

Concurrent MPH and clonidine for ADHD. Concomitant MPH and clonidine is not generally recommended in practice, because of the reports of potential serious cardiovascular adverse reactions. If this combination therapy is considered essential, cardiac monitoring would seem to be mandatory. (Millichap JG. Attention Deficit Hyperactivity & Learning Disorders, Chicago, PNB Publishers, Revised and Updated 2001).

## HEADACHE DISORDERS

### **CHARACTERIZATION OF CHRONIC DAILY HEADACHES**

Of 577 children (3 to 18 years of age) evaluated over 34 months in the multidisciplinary Headache Center at Cincinnati Children's Hospital Medical Center, 200 (35%) were diagnosed with chronic daily headache (CDH), having >15 headaches per month. Sixty-eight percent were girls, and 92% clinically had migraine headaches (60% met the International Headache Society criteria for migraine). Nausea with or without vomiting occurred in 64%, and photophobia and phonophobia in 60%. CDH were divided into 3 subcategories: 1) 37% with frequent but not daily headaches; 2) 44% having episodic daily headaches; and 3) 20% having a continuous headache. All subcategories, including the continuous group, most closely match the criteria for migraine. (Hershey AD, Powers SW, Benti A-L, LeCates S, deGrauw TJ. Characterization of chronic daily headaches in children in a multidisciplinary headache center. Neurology April (2 of 2) 2001;56:1032-1037). (Reprints: Dr AD Hershey, Headache Center, Division of Neurology, Children's Hospital Medical Center, Burnet Ave, Cincinnati, OH 45229).

COMMENT. The nature of chronic daily headaches in children most closely match criteria for migraine, including the group with continuous headaches. Many had analgesic rebound contributing to the CDH, especially in the daily continuous group. The quality of life was impacted, as evidenced by school absences and functional disability. However, those with CDH appear to learn coping skills more effectively than patients with less frequent headaches, especially while at school.

### **BENIGN INTRACRANIAL HYPERTENSION WITH NASAL STEROID**

A 13 year-old boy with Crohn's disease (in remission) was evaluated at the Department of Ophthalmology, University Hospital, Nottingham, UK, because of a 10 day history of head and back pain, intermittent blurring of vision, and squint. He had received 5 days of treatment with fluticasone propionate aqueous nasal spray (50 mg daily) for hay fever. Bilateral papilledema was confirmed by fluorescein angiography, showing leakage of dye from the optic discs. There was a right sixth nerve palsy. CT was normal, and MRI excluded cavernous sinus thrombosis. CSF opening pressure was not measured; there were no cells, protein 0.1 g/l and glucose 4.3 mmol/l (blood glucose 5.2 mmol/l). Nasal spray was discontinued, and headaches and back pain, sixth nerve palsy, and papilledema resolved over a few weeks to months. This appears to be the first documented case of benign intracranial hypertension secondary to nasal fluticasone. (Bond DW, Charlton CPJ. Benign intracranial hypertension secondary to nasal fluticasone propionate. BMJ 14 April 2001;322:897). (Respond: Drs Bond and Charlton, Department of Child Health, Department of Ophthalmology, Queen's Medical Center, University Hospital, Nottingham NG7 2UH, UK).

COMMENT. Corticosteroids may cause benign intracranial hypertension when administered by nasal spray, in addition to the systemic or topical routes.