

HEADACHES

REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROLOGY • 55 SPRING STREET, SCARBOROUGH, ME • (207) 396-7337

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

New onset headache with rapidly increasing severity

OR

Headache associated with focal neurological complaint (diplopia, transient visual obscurations, weakness, or ataxia)

EXAM:

Papilledema, cranial nerve palsy, focal weakness, ataxia, fever or meningismus

SUGGESTED PREVISIT WORKUP

Contact pediatric neurology and anticipate sending patient to Emergency Department for neuroimaging +/- lumbar puncture

MRI brain is the preferred imaging study

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Patient with signs and symptoms of headaches that are not clear migraine or tension headache

OR

There is not a positive family history

OR

There has been a suboptimal response to initial therapies

EXAM:

Patient has a **NONFOCAL** normal neurological exam without papilledema

SUGGESTED WORKUP

Referral to pediatric neurology recommended and patient will be seen within 4-6 weeks

Imaging often not required

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Patient with clear signs and symptoms of episodic migraine or tension headache with positive family history and displays expected response to NSAIDs, triptans or other pain relievers.

EXAM:

Patient has a **NONFOCAL** normal neurological exam without papilledema

SUGGESTED MANAGEMENT

Address LIFESTYLE risk factors for headache (see below) and consider trial of supplements

Magnesium oxide 400 mg QD*

AND

Riboflavin 100 mg QD*

OR

CoEnzyme Q10 200 mg QD*

OR

Melatonin 3 mg QHS*

*recommend decreased dose by 50% for age less than 8 years

CLINICAL PEARLS

- 80-90% of children diagnosed with migraine have a positive family h/o migraine headaches, often in a parent.
- Migraine is common affecting 3% of 3-7 year olds, 4-11% of 7-11 year olds and 8-23% of 11-15 year olds.
- Migraine is frontotemporal in location; unilateral or bilateral; moderate to severe in intensity; increases in severity with activity; associated with nausea/vomiting OR photo/phonophobia; resolves often after sleep; can be associated with aura prior to headache onset.
- Tension headache is bilateral in location, mild to moderate in intensity, NOT aggravated by activity; NOT associated with nausea/vomiting or photo/phonophobia.
- Sleep: Insure that children are getting 10-11 hours per night and teenagers 8-9 hours per night; consider trial of melatonin to help sleep initiation.
- Nutrition: Eat breakfast every day and small meals throughout the day; avoid food triggers such as nitrates, MSG, chocolate, hard/aged cheeses.
- Hydration: Insure adequate hydration daily.
- Caffeine: limit or eliminate caffeine intake and use only for acute treatment of intermittent migraine in adolescents.
- STRESS: consider counselling, biofeedback, massage, osteopathic or chiropractic (low-velocity) treatments, acupuncture/acupressure, hypnosis.

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.