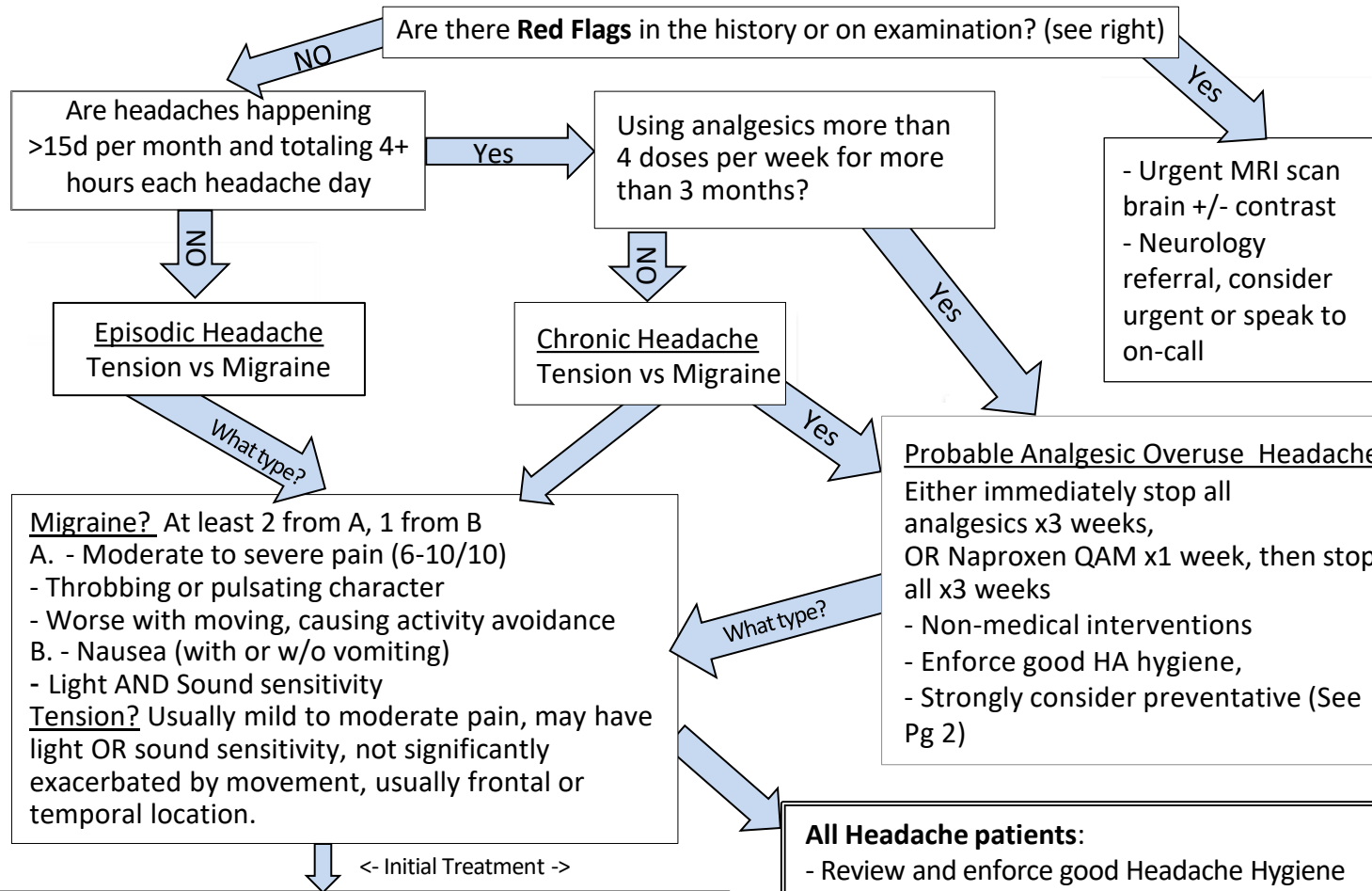


Headache Algorithm

- Initial Eval: Pg 1; Follow Up: Pg 2



Definite Red Flags

(imaging is indicated)

