Migraine can affect children too

Headache, stomach ache, nausea, vomiting, lack of attention? It could be migraine!

Did you know that 10% of schoolchildren are affected by migraine, a condition which the World Health Organisation has classed amongst the top 20 most disabling conditions, and that an estimated 2.75 million school days are missed each year due to migraine?

A Booklet for Teachers

www.migraine.org.uk
What is migraine?
Migraine is much more than ‘just a headache’. It affects the whole body and can result in many symptoms, sometimes without a headache at all. It can easily be overlooked or mistaken for other conditions, or even thought of as just bad behaviour. Although there is not yet a cure for migraine, there are many ways to help manage the condition and lessen its impact – ultimately reducing the disruption caused to a child’s schooling and their enjoyment of other activities.

The signs
Many children and young people will experience occasional headaches. In most cases this is an isolated occurrence and the cause of the headache is clear, such as a bump on the head or an infection such as a common cold. Although headache is common in adults with migraine, it is less of a feature in children and young people, for whom other symptoms may be more prevalent. These symptoms may include:

<table>
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<tr>
<th>Abdominal pain</th>
<th>Nausea and / or vomiting</th>
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<td>An increased sensitivity to light, sound and / or smells</td>
<td>‘Aura’ - neurological symptoms such as visual disturbances, confusion, numbness or pins and needles</td>
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More about ‘aura’
Around 20% of children and young people with migraine sometimes have ‘aura’, such as visual disturbances (for example, zigzag patterns or blind spots). Younger children may not have the vocabulary to describe what is happening to them and say things like, “I can’t see”; “It’s like fireworks” or “The sun is hurting my eyes”.

The aura phase of the attack – which can be very frightening for the child – can last up to 30 minutes, and usually precedes the headache / abdominal pain by 20 – 30 minutes.
More migraine facts

- A migraine attack in children may last for as little as an hour but can last as long as three days
- A child can feel ‘washed out’ for a couple of days after an attack but the symptoms will resolve completely between attacks
- The frequency of attacks varies but the average is one per month. Some children and young people may experience an attack each week, others may go for months before an attack recurs
- Children of any age can be affected by migraine; however two peaks have been noted when migraines begin – one at five years and the second at 10 - 12 years
- Migraine occurs equally in both sexes up to the age of 12 years, after which it becomes more common in girls (who often experience their first attack around puberty)

Abdominal migraine
In at least 4% of children and young people, the predominant symptom of migraine is abdominal pain, possibly without the headache, or the headache is mild, and it is very easy for the condition to go unrecognised or be misdiagnosed. As with migraine headaches, the abdominal pain occurs in defined episodes, the pain is constant throughout an attack and disrupts normal activities. It may be associated with: increased sensitivity to light, sound or smell, flushing or pallor, dislike of food, nausea and vomiting. The child is completely normal between attacks. Often abdominal migraine evolves to the more recognised migraine pattern as the child grows older.

How will a child with migraine behave?
During an attack a child with migraine will often become withdrawn and want to be left alone. He / she may feel nauseous or will vomit, lose their appetite, and may look pale or flushed. They may also complain of an intolerance to normal light, sound or smell. As with adults, migraine in children and young people is a disabling condition which will often prevent the child from continuing with normal daily activities.

Children may lose many school days and when at school may have difficulty concentrating. A child who complains of a headache and then runs out to play is very unlikely to have migraine! However, it is not unusual for a child to have extra energy in the hours leading up to an attack – which is called a prodrome symptom (the prodrome is the period preceding an attack) - and it can also be very surprising how quickly a child can recover after a migraine attack.
Why do children get migraine?
There is a genetic predisposition to migraine; parents or grandparents may also have a history of migraine but this is not always the case. There is still much to learn about migraine but common triggers can include:

- Dehydration
- Excitement
- Stress and anxiety
- Changes in sleep patterns
- Not eating regularly or having an imbalanced diet
- Particular foods (individual for each child but can include Marmite, bananas or chocolate)
- Exercise without sufficient food intake to provide the energy required
- Long periods watching the TV or on a computer or playing video games
- Long periods in a stuffy atmosphere not enough fresh air
- Staring at white walls or boards
- Light (for example, bright sunlight, flashing disco lights, or reflected glare from water)
- Dental (for example, tooth grinding or misalignment of bite) or eyesight problems
- Puberty: in girls migraine may coincide with puberty and the start of menstruation. Hormonal changes are a common migraine trigger

It is often not just one trigger that causes an attack but an accumulation or combination of several factors. These can be tolerated if they occur individually, but together can push a child over their personal migraine threshold, beyond which an attack will occur. If triggers can be identified, it may be possible to make changes to the child’s lifestyle and / or diet to help reduce the number of attacks.
Diagnosing and treating migraine
There is no ‘test’ for migraine so diagnosis depends on the history and pattern of attacks. If you suspect a child has migraine discuss this with the parent / carer. It is important that a doctor is consulted if a child is suspected of having migraine so that the diagnosis can be confirmed and a management plan discussed.

Many children do not require medication to treat their migraine. Changes to lifestyle (such as making sure a child drinks 1 - 2 litres of water a day and is able to snack when necessary to keep their blood sugar stable) will help.

