

HEADACHE DISORDERS

CHRONIC DAILY HEADACHE IN ADOLESCENTS

The prevalence of chronic daily headache (CDH), and its impact and related medication use or overuse in adolescents were examined at the Neurological Institute, Taipei Veterans General Hospital, and other centers in Taiwan. CDH was defined as headache occurring 15 days/month or more, average of 2 hours/day or more, and for more than 3 months. Of 7,900 subjects, 122 (1.5%) had CDH in the past year. The prevalence was 2.4% in girls and 0.8% in boys ($p < 0.001$). CDH was sub-typed according to ICHD-II criteria as chronic tension-type headache in 65.6% or chronic migraine in 6.6%, and medication overuse CDH in 20%. A majority (67%) of all CDH subjects had some migraine or probable migraine features. Forty one percent consulted physicians, only 1 patient took prophylactic medication, 6 consulted neurologists, 48% reported that school performance was influenced moderately and 21% severely, and only 35% took sick leave for headaches during the past semester. (Wang S-J, Fuh J-L, Lu S-R, Juang K-D. Chronic daily headache in adolescents: prevalence, impact, and medication overuse. *Neurology* Jan (2 of 2) 2006;66:193-197). (Reprints: Dr Shuu-Jiun Wang, The Neurological Institute, Taipei Veterans General Hospital, Taipei, 112, Taiwan).

COMMENT. While chronic tension-type headache was the most common subtype of CHD in adolescents in Taiwan, a majority had headaches with some features of migraine.

In Turkish adolescents the prevalence of recurrent headache was 45.7%; migraine was diagnosed in 21.3%, and tension-type headache in 5.1%. Recurrent headaches were significantly more frequent in students with low-income families ($p = 0.016$). The 1-year prevalence of chronic recurrent headaches was 21.7%. More than half (53.3%) of the students with headache took medication, and 37.3% saw a physician for headaches. (Unalp A, Dirik E, Kurul S. Prevalence and characteristics of recurrent headaches in Turkish adolescents. *Pediatr Neurol* Feb 2006;34:110-115).

ORBITOFRONTAL CORTEX IN CHRONIC ANALGESIC-OVERUSE HEADACHE

Glucose metabolism with 18-FDG PET in 16 chronic migraineurs (mean age 42.5 +/- 11 years) with analgesic overuse, before and 3 weeks after medication withdrawal, was compared to controls. During use of medication, the cerebral areas including the orbitofrontal cortex (OFC) were hypometabolic, while the cerebellar vermis was hypermetabolic. After drug withdrawal, glucose uptake became almost normal, except the OFC that showed a further metabolic decrease. Most of the OFC hypometabolism was due to the overuse of combination analgesics and/or an ergotamine-caffeine preparation in 8 patients. (Fumal A, Laureys S, Clemente LD et al. Orbitofrontal cortex involvement in chronic analgesic-overuse headache evolving from episodic migraine. *Brain* 2006;129:543-550). (Respond: Dr Arnauld Fumal, University Department of Neurology, CHR Hospital, bvd du Xilleme de Ligne 1, B-4000 Liege, Belgium).