Clinical Guideline

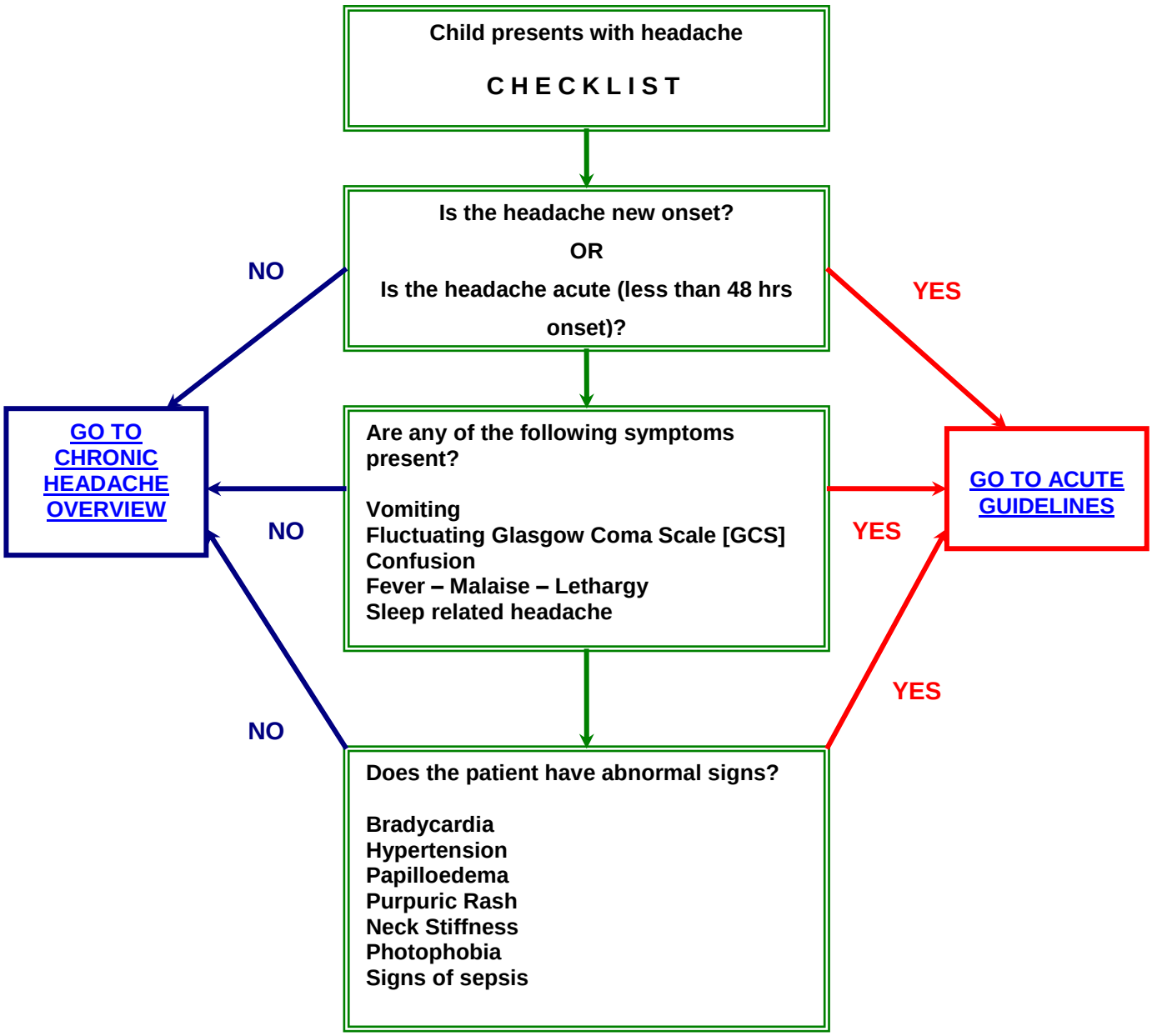
HEADACHES IN CHILDHOOD: MANAGEMENT & REFERRAL

SETTING Primary care and hospitals

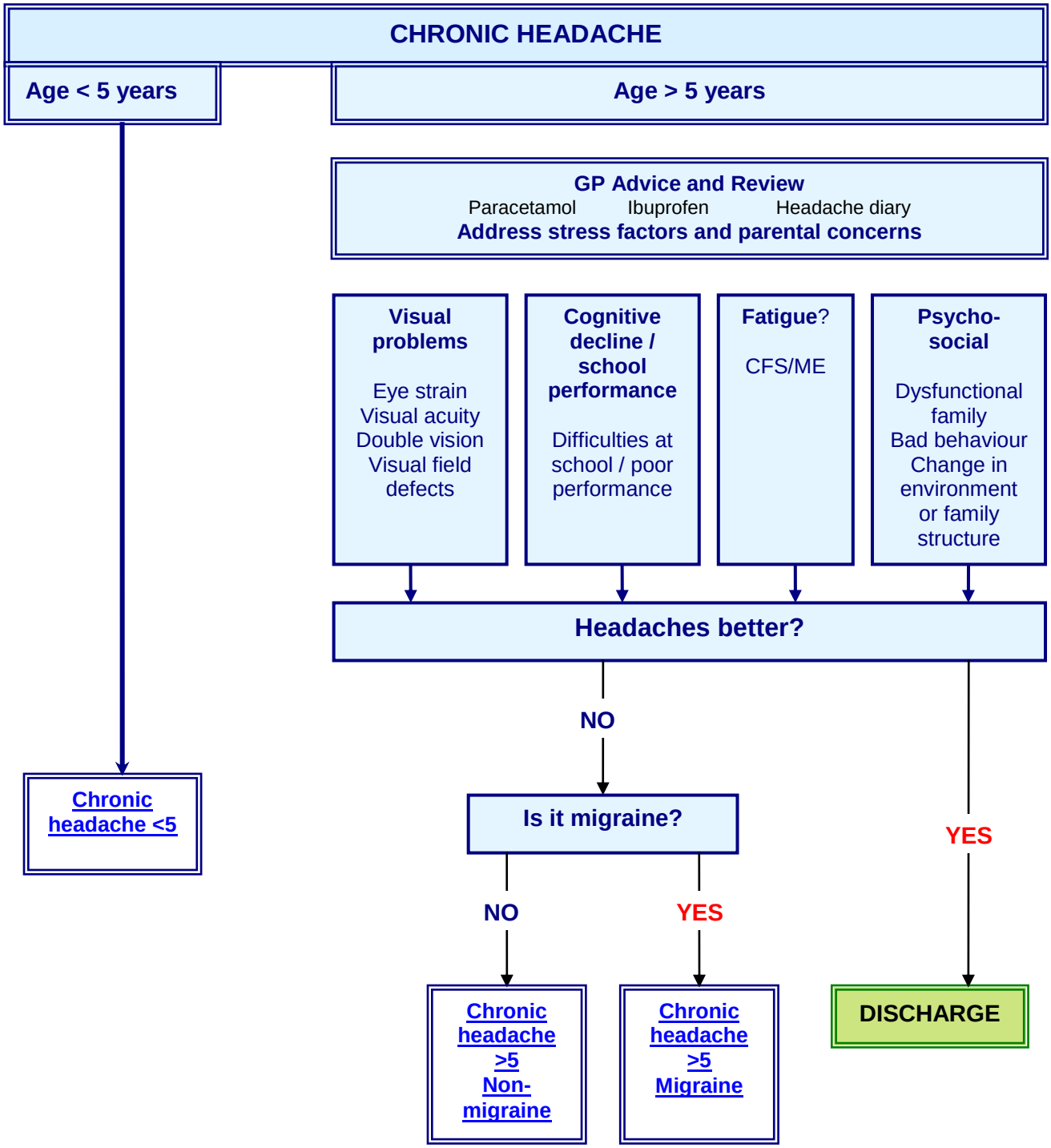
FOR STAFF GPs, emergency department & hospital doctors

PATIENTS Children

ENTRY ALGORITHM FOR HEADACHE DIAGNOSIS



CHRONIC HEADACHE OVERVIEW



CHRONIC HEADACHE IN > 5 yr (Migraine)

Classification of Migraine

Throbbing (50-60%)
Unilateral (25-66%)
Relieved by sleep
May be associated with an aura
Nausea and vomiting
Photophobia
Family history in 80%
More common in females 2:1
Associated with recurrent abdominal pain and with motion sickness

First line management
Give simple analgesia early

Paracetamol 15 mg/kg 4 hourly
Ibuprofen 10 mg /kg tds

Monitor headaches & analgesic usage
- Headache diary
- Lifestyle management

Are the headaches affecting
- Activities of daily living?
- School attendance?