- Any new or unexplained neurological exam abnormality
- may include persistent vertigo, diplopia, confusion, weakness, numbness, ataxia, optic nerve swelling, head tilt.
- Neurocutaneous Disorder, such as NF or Tuberous Scl.
- Immunosuppression
- Waking in night with a NEW headache MORE than HALF the time a headache occurs.
- Persistent posterior location without neck/shoulder muscle tenderness.
- Morning vomiting

Relative Red Flags

(consider imaging)

- Recurrent HA age 4 years or under
- VP shunt and new headaches
- Waking from sleep with NEW headache <50% of time
- Atypical presentation, such as confusion, ataxia, somnolence, diplopia

Review and apply recommendations on Pg 1,
Revisit in 4-8 weeks.
Review following:
- Headache log, triggers,
med use, hygiene, red flags

Other Migraine Abortives:

If Pg 1 analgesics are not effective to improve migraine pain 50% or more:

<10 yrs of age:

- Maxalt 5 mg

>10 yrs of age:

- Sumatriptan 25-50 mg tab
or 5-20 mg nasal spray

- Maxalt 5-10 mg

- Use triptans no more than 9x per month

- May combine triptan with Naproxen or Ibuprofen

Additional Symptomatic Tx:

- For nausea:

-Zofran

-8-15 kg: 2 mg

-15-30 kg: 4 mg

->30 kg: 4-8 mg

-Reglan ****

- <6 yrs: 0.1 mg/kg

- 6-14yrs: 2.5-5 mg

- 14+ yrs: 10 mg

More than 1-2 headaches per week *despite* good Headache Hygiene?

Yes

Continue routine care:

- Enforce HA hygiene
- Appropriate abortive med use/dose
- HA trigger identification, avoidance

Additional Resources

- AAN Guideline on HA in Children and Adolescents:

<https://n.neurology.org/content/59/4/490>

- Headache Podcasts:

<https://www.rchsd.org/programs-services/neurology/resources/>

- *The Optimal Management of Headaches in Children and Adolescents.* Kaperski et al:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4710107/>

- National Headache Foundation Headache Tools:

<https://headaches.org/resources/#headache-tools>

Review abortive med use
Strongly consider Preventatives

- Use 1-2 months minimum to determine efficacy.
- Choose based on HA type and side-effect profile.

Tension Headache Preventatives:

- Magnesium* Supplementation
- Amitriptyline** 10 mg QHS
- May increase to 50 mg QHS as tolerated in children 10 or less, to 75-100 mg daily in adolescents
- Can help sleep onset/maintenance

Migraine Preventatives: Either of the above OR

- Riboflavin 100 mg BID for kids under 10y, 200 mg BID over 10
- Topiramate 25-75 mg BID
- May reduce appetite
- Periactin*** 1-4 mg BID
- May increase appetite

F/U 1-3 months, reassess

If improved, continue preventative for 3-4 months and then wean. Restart preventative if needed. Continue to enforce HA hygiene. If not improved, try alternate medical and non-medical therapy x 1-3 months. If no improvement, routine Neurology referral.

Headache Hygiene

All patients need counseling on these:

Sleep - Regular, sufficient

Meals - Do not skip
Hydration - Drink enough so you need to urinate 2-3x /day at school

Caffeine - Avoid regular use, or after 4 pm

Exercise - Regular exercise helps prevent headaches

Stress - Most common headache trigger

Posture - Looking down, neck/shoulder soreness can trigger headaches

Heat - May trigger HA

Sunlight - Use hat/sunglasses when necessary

Foods - Occasionally, specific foods may trigger headaches:
MSG, nitrates, artificial colors, cheese

*Amitriptyline contraindicated in long-QT syndrome

**Magnesium may cause diarrhea, GI discomfort

***Periactin best for younger kids (under 8-9)

****Be aware poss dystonic reaction, treat w/ Benadryl