During an attack many children will recover well with rest / sleep. Children who vomit often find this eases the attack. Over the counter analgesics, such as paracetamol and ibuprofen, help some children. Others may benefit from prescribed medication from their GP to take during an attack, and for some preventative medication may also be required to reduce the frequency and severity of attacks.

It should be remembered that migraine is a very individual condition: a child’s symptoms, the severity and frequency of their attacks, their triggers, and their need for and response to treatment will vary greatly.

Common migraine misunderstandings
- The child gets lots of (stomach) bugs / infections
- The child is exaggerating the symptoms of a common headache
- The child is trying to avoid school or a stressful situation / event
- They have an allergy
- They have an eyesight problem
- They are being ‘difficult’ or have behavioural issues
The five stages of a migraine attack

The prodrome (warning) stage - prodrome signs are numerous and very individual and can happen up to 48 hours before an attack; signs may include an unusual hunger or thirst, a loss of / excess energy or yawning. If prodrome signs can be recognised and action taken early, a full blown attack can sometimes be prevented.

The aura - as previously mentioned, the aura stage of an attack can last up to 30 minutes and usually precedes the headache / abdominal pain by 20 - 30 minutes.

The main attack - this is the stage when the headache or abdominal pain will present along with other possible symptoms.

Resolution / postdrome stage - the pain gradually eases or may disappear after sleep; if a child vomits this also often eases the attack.

Recovery - after the main symptoms of an attack have gone, children can often experience a ‘washed out’ feeling and it can take up to 48 hours for the child to feel completely normal again. For others it can be surprising how quickly they can recover and resume normal daily activities.

Headaches and more serious conditions
Parents and carers – and sometimes children – can worry that a bad headache is the sign of something more sinister going on, for example a brain tumour, haemorrhage or meningitis. It is extremely rare for headaches alone to be an indication of a life threatening illness (less than 1%); they will usually be combined with other symptoms. Some signs that may suggest a headache is secondary (the pain is caused by a more serious underlying condition and therefore needs further investigation) include:

- Sudden headaches which are severe in nature and do not have the other signs and symptoms of migraine - especially if the child has experienced a blow to the head
- Headaches which are constant - they do not go in between attacks, as is the pattern with migraine
- A change in the symptoms or pattern of attacks has occurred
- Fever, neurological problems or fits
- Progression of symptoms, getting worse all the time

Other types of headache
There are many other types of headache. Two of which include:

Tension headache
Like adults, children can get ‘tension headache’. Unlike migraine there are no associated symptoms, such as sensitivity to light, sound or smell, nausea or vomiting. It is often described as tightness or pressure around the head and the pain is mild to moderate. Tension headaches can vary in length from a few minutes to a few days. Painkillers can make the headache better for a short period, but it is better to treat the cause rather than the symptoms of this type of headache, such as worry over bullying.
Substance induced headache

Sometimes children get headaches as a result of needing to use a lot of painkillers (on two or more days a week) for a few weeks. This can actually cause more headaches rather than helping to reduce the impact of their migraine. Lots of caffeine can also cause this type of headache. It is advisable that the child’s migraine management plan is reviewed and they may need to see their GP.

Some practical tips for teachers

Children with migraine can often exhibit behavioural changes which is part of the early warning signs of an impending migraine. For instance, children are reported to look very pale, be extremely quiet and inattentive or become very disruptive and boisterous. As a teacher there are some practical approaches you can take:

- Show understanding to children with migraine; during an attack children may feel very embarrassed. It is important that teachers are approachable as a full-blown attack may be prevented if a child feels able to ask for help as soon as they begin to feel unwell.
- It is worth consulting your school nurse if you have any children in your class that have been diagnosed with migraine or if you suspect they have migraine, he / she will be able to offer some practical advice for the child’s migraine management in class.
- Some children diagnosed with migraine may have medications to treat an attack. Timing of these medications is crucial; please consult your school’s medication / illness at school guidelines.
- If you feel that the child’s performance in class is being affected by migraine, it is advised that you have early contact with the parents / carers before this becomes a genuine problem.
- Flexibility around homework deadlines should be considered to relieve any additional pressure on the child during a period when their abilities could be affected by their migraine. Work with the parent / carer and child to recognise any possible triggers if attacks frequently occur at school. Could anxiety due to work expectations or bullying be a factor? Would allowing the child to have a snack or drink during lessons help prevent an attack? Is the white board causing problems? Would opening a window help?
- Work with the child and parent / carer to discuss the most appropriate way to help if the child experiences an attack whilst in your care.
- Discuss any concerns that you may have with the parent / carer of a child you suspect of having migraine.
- Direct parents / carers to Migraine Action for further information and advice if appropriate.
Free resources from Migraine Action
In addition to this booklet, Migraine Action has information packs for parents/carers, young migraineurs, school nurses and further resources for teachers. For further information please contact us by calling 0116 275 8317 or emailing info@migraine.org.uk.

Migraine Action websites
Migraine Action main website www.migraine.org.uk/youngmigraineurs
Migraine Adventure for 8 - 10 year olds www.migraineadventure.org.uk
Migraine Explorers for 11 - 13 year olds www.migraineexplorers.org.uk
Migraine Network for 14 - 17 year olds www.migrainenetwork.org.uk

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