IMPROVEMENT

DISCHARGE

NO IMPROVEMENT

Consider prophylaxis Propranolol/ Pitzotifen

Consider Triptan in >12 yrs
Sumitriptan or Zolmitriptan

(Doseage See BNF)

Consider referral to General Paediatrics for the following diagnoses

Complicated migraine:
5-10% of cases
Neurological signs persisting hours or days beyond the headache
Visual
Hemiplegic
Aphasic
Ophthalmoplegic (affecting nerves III, IV or VI)
Confusional
Basilar artery
(Visual dimming, reduced consciousness and ataxia)

Investigations:
Brain scan (CT or MRI)
Blood count – platelets
Clotting screen
Thrombophilia screen
Antinuclear antibodies

Migraine with aura:
Aura usually sensory, particularly visual
Headache, nausea, photophobia
Location of headache contra-lateral to sensory symptoms

Investigations: none

Migraine without aura:
No or infrequent aura
Same throbbing headache

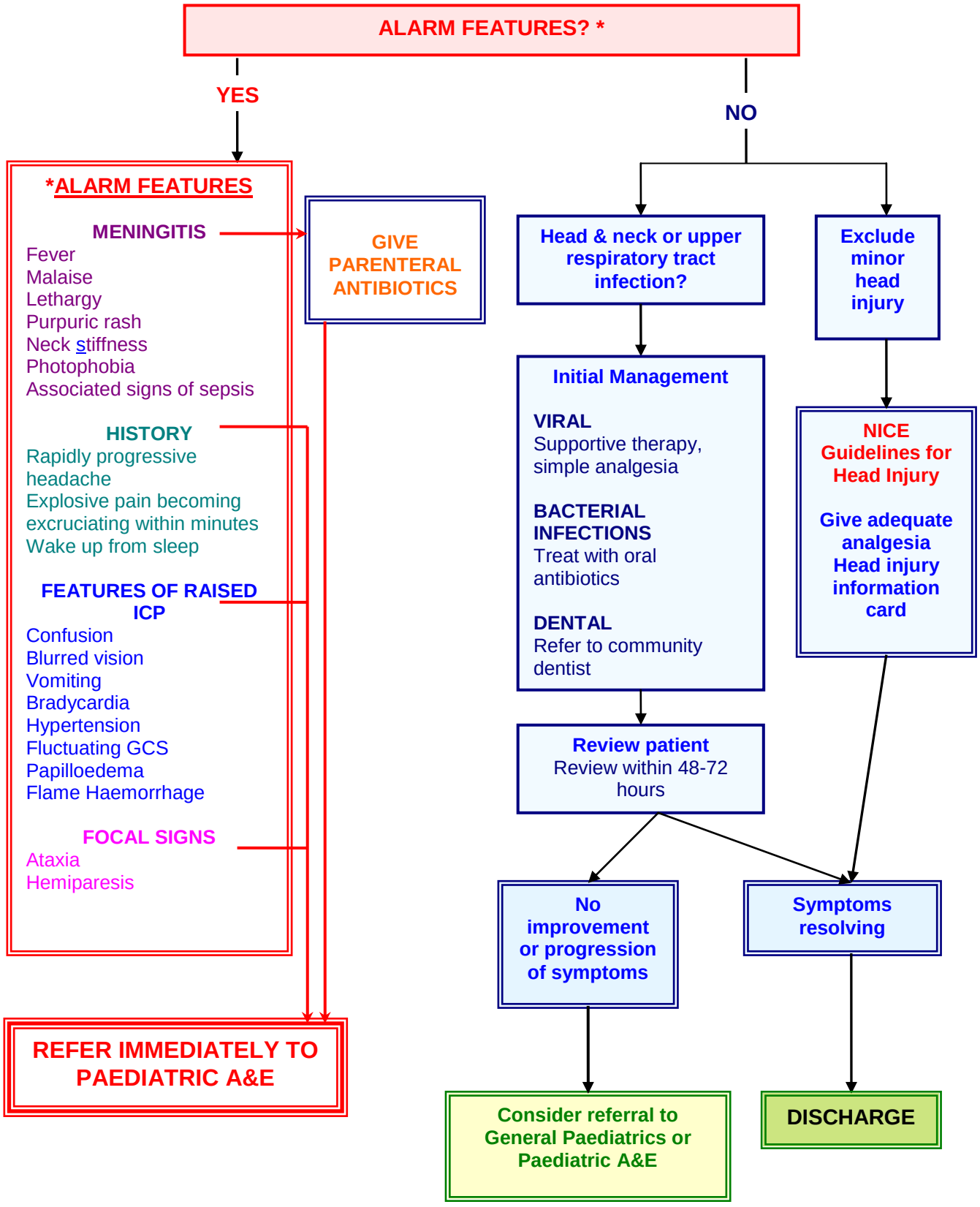
Investigations: none

Periodic syndrome:

In very young children migraine may manifest as recurrent abdominal pain, cyclic vomiting or other periodic disturbances

ACUTE HEADACHE

(Less than 48 hrs duration, sudden onset of headache in a previously well child)



CHRONIC HEADACHE IN > 5 yr (non-migraine)

HISTORY & EXAMINATION
Does the child have any ALARM symptoms or signs?

NO → **Are the headaches affecting activities of daily living or school attendance?**

Consider the following diagnosis:

YES

ASK

Sinusitis*
Signs and symptoms: see box below

*
Mensturation$

$Use of analgesics for 2 days before to 3 day after menstruation for menstrual migraine

Tension headache:
Continuous ache or pressure
No nausea or vomiting
No neurological disturbance
May be associated with depression
Investigations:
None
Treatment:
Simple analgesia
Paracetamol / Ibuprofen
Lifestyle advice leaflet
Headache diary
Consider a course of up to 10 sessions of acupuncture over 5–8 weeks

Go to ACUTE Guidelines

Trauma Painkillers

NO CHANGE

Consider Analgesic overuse headache
