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HEADACHE DISORDERS

PROGNOSIS AND TREATMENT OF HEADACHES

The prognosis and methods of coping with headaches were studied by telephone interview in 98 children followed for 10 years after diagnosis at the Department of Pediatrics, Dalhousie University and Children's Hospital, Halifax, Canada. Of 77 contacted, 18 (23%) were diagnosed initially with tension-type headaches, 49 (64%) with common migraine, and 5 (6%) had classical migraine with aura. Headaches had persisted in 73% but were improved in 81%. Prognosis was related to the type of headache at initial diagnosis: only 18% of those with migraine were symptom free after 10 years whereas 50% of those with tension headaches had obtained relief. Headache types changed with time: 11% of children with initial tension headaches had migraine at follow-up, whereas 22% with common migraine had developed headaches of tension-type after 10 years. At diagnosis the mean headache frequency was 11/month compared to 2/month at 10 year follow-up. Treatment at follow-up consisted of 1) a period of sleep in 17%; 2) relaxation therapy in 10%; and 3) avoidance of precipitants in 5%. Food was a precipitant in 5 patients. One-third required no treatment for headaches; 41% were using nonprescription medications; and only 3% had recently seen a physician for prescription medication. Associated symptoms included motion sickness in 26% somnambulism in 14%, "Alice in Wonderland" hallucinations of size in 10%, and hallucinations of motion and time ("The Rushes") in 17%. (Dooley J, Bagnell A. The prognosis and treatment of headaches in children - a ten year follow-up. Can J Neurol Sci February 1995;22:47-49). (Reprints: Dr JM Dooley, Neurology Division, The IWK Children's Hospital, 5850 University Avenue, Halifax, Nova Scotia, Canada B3J 3G9).

COMMENT. In this group of children, no patient was prescribed medication at diagnosis and only two required prescription drugs at follow-up. Nonprescription medications had been employed by 30 - 40%, but rest and relaxation techniques were encouraged as alternatives to drugs when possible.

Treatment of childhood migraine with autogenic relaxation

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and skin temperature biofeedback was analysed in 30 patients, ages 7 to 18 years, using a controlled group outcome design, at the Department of Psychology, University of South Alabama, Mobile, AL (Labbe EE. Headache Jan 1995;35:10-13). Headache frequency and duration, but not headache intensity, improved in the treatment groups as compared to the waiting list controls; 80% of the biofeedback group, 50% of the autogenics group, and none of the controls were symptom-free. In this study, biofeedback and relaxation therapies were practical and effective in the management of childhood migraine and were free from adverse side-effects.

In a previous report from the University of Ottawa, Canada, McGrath et al found that relaxation training was no more effective than brief reassurance and self-control suggestion techniques in treating pediatric migraine (see Progress in Pediatric Neurology I, Chicago, PNB Publ, 1991, pp 144-5). Perhaps certain foods may have been observed to play a greater role in precipitating headaches in the Halifax study if the influence of diet had been stressed at the time of initial diagnosis.

HYDROCEPHALUS AND INTRACRANIAL PRESSURE

ACETAZOLAMIDE IN HYDROCEPHALUS MANAGEMENT

The efficacy of treatment with acetazolamide (100 mg/kg/day) without frusemide in arresting post-hemorrhagic ventricular dilatation was evaluated in 3 infants at the Hammersmith Hospital, London, UK. Treatment was begun at 21, 25, and 35 days of age. A decrease in ventricular size occurred after one week in all patients. Dilatation recurred when acetazolamide was withdrawn or reduced. Reintroduction of therapy was less effective and less well tolerated. Treatment was tailed off between 8 and 14 months of age. No patient has required shunting. In 2 additional infants, a severe and treatment-resistant acidosis required discontinuation of therapy after two days. Nephrocalcinosis was not a side-effect with monotherapy, whereas the combination of acetazolamide and frusemide is known to cause kidney damage. (Mercuri E, Dubowitz L et al. Acetazolamide without frusemide in the treatment of post-haemorrhagic hydrocephalus. Acta Paediatr Dec 1994;83:1319-21). (Respond: Dr L. Dubowitz, Department of Paediatrics and Neonatal Medicine, Hammersmith Hospital, London W12 0NN, UK).

COMMENT. Huttenlocher first described the benefit of acetazolamide in 8 of 15 children with hydrocephalus due to various etiologies. Bergman, Shinnar, and colleagues recommended acetazolamide combined with frusemide. The report of nephrocalcinosis with the combined therapy in 1992 was cause for concern and a return to trials of monotherapy. Acetazolamide may reduce ventricular size and postpone or obviate the need for shunt insertion in neonates with hydrocephalus. The use of acetazolamide in hydrocephalus is discussed by Sarnat HB in Progress in Pediatric Neurology II, 1994, pp277-8.

The long-term prognosis for 42 children, born between 1963 and 1975, who underwent shunting for hydrocephalus, was reported from Oulu University Central Hospital, Finland. (Kokkonen J et al. Child's Nerv Syst 1994;10:384-387). Seven had died, 5 were in institutions for the mentally handicapped, one-half of the patients had neurological abnormalities or epilepsy, one-third were receiving vocational