



Emergency Department Migraine

Information for Parent/ Carers

What is a migraine?

Migraines are a type of headache and can affect children.

A variety of symptoms may accompany the headache which can have a significant impact on the child's life at school and home. It is important that you know and understand how to manage migraines well.

What causes a migraine?

Migraines usually run in families; however, no one really understands what causes migraines. Different people have different triggers for their migraine headaches.

What are the symptoms of a migraine?

Most children have a pounding or throbbing headache, which worsens as the day goes on. The headache may be on one side of their head.

The symptoms of migraines can last from 4 hours up to 3 days long.

Other symptoms that may accompany migraines are:

- Feeling sick and being sick
- Feeling looking at normal lights causes discomfort
- ❖ Feeling normal noises sound loud and uncomfortable
- Sweating or feeling hot or very cold
- Difficulty concentrating
- Abdominal pain or diarrhoea

Some patients may experience an aura, which is a warning symptom that occurs before the migraine begins. These can include:

- Visual problems (blurred vision, unusual patterns of lines or circles/dots in black and white)
- Unpleasant taste
- Sensitivity to smell
- Feeling clumsy or off balance
- Numbness in the arms or legs
- Difficulty in speaking or understanding
- Loss of consciousness (very uncommon)

These symptoms do not always occur and can vary from one child to another with some children having worse symptoms.

How are migraines diagnosed?

There are no specific tests to diagnose migraine.

Diagnosis is based on a combination of the symptoms and examining the child.

Keeping an accurate record of the child's symptoms in a headache diary helps doctors decide about the diagnosis and management.

Keeping a headache diary is useful to record the date, the time, what was the child doing when the migraine began, duration and severity of headaches, any intervention including medications, and effectiveness of headache interventions.

How are migraines treated?

There are plenty of options aimed at lessening the impact on a child's daily lifestyle and pain relief.

Lifestyle changes and identifying triggers

- Eating

It is important to eat regularly and avoids skipping meals. Triggers for migraine can include: coffee, chocolate, cheese, tea, baked beans, tomatoes including ketchup, fizzy drinks/cola, citrus fruit/juices (oranges, lemon, lime). Some food additives may also act as triggers (monosodium glutamate found in Chinese takeaways).

These foods do not need to be avoided. If a food is suspected to trigger migraine, a period of exclusion can be trialled to see if this helps to reduce migraine episodes. These foods only need to be kept out of the diet if you think that food triggers a migraine and avoidance helps.

Drinking

Dehydration can be a trigger for headaches. Ensure adequate intake of fluids, and drink plenty in hot weather and when exercising.

- Exercise

Regular exercise is an important part of healthy lifestyle and is associated with less frequency of headaches.

- Hormones changes and periods

These often occur two days prior to the onset of a period.

- Computer/TV screens

Children should take regular and frequent breaks away from screens.

Sleep

Having too much or too little sleep can trigger migraines. Try to maintain regular sleeping hours and routines as well as avoiding a morning lie-in.

- Stress

Stress, fatigue, and anxiety are most common triggers of headache. Identify stress and seek advice or help for anxiety and stress management including managing exams, anticipating children's studies etc

- Too much medication

Taking regular painkillers (paracetamol, ibuprofen, codeine, Migraleve, etc.) for a prolonged period of time can cause a dull daily headache (medication overuse headache), which is difficult to treat and does not respond to any medications.

- Rest and sleep- some find relief by lying still in a dark quiet room
- Local therapies like applying cold packs
- Drinking plenty of water
- Simple painkillers (usually paracetamol and/or ibuprofen) in doses as directed on the medication

There are medications called 'triptans' that could be tried in selected cases. These will be recommended by your doctor if they are felt to be appropriate.

Treatment to prevent attacks

Medications can be given to reduce the frequency of migraines if they occur: more than once a week or more than four to five episodes every month.

These medicines have to be taken regularly for at least two three months to work.

All medicines can have side effects and it's important to discuss these with your doctor, nurse or pharmacist.

What happens to migraines as the children grow older?

Migraine may never completely remit. Most boys find that migraines tend to improve around puberty. In contrast, girls tend to get worsening migraines due to hormonal changes during teenage years.

Most children will be able to identify lifestyle changes that worsen their headaches as they grow older and adopt strategies to avoid anything that worsens the headaches.

If your child has any of the following: RED You need urgent help Go to the nearest Paralysis or weakness on one or both arms **Emergency (A&E)** Paralysis or weakness of the face **Department** or phone 999 • Slurred or incoherent speech Sudden excruciating headache unlike any previous headaches Difficulty waking Headache along with an elevated temperature (fever), stiff neck, mental confusion, double vision, and a rash Seizures

AMBER	 If your child has any of the following: Headaches occurring more than more than 5 times per month and is not relieved by painkillers If your child is on the oral contraceptive pill and develops an aura with their migraines 	You need to contact a doctor or nurse today Please ring your GP surgery or call NHS 111 - dial 111. Ensure you regularly check your child for any signs of red features during their episodes.
GREEN	 None of the above features are present Typical symptoms of a migraine 	Continue providing your child's care at home including remedies mentioned above. If you are still concerned about your child, speak to your GP.





This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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