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## MIGRAINE IN CHILDREN

When a baby cries, it might be telling you many things

- he/she might be hungry
- he/she might be sick
- he/she might be wet
- perhaps he/she wants to be cuddled
- he/she might be having a migraine

Yes, children and even babies are subject to the devastating pain of a migraine, especially where a family history of migraines exists.

Some research has shown that “head banging,” babies banging their heads against their cribs or children banging their head on the group, may be due, not to so called temper tantrums, but to a migraine, especially if it exists in a family’s history.

### STATISTICS

Research has shown that 15% of migraine sufferers are children under 10 years old. One study showed that 37.5% of patient’s with classical migraines, and 28.5% with common migraines suffered their first attacks before age ten. Though not always traceable, over 50%, perhaps even 65% of migraine sufferers have a family history of migraines.

### WHAT IS A MIGRAINE?

Migraine is NOT just a headache. Migraine is defined as a periodic vascular headache that is usually, but not always, accompanied by nausea and vomiting. The blood vessels dilate causing the blood to pound through the head creating a terrific pounding pain.

Though migraine literally means “half head”, and is therefore by definition unilateral or one-sided, in fact, it can and does occur bilaterally, on both sides, as well. In children however, it is typically unilateral.

Though different types of migraine have been identified for diagnostic and research purposes, most migraine sufferers are classified as having classical or common migraines.

## CLASSICAL MIGRAINE

This is a migraine that is distinguished by sharply defined symptoms that appear during the prodromal or pre-headache stage and consist of disturbances of speech, vision, and balance.

## COMMON MIGRAINE

In common migraines, the prodromal sensations are usually vague and diffuse, such as irritability or a general feeling of fogginess.

## PART OF THE TOTAL PICTURE

It is essential to understand that a migraine is a unique form of headache in that the condition is not necessarily limited to the head. Careful observation of your child is of prime importance as an accurate description of his symptoms will aid your doctor in making a diagnosis.

Especially in children, nausea and vomiting accompanied by severe stomach cramps and or bilious attacks are sometimes the predominant symptoms, and occur occasionally with no signs of head pain. This abdominal migraine can later develop into the recurrent severe headaches that last for hours, days or even weeks.

A large variety of general symptoms may also be present. These include, bulging eyes with dilated pupils, arteries and veins corded out at the temples or wrists so that the blood vessels seem to stand out, blotchy area on the skin that look like a rash, unusual pallor, especially in children, swelling and or pain in the fingers, hands, ankles, legs or feet, an increase in the frequency and volume of urination, nasal congestion, swelling or tearing and reddening of the tissues around the eyes, extreme weakness and super-sensitivity to noise and light.

## THE AURA OF MIGRAINE

During the prodromal period, a number of warning signs might occur. These include a numbness and or tingling sensation in the face or extremities, dizziness, a loss of equilibrium with resultant staggering, unusual hunger, yawning, speech disturbances including over talkativeness, difficulties in forming or recalling words and the inability to concentrate.

Visual disturbances can include momentary loss of vision, double vision, difficulty in focusing and a dazzling display of flashing or jagged coloured lights, spots or lines.

These kaleidoscopic visual phenomena have, in the past, occasionally been deemed divinely inspired, and they are now known as scintillating scotomas. They have been described as a dark patch in the visual field of one or both eyes, surrounded by bright zig-zag lines that seem to radiate outward, sometimes only to one side.

In one study conducted at the Hospital for Sick Children in Toronto, 41% of children with migraines experienced associated visual phenomena. Visual symptoms usually precede the onset of headache, but occasionally were present during or after headache. In several patients, the visual symptoms occurred independently of the head pain.

Visual distortions may occur in which the child might perceive himself as being much larger or smaller than the people around him. Pages of print may appear to have wavy lines or a hole in the middle and some lines may appear darker than others. Hallucinations, both visual and/or auditory may also occur.

### TRIGGER MECHANISMS

Migraines are triggered by precipitating or provoking factors and elements of stress physical, emotional or situational. In all likelihood, many of the same trigger mechanisms are common to children as well as adults.

A number of foods have been known to trigger migraines; milk, milk products, cheese, onions, spinach, tomatoes, nuts, avocados, peanuts, peanut butter, organs, bananas, plums, chocolate, seafood, home made bread, pork, and fatty fried foods.

Some food ingredients have sometimes triggered migraines, such as sodium nitrite, which is an ingredient of cured meats, hot dogs, ham, bacon etc. Monosodium glutamate is found in taste enhancers and in some Chinese foods might also trigger migraines. It is best to check the content label for these substances.

Other trigger mechanisms that may provoke migraines in children are changes in weather, wind, light, noise, strong aromas, prolonged focusing on television, emotional stress and changes in routine.

### CARE OF A CHILD WITH MIGRAINE

As with adults, one should attempt to isolate the trigger mechanism—that which brings on the attacks. If food is involved, then it can be a fairly simple step, such as eliminating the culprits from the diet. If it is a case of tensions, school or family pressures etc, then clinical hypnosis – in the hands of a trained physician, can be considered. It is being found that children as young as five can sometimes benefit from this form of therapy.

If no trigger or triggers come to light easily, treatment can still be started.

There are neurologists who specialize in migraines of children. Very few, if any, like to start youngsters on migraine medication. Before the age 14, simple headache preparations such as aspirin or Tylenol can be of use as children do not seem to react adversely to

ASA until past this age. If other medications are prescribed, the physician will carefully watch the child.

The migraine child should be cared for the same way as an adult. Keep the youngster as relaxed as possible in a darkened, quiet room. Ice packs, or hot water packs if preferred, can be used. Bed clothes and sheets should be loose and comfortable and made of cotton preferably. Do not overfeed, but rather allow children to eat and drink sensibly as they require. It is probably wise to keep the child at home rather than have him try to concentrate or study at school. As with adults, there is always the possibility of danger of eyesight being affected in later years by forcing the eyes to work when they do not wish to do so.

Reading and watching television is obviously not wise. Toys should be chosen to encourage passive, not active play.

The parent, who remains calm, continues to run the household normally, except for decreased noise levels, which is sympathetic but does not hover over the child, will be of psychological help. The main points are to be

sympathetic and understanding, to avoid family stress, tensions etc, and to keep the child as comfortable, warm, and quiet as possible. Sometimes, if it can be observed that a migraine attack is forth coming, a warm bath can be helpful. The child being warmly wrapped up after this is helped to draw blood from the head.

Above all, if the youngster is vomiting or urinating frequently, sympathy, no undue concern is called for – telling the child that it will soon stop, it will be over and that it does not go on forever.

If possible, the head could be comfortable supported by extra pillows, or if the attack is not severe, the child could be encouraged to sit quietly in a chair.

### THE PROBLEM OF DIAGNOSIS

Many of the signs and symptoms of migraines are, of course, common to other conditions and therefore careful assessment by a physician is imperative to rule out any other ailment. In any case, the child with symptoms of migraine should be diagnosed and treated by a physician.