been studied and research shows that it works well for some teens with migraines. Side effects may include nausea, fatigue, hair loss, bruising, and weight gain. To decrease nausea, give your child a small snack with this medication.

Antidepressants

Antidepressants like amitriptyline and nortriptyline block certain chemicals that the brain's nerve cells release and can help to prevent headaches or migraines. Side effects may include:

- dry mouth
- feeling sleepy
- sudden weight gain
- feeling dizzy when changing positions
- sweating/flushing of the skin
- nausea (eat a snack with medication to decrease nausea)

Beta-blockers

Beta-blockers like propranolol are normally used to lower blood pressure, but also block chemicals that over-stimulate nerves in the brain. Side effects may include:

- nausea
- vomiting
- diarrhea
- loss of appetite
- pain in the abdomen

Do not give your child beta-blockers if he or she has asthma or a history of wheezing.

Vitamins, Herbs, and Minerals (Neutraceuticals)

Vitamin B₂ (riboflavin) is a vitamin that might help prevent headaches by making more energy available to the brain. Vitamin B₂ can cause diarrhea, nausea, and change the colour of your child's urine.

Butterbur root can be used to prevent migraine headaches. Use safe preparations like Petadolex® (without pyrrolizidine alkaloids, which can cause liver damage).

Often people with low magnesium can get headaches every day or have a lot of headaches. Magnesium supplements can help prevent headaches

How do I know what medications will work for my child?

Sometimes the type or dose of medication needs to be changed to prevent and manage your *child's* headaches. Every child is different so it might take time for your doctor or pharmacist to find the best medication for your child.

It is important for your child to have some control over his or her headaches. Encourage your child to ask questions about headaches and how they are managed. Talk to your healthcare provider to make a headache management plan for your child. Let your child help make this plan.

For More Information

Headache Network Canada
www.headachenetwork.ca

American Headache Society Committee on Headache Education (ACHE)
www.achenet.org

Nemours Foundation
www.kidshealth.org

Sick Kids Hospital of Toronto
www.aboutkidshealth.ca

UpToDate
www.uptodate.com/patients/index.html

National Headache Foundation
www.headaches.org

Mayo Clinic
www.mayoclinic.com/health/headaches-in-children/DSO1132

The Migraine Trust
www.migrainetrust.org

When you go to these websites, please note that some of the medications used in the United States and Britain have different names for the same medications in Canada or are different medications than those used in Canada.

This material is for information purposes only. It should not be used in place of medical advice, instruction, and/or treatment. If you have questions, speak with your doctor or appropriate healthcare provider.