Is headache happening 10-14 days a month?
Stop analgesic

IMPROVEMENT

DISCHARGE

Consider referral to Paediatrician

*** NOTES: SINUSITIS**

Sinusitis is defined as:
Acute: less than or equal to 4 weeks
Recurrent: more than or equal to 4 episodes/year each lasting more than or equal to 10 days, absence of symptoms between episodes
Chronic: more than or equal to 12 weeks with or without treatment

- Most cases are self-limiting and definitive investigation and specific treatment is usually not required
- Consider antibiotics for acute sinusitis if symptoms are severe, or persist for at least 10 days
- Consider antihistamines for chronic sinusitis if allergies are suspected

HEADACHE <5 yr olds

ALARM symptoms or signs present

Headache worsened by sneezing or coughing
Headaches that wake the child from a deep sleep
Present on waking
Exacerbation or marked improvement with change in position
Projectile and persistent vomiting,
Vomiting without nausea

Are signs of raised ICP present?

Signs of raised intracranial pressure (ICP):

Focal cranial nerve abnormalities
Papilloedema
Sixth nerve palsy
Sluggish or unequal pupils
Localising signs
Visual field defects
Nystagmus
Retinal abnormalities
Ataxia
Spasticity
Visual, movement or language dysfunction

URGENT REFERRAL TO A&E OR NEUROSURGERY

Alarm signs ABSENT

Simple analgesia and review

NO IMPROVEMENT

Consider referral to GPSI (if available) **/ Paediatrician**

Look for the following features in the history

Family history of early cerebrovascular disease or intracranial haemorrhage

Syndrome with known risk of intracranial disease, e.g:
Head circumference > 99th centile
Height > 99th centile
Personality changes
Focal seizures

RELATED DOCUMENTS	NICE guideline: Diagnosis and Management of headaches in young people and adults, Sept 2012 http://www.nice.org.uk/guidance/cg150/evidence/cg150-headaches-full-guideline3
SAFETY	NA
QUERIES	Dr A Majumdar