

MULTIDISCIPLINARY TREATMENT OF PEDIATRIC MIGRAINE

The long-term effectiveness and outcome of multidisciplinary treatment of childhood headaches were evaluated at 1, 2, and 5 years at the Cincinnati Children's Hospital Medical Center, OH. Diagnosis was based on clinical impression and ICHD criteria. Data on severity, frequency, duration, participation in activities during headaches, effect of treatment, and school days missed were collected from clinic follow-up questionnaire or via telephone. The team-based treatment plan included acute, prophylactic, behavioral therapy, and teaching. Bio-behavioral therapy included changes in diet, hydration, sleep pattern, and activity. Days of school missed were used as a disability measure; a marked decrease occurred from 4.5+/-9.5 at initial visit to 1.55+/-2.8 at 5 years ($p<0.001$). Headache frequency was 13.4/month initially, 4.9 at 1 year, 4.7 at 2 years, and 4.5 at 5 years ($p<0.001$). Headache severity was also significantly decreased. Patients with less frequent and shorter duration headaches at initial visit were less likely to return for follow-up, but continued to do well at 5-year assessment. (Kabbouche MA, Powers SW, Vockell A-LB et al. Outcome of a multidisciplinary approach to pediatric migraine at 1, 2, and 5 years. *Headache* Nov 2005;45:1298-1303). (Respond: Dr Marielle A Kabbouche, Cincinnati Children's Hospital Medical Center, Headache Center, Division of Neurology, MLC #2015, 3333 Burnet Ave, Cincinnati, OH 45229).

COMMENT. Children with more severe migraine headaches at initial presentation should benefit from a regular multidisciplinary treatment plan.

Topiramate was effective in reducing the frequency and severity of chronic daily headache in 62% of 21 patients, ages 6-18 years, using a low dose (average 30mg/day). (Borzy JC, Koch TK, Schimschock JR. *Pediatr Neurol* Nov 2005;33:314-316).

TENSION-TYPE AND OTHER PRIMARY HEADACHES

A review of the literature on tension-type and other "nonmigrainous" primary headaches is presented from Children's Hospital of the King's Daughters, Eastern Virginia Medical School, Norfolk, VA. Tension-type headaches are mild to moderate in intensity, often frontal in location, duration minutes to hours, and lack autonomic features. Other primary headaches and neuralgias are brief, with or without autonomic symptoms. They include cluster headaches, paroxysmal hemicrania responsive to indomethacin, short-lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT), stabbing headache, cough headache, exertional, headache with sexual activity, hypnic (alarm clock) headache, thunderclap headache, cranial neuralgias, trigeminal neuralgia, glossopharyngeal neuralgia, occipital neuralgia, and ice cream headache. Cluster headaches, paroxysmal hemicrania, and SUNCT are similar in location (unilateral, orbital, and supraorbital), their duration differs widely from 15-180 minutes for cluster headaches, 2-30 min for paroxysmal hemicrania, and 5-240 seconds for SUNCT, the frequency of attacks is 8/day, 5/day, and 3-200/day, respectively, and a response to indomethacin occurs only for paroxysmal hemicrania. (Lewis DW, Gozzo YF, Avner MT. The "other" primary headaches in children and adolescents. *Pediatr Neurol* Nov 2005;33:303-313). (Respond: Dr Lewis, 850 Southampton Ave, Norfolk, VA 23510).