

Migraine in children and young people



FS250063 Dated 16/12/2008 First Edition

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Migraine can affect people of all ages, even very young children. Over 10% of school aged children have migraine, and they can feel very worried, frightened and isolated during an attack. It is therefore important that understanding is shown to children affected by migraine.

What is migraine?

Migraine is a still much-misunderstood condition, often thought of as 'just a headache'. In reality, **migraine is extremely debilitating**, with those affected unable to participate in their normal daily activities. Migraine affects the whole body and can result in many symptoms. Although a severe headache is common in adults, it is less of a feature in children, for whom **abdominal pain, nausea, and vomiting may be the key symptoms**, sometimes without the presence of a headache at all.

Most cases of childhood headache are 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. In children with migraine, the headache may also be accompanied by:

- Sensitivity to light, sound, and smells.
- Abdominal pain, nausea, vomiting.
- 'Aura' - neurological symptoms such as visual disturbance, confusion or numbness.

A migraine attack in children may last for as little as an hour, but can be as long as three days, and the symptoms resolve completely between attacks. However, a child can feel 'washed out' for a couple of days after an attack. The frequency of attacks varies, but the average is one per month. Migraine affects both boys and girls and can occur at any age, although there are peaks at which they begin; age five and also at 10 - 12 years (after which it becomes more common in girls, who often experience their first attack around puberty). There is no 'test' for migraine, so diagnosis depends on the history and pattern of attacks.

Abdominal migraine

In at least 4% of children, the predominant symptom of migraine is abdominal pain, possibly without headache, or the headache is mild. If a child has episodic attacks of abdominal pain (the pain does not come and go during the attack itself) which may also be associated with *increased sensitivity to light and sound; appearing pale or flushed, dislike of food, nausea and vomiting, changes to bowel movements*, and which cannot be attributed to another cause, it is likely to be migraine.

If you suspect a child is affected by migraine: discuss this with the child's parent / guardian - it is important that a doctor is consulted so that the diagnosis can be confirmed.

The 'aura'

Around 20% of children with migraine will experience 'aura'. This usually takes the form of visual disturbances, such as blurred vision, flashing lights, blind spots or zigzag patterns. Less common symptoms include pins and needles, weakness of a limb, or speech disturbances. 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"; "The sun/light 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.

How does migraine affect the child?

As with adults, migraine in children is a disabling condition which will prevent the child from continuing with normal daily activities. A child who complains of a headache and then runs out to play is very unlikely to have migraine! However, much can be done to help reduce the length and/or severity of an attack and help a child get back to normal. It can also be surprising how quickly a child can recover after a migraine attack.

How to help during an attack

- Show understanding and take the child's concerns seriously.
- Allow the child to rest in a quiet, darkened room if possible (some children like to be reassured with company, others want to be left alone).
- Sleep can hasten recovery.
- Telephone the parent/carer if appropriate.
- Encourage the child to eat or drink a little if possible, although if nauseous, they may be unwilling/unable to do so.

Medication

Often children do not require medication to treat their migraine, and will recover well with rest and/or sleep. Vomiting will also sometimes ease or relieve the attack. Over the counter analgesics, such as paracetamol and ibuprofen may help (aspirin based products should not be given to children under 16 years old.) Some children with migraine may also have prescribed medications from the GP (often help to ease sickness).

Future attacks

If appropriate, speak to the parent/guardian regarding the child's migraine, possible triggers (see below) and how avoid or limit these during scouting activities, and how best to help if the child experiences an attack whilst in your care.

Why do children get migraine?

There is still much to learn about migraine, but common triggers can include:

Dehydration - Children should drink 1 - 2 litres of water each day.

Food -

Not eating regularly – a long overnight fast could contribute to an attack and therefore, as a general rule, children should not go longer than 3 - 4 hours without food during the day, or 13 hours overnight. Breakfast should not be skipped. Children may also need snacks during the day to help prevent an attack.

Particular foods – at least 15% of children with migraine can identify a food trigger for headaches. Caffeine containing drinks (cola, for example), cheese, chocolate and citrus fruits, are commonly reported. (It is likely the food or drink was consumed 8 - 24 hours prior to the attack itself). The key aim is for children to have a sensible and regular diet.

Stress and anxiety – stress can be a key migraine trigger. Children, like adults, should have plenty of time for rest and relaxation and any concerns should be addressed. For example, bullying or unrealistic expectations on performance could contribute to an attack.

Changes in sleep patterns – late-night sleepovers or long lie-ins can contribute to an attack. The aim should be 8 – 10 hours sleep a night.

Excitement – looking forward to a special trip/event or over stimulation, such as a frightening film, can bring on an attack.

Television, computers, and video games – a child should not spend over 45 minutes on these without rest.

Exercise – children should aim for 30 minutes of aerobic activity at least three times a week, with adequate food to provide the extra energy required, balanced with enough rest. A starchy snack such as fruit or a sandwich prior to exercise, and water to drink afterwards, will help prevent an attack.

Stuffy atmosphere – children should be allowed to spend time in the fresh air each day. On occasions a child who begins to feel unwell may be helped by a few moments outside.

Light – bright, flashing or flickering lights can cause problems, including strong sunlight, computer screens, or strobe lighting at discos. Children should be allowed to wear sunglasses or avoid certain situations if light is a known trigger for them.

It is often not just one trigger that causes an attack, but an accumulation or combination of several factors. If triggers can be identified, it can be possible to make changes to help.

Summary

- Migraine affects many children and young people.
- Headache may not be the key symptom of migraine in children (or even be present); abdominal pain is often more prominent.
- Recurrent attacks of headache, sickness and abdominal pain in an otherwise well child may be migraine.
- Lifestyle factors and consideration of dietary factors can often ease the frequency and / or severity of attacks.
- During an attack itself, rest / sleep will often hasten recovery.
- Showing understanding is vitally important to a child with migraine, and will help reduce their anxiety, which could itself be a migraine trigger.
- Discuss possible triggers with the parent / guardian and child, and consider ways these can be avoided or limited during scouting activities.
- For further information or advice contact national charity, Migraine Action (registered charity no. 207783). Tel: 0116 275 8317 or email info@migraine.org.uk.

Factsheet written in partnership with:

Migraine Action

Websites: www.migraine.org.uk

www.migraine4kids.org.uk

