

PRACTICAL PEARLS: Headaches

INTRODUCTION	<ul style="list-style-type: none">• Headaches (HA) are very common in children and adolescents• The majority of HA are not caused by serious pathology• HA treatment requires a combination of medication, lifestyle modification, physical and behavioral therapies
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none">• Assess for red flags:<ol style="list-style-type: none">1. Progressively worsening HA over time2. Recurrent nocturnal or early morning HA3. Persistent neurological symptoms between HA4. Young patients (less than 5 years)• Brain MRI only for patients with red flags/abnormal exam• Effective abortive treatments include ibuprofen, naproxen, triptans• Prophylactic options include topiramate, amitriptyline, propranolol and cyproheptadine http://pedsinreview.aappublications.org/content/33/12/562.full.pdf+html
WHEN TO REFER	<ul style="list-style-type: none">• Patients who do not respond to at least one appropriate abortive and prophylactic medication• Patients less than 10 years of age• Patients with abnormal neurological findings, imaging findings or red flags
HOW TO REFER	<ul style="list-style-type: none">• 413-794-KIDS: Pediatric Neurology
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	<ul style="list-style-type: none">• Thorough history and examination• Initiation of treatment with appropriate abortive and prophylactic medications• Referral to behavioral health or other therapeutic modalities if appropriate

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