Headache Pathway

Clinical assessment/management tool for children with headache

Management - Primary Care and Community Settings

Healthier Together

NHS

Primary and Community Care Setting

Description

Headache is a common presentation in childhood. Primary headaches are most common but need to exclude serious secondary cases. This can usual be through history and examination

History

This should focus on timing, nature and quality and eliciting or excluding any red flags

Examination

- Full neurological examination including central and peripheral nervous system and fundi
- Exclude meningism if acute onset
- Balance and gait
- Check Blood Pressure using centile chart
- Signs of early or delayed puberty

Green—Low Risk

Feature	Tension type	Migraine	Cluster
Location	Bilateral	Unilateral or bilateral Mostly frontal	Unilateral
Quality	Pressing	Throbbing	Stabbing
Severity	Mild to moderate	Moderate to severe	Severe
Duration	30 mins to 7 days	2—72 hours	15—180 mins
Associated features	None	Nausea/vomiting Photophobia Phonophobia Reversible aura	Ipsilateral autonomic features (nasal congestion, lacrimation and conjunctival injection)

Amber—Intermediate Risk

- Recurrent or progressive headaches unresponsive to initial advice/treatment **WITHOUT** **RED** features.
- Using analgesia more than 3 days a week for more than 3 months (Medication Overuse Headache)
- Psychological factors that interfere with management

Red Flags

History

- Child age < 4 years (headache in this age group is very unusual and may indicate serious underlying pathology)
- Waking the child from sleep; unable to return to sleep
- Brought on by coughing or straining

Acute Signs

- Severe, sudden onset, incapacitating headache that doesn't respond to simple analgesia
- Signs of meningism (neck stiffness, photophobia, vomiting)
- Impaired level of consciousness or associated confusion, disorientation or seizure

Neurological Signs

- Persistent blurred/double vision or new squint
- Visual loss, papilledema
- Focal neurological deficits –limb weakness, cranial nerve palsies
- Head tilt/torticollis
- New neurological deficit or symptoms such as weakness/loss of balance/co-ordination problems/head tilt or gait abnormalities including ataxia

Developmental Signs

- Change in personality/behaviour. Decline in academic performance or regressing milestones
- Abnormal growth parameters
- Signs of early or delayed puberty

Other Symptoms and Signs

- High blood pressure (use age centiles)
- Persistent vomiting/nausea, especially if early morning (occurring on most days for 2 or more weeks)

Green Actions

- Provide and discuss patient information leaflet
- Advise a routine optician appointment
- Simple headache advice as per advice sheet
- Keep analgesia use to a minimum (less than 3 days a week)
- Explore psychosocial factors/ stressors (HEEADSSS screen if >10 years old)
- Encourage parents/child to keep a headache diary; follow up to review
- There is no role for opioid analgesia

Amber Actions

- Provide and discuss patient information leaflet
- Ensure all green actions completed
- Seek advice from/make routine referral to local general paediatric team
- Refer to local CAMHS team or youth counselling charity if significant psychological factors and provide resources

Migraine treatment page

Red Actions

- If suspected meningitis, stroke or intracranial bleed: arrange urgent ambulance transfer and alert Children's Emergency Department.
- For other red features: discuss immediately with local paediatrician on call to consider same day or urgent outpatient assessment

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Migraine treatment

- Advice about lifestyle and behavioural factors
- Discuss stress and anxiety as potential triggers and direct towards local resources
- First Line Treatment
  - Analgesia (check doses and include NSAID) +/- antiemetic (prochlorperazine/cyclizine) early in symptoms
- Second Line Treatment
  - Consider intranasal sumatriptan if no contraindication (not for use in hemiplegic migraine)
  - Prophylaxis should be considered if interrupting daily activities and school attendance or cause functional impairment
    - Pizotifen can be trialled in primary care
    - Propranolol is recommended by NICE but check contraindications

Migraine in Children (7 years +)

Often bilateral and frontal with shorter attacks than adults. Headache can be minor (even absent) with abdominal pain and/or vomiting

- Treat with paracetamol or Ibuprofen **plus** antiemetic (cyclizine or prochlorperazine).
- Use nasal triptans second line (**not** for hemiplegic migraine).
- Prophylaxis (propranolol rather than pizotifen) is often not needed – consider referral**.**
- Can consider riboflavin trial whilst awaiting review.

Tension headache management

- First Line treatment is lifestyle modification
- Discuss stress and anxiety as potential triggers and direct towards local resources
- Review hydration and exercise
- Sleep hygiene forms important part of treatment **Healthier Together | Healthy Sleep (nenc-healthiertogether.nhs.uk)**
- Relaxation techniques can be helpful

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