

Headaches (Tension and Migraine Types)

Headaches are common in children. Migraine headaches are seen fairly often in younger children and teens, whereas tension-type headaches are more likely to occur after puberty and in the teen years. Various treatments are available for migraines, including drugs to help prevent them from occurring. Headaches often occur during nonserious infections. Occasionally headaches occur with serious conditions, such as infections involving the brain, injury or bleeding in the brain from trauma or other causes, brain tumors, or high blood pressure.

What do they look like?

Headaches are a common medical problem, particularly with infections such as the flu, sinusitis, and strep throat. **!** *If headaches are severe or occur with repeated vomiting, confusion, or unusual sleepiness, you should contact your doctor right away.* Children or teens with repeated headaches should be evaluated by their health care provider to be sure there is not a more serious cause.

Migraines are a common cause of repeated headaches in children and teens.

- Pain may be severe and at times, disabling. Migraines can last anywhere from an hour to a few days.
- Pain is often described as “pounding” and occurs on one or both sides of the head. Often nausea and/or vomiting is present. Lights often bother your child’s eyes; loud sounds are also disturbing.
- Some people may get an *aura*—this is another symptom that may come before the headache. An aura can be a warning sign that a headache is coming. Sometimes an aura occurs during the headache. The most common auras are visual (involving the eyes), such as seeing bright, flashing lights; others include tingling in the face or hands and other symptoms.
- Your child often prefers to be in a dark, quiet room once the headache comes on.
- A number of other unusual and uncommon types of migraines may occur. Most children with migraines have a relative or family member who also has these types of headaches.

Tension-type headaches are more common in children after puberty and among teenagers. They often occur during times of tension or emotional stress/anxiety.

- Tension-type headaches last anywhere between a half hour and a week. Pain is most commonly described as “pressing” or “tightening.” It usually occurs on the front part of the head and is not very severe.
- Since the symptoms of tension-type headaches aren’t as specific as those of migraines, it is especially important to be sure there is not another cause of the headaches.

Toddlers and infants can develop headaches too, but they can’t tell you that their head hurts. Instead they may fuss or repeatedly rub their head or eyes.

How are headaches diagnosed?

- The diagnosis of migraine headaches is usually made by the presence of typical symptoms and a normal physical examination. If the symptoms aren’t clear or if the nervous system examination is not normal, other tests may be needed.
- The most common tests are special imaging of the brain such as an MRI (magnetic resonance imaging) or a CT scan (computed axial tomography). These tests show the structures in the brain and any abnormalities, such as a tumor or swelling.
- Most headaches occurring with a cold, the flu, or other infections with fever are not serious. However, it’s important to call or see your health care provider if the headaches have unusual features. A complete history and physical examination help determine if other, more serious causes of headache are present:
 - Infections involving the brain (such as meningitis).
 - Blood clots in the brain from trauma (such as a fall or child abuse, the latter caused for instance by shaking a baby).
 - Brain tumors and high blood pressure.

How are headaches treated?

Some basic steps can help make headaches less frequent and severe:

- Reduce stress for your child as much as possible. Counseling may be helpful if stress continues to be a problem.
- Be sure your child gets enough sleep.
- Don’t allow your child to skip meals, particularly breakfast.
- Have your child lie down in a quiet, dark room, especially with a migraine.
- Have your child avoid caffeine.

Medications:

- Simple pain relievers like ibuprofen (Advil) or acetaminophen (Tylenol) can reduce headache pain.
- If headache is accompanied by a lot of nausea or vomiting, your doctor may prescribe an anti-emetic drug like Phenergan (generic name: promethazine) that helps prevent these symptoms. This drug may be taken either orally or rectally. If your child knows a migraine is coming on, give him or her the medicine as soon as possible.
- A number of prescription medications can help stop a migraine if the simple pain medicines are not working well enough. Some newer medications, such as Imitrex (generic name: sumatriptan) are available for teenagers and adults. They are not used as often in children because they have not been studied long enough in that age group.
- If your child's migraine headaches are unusually severe or frequent, we may recommend using medications for prophylaxis (prevention). This means taking a medication daily to try to prevent headaches from occurring. A number of medicines are used for this purpose, including beta-blockers (propranolol), tricyclic antidepressants (amitriptyline), antihistamines/antiserotonins (cyproheptadine), and anticonvulsants (topiramate).

- Certain types of alternative treatments are sometimes helpful, such as breathing and relaxation exercises or biofeedback

If your child has a severe headache that does not respond to the usual treatments, call our office or take your child to the emergency room. 

When should I call your office?

Call our office if:

- There is a change in the type of your child's headaches.
- Headaches become more frequent or more severe.
- Headaches continue despite treatment.

Call our office or go to the emergency room if your child has any of the following: 

- Sudden, very severe headache.
- Headache with behavior changes or seizures.
- Persistent vomiting that has not occurred with past headaches.