



# Headaches in Children (Short)

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## What causes headaches?

- Most (90%) sporadic (non-headache syndrome) headaches are caused by a viral upper respiratory tract infection and will go away with time<sup>1</sup>
- Most commonly, chronic headaches are migraines
- Head trauma or concussion
- Medication side-effects (including too frequent use of pain-relieving medication!)
- Very rare possibilities include tumors or nervous system infections (see “When to Worry”)

## What are the symptoms of headache syndromes?

- Can affect one or both sides of the head
- Frequently occurring with nausea, vomiting, dizziness, blurred vision, sensitivity to noise or light, can last 1h to more than a day
- Can be accompanied by an “aura” which are temporary symptoms which can precede headache symptoms including spots, lights, lines, or blind spots in vision, difficulty moving or with balance, or tingling of a body part.
- Stress, mood changes, dehydration, and lack of sufficient sleep may contribute to headaches

## How do I treat my child's headache?

- Try laying down in a dark, quiet room with a cool or warm compress
- Tylenol® or Motrin® are first-line headache medications
  - If ineffective, talk to your doctor to make sure you are using the right dose

- Know that narcotic medication (e.g. Norco®, morphine) is NOT recommended for headaches
- See your doctor if your child frequently requires more than 2 doses per week. Using Tylenol® or Motrin® too often can cause an “overuse headache.”

### **When should I worry?**

- Headaches which are accompanied by other symptoms such as seizures, weakness, balance difficulties, personality changes, or other problems affecting the nervous system<sup>1</sup>
- Headaches which awaken your child in the middle of the night or occur when your child awakens
- Pain which worsens when lying down, coughing, urinating, or passing a bowel movement
- Headache location at the back of your child’s head
- Headaches which do not improve with pain medication
- Increase beyond expected in the size of your child’s head
- New headaches in a young child (< 6 years)
- Neck stiffness, fever which accompany headache may be concerning for meningitis
- Very severe or unusual type of headache
- Rapid increase in frequency of headaches
- Severe headache in a child with other health conditions such as bleeding disorders, immune system problems, cancer, or high blood pressure
- Continuing or worsening headache for more than a few days after a head injury or if accompanied by changes with nervous symptoms such as level of consciousness

### **What should I do at home?**

- Headache journal: look for patterns and avoid triggers:

### Common Headache Triggers

Sleep	Specific Foods	Dehydration	Caffeine
Stressful Events	Scents	Weather	Motion Sickness
Hormone Changes	Menses	Birth Control Pills	Aged Cheese
Deli Meat	Hot Dogs (Nitrates)	Chocolate	MSG <sup>4</sup>

- Take pain medication as soon as a headache develops
- Lay down in a quiet, cool, dark environment until symptoms start to improve
- Migraines usually won't get better with medications alone. Treatment depends on reducing triggers, reducing stress or improving children's coping of stress or pain<sup>5</sup>
- It is important for children not to miss school because of chronic headaches. If needed, they can go to the nurse's office for 15 minutes once daily. They may use earplugs or sunglasses if sensitive to sound or light.
- Encourage daily exercise, drinking plenty of fluids, good nutrition, and a consistent bedtime schedule with a good night's rest<sup>6</sup>
- Meals: Do not skip meals, including breakfast. Carry snacks.
- Sleep: Encourage consistent bed and wake times, even on weekends.
- If depression exists alongside headaches, treatment of depression is important to treat headaches

### References

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