Migraine Headaches

A migraine headache is a type of headache that has many different forms. Eye problems, sinusitis or allergies do not cause migraine headaches. Migraine headaches may run in families.

**General information:**

- There is no "cure" for migraines. The treatment is to reduce the number and severity of attacks (headaches). It also helps to identify triggers that lead to migraines and to set a normal daily routine with enough rest and activity.
- Migraines are not dangerous, even if the child feels bad from the headache or is vomiting. With no treatment, the headache will go away on its own.
- Most attacks last less than one day. Some may go on for several days.
- Tests such as CT scans, MRI and blood tests are not needed with typical headache histories and a normal examination. If your child is having other symptoms or is getting worse, the doctor may order additional tests.

**Triggers of migraine headaches:**

- Certain chemicals in foods such as caffeine, nuts, cheese, lunch meats, chocolate, alcohol
- Getting too much or too little sleep, or a change in sleep times
- Skipping meals, especially breakfast
- Having to think or physically work really hard
- Overwork or a daily schedule so busy that there’s not enough time to rest
- A "let down" following a period of excitement, stress, or exertion
- Changes in weather
- Common life stresses such as a new school or changes in home
- Dehydration (not drinking enough water) – especially with hard exercise

**Treatment plan for migraine headache management should include:**

- Lifestyle adjustments
- How to deal with acute attacks
- How to handle acute attacks that do not respond to first line medication treatment or therapy
What to do if your child has a migraine headache:

1. Encourage your child to take a nap in a quiet place (possibly dark), especially at the start of the headache. Sleep will usually relieve the migraine.

2. Give over-the-counter pain relievers such as ibuprofen or acetaminophen. These may help if given early before nausea occurs. Be sure to read the package instructions for the amount to give based on your child’s age and weight. Do not give more than 5 doses of acetaminophen or 4 doses of ibuprofen in 24 hours.

3. Your child’s doctor may prescribe medication for nausea such as Promethazine (Phenergan®) or Metoclopramide (Reglan®). These medications may be given by mouth or suppository. These may help the pain medication be better absorbed, stop the nausea and help your child get to sleep.

4. Your child’s doctor may prescribe medication specifically for a migraine, such as Sumatriptan (Imitrix®), Naratriptan (Amerge®), Zolmitriptan (Zomig®), Rizatriptan (Maxalt®) or Migranal®. These medications may be given as a tablet, nasal spray or shot. Use as directed if the migraine does not respond to simple measures, such as sleep.

General information:

- Using a headache calendar is very helpful. It lets the doctor know the pattern of the headaches (how often, how severe), what medication your child took and whether or not the medication works. Things to note on the headache calendar include:
  - Time headache started
  - What the headache felt like and where it hurt
  - Name of the medication your child took, the time it was taken, and how much medication was taken
  - When the headache went away
  - For a girl, the day her menstrual period starts

- Be sure to bring the headache calendar with you to the doctor’s appointment. Also, have it to refer to when you talk to your child’s doctor or nurse over the telephone.

- Your child’s teachers (and school nurse) need to be aware of his headaches and treatment plan. Let the doctor know if he needs to write a note for your child to receive medication at school.

- Using too much pain reliever can trigger rebound headaches and cause preventive medications to not work. Be sure to tell the doctor about all medications that your child takes, even non-prescription medication.

Preventive medicine:

If your child’s headaches happen often, are very severe, or both, the doctor may prescribe a daily medication to prevent the headaches. These preventative medications must be taken daily, even if your child is not having headaches. It may take 4-12 weeks for the medication to work. These medications help to reduce the frequency and severity of the migraines. Some of these medications include:

- Periactin® (cyproheptadine)
- Elavil® (amitriptyline)
- Inderal® (propranolol)
- Depakote® (valproic acid)
Common causes of poor headache control include:

- **Not making changes in your child’s daily life:** sleep, diet, activity level and exercise.

- **Not giving the medication a chance to work:** A medication trial can take at least 1 to 3 months. Your child’s medication dose may need to be adjusted and readjusted depending on side effects and response to headaches.

- **Thinking that only taking medication will make the headaches go away:** There needs to be some lifestyle changes along with taking medication as directed.

- **Uncontrollable events:**
  - Weather changes
  - Holidays
  - Self-image concerns
  - Family stress (death, birth, divorce)
  - Stress due to new school
  - Stressful times at school (beginning or end of year)
  - School problems
  - Social problems/peer pressure

**Call your child’s doctor or the Children’s Mercy Hospital Information Line at (816) 234-3188 if:**

- Your child is not responding to the medication as prescribed.
- Your child is beginning to get dehydrated from vomiting.
- Your child has headaches that are becoming more painful or more frequent.
- You have questions or concerns.

**Websites for more information:**

- www.headaches.org
- www.achenet.org