



Children's National[®]

Headache Co-Management: PCP Perspective

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Goals

- Streamline and improve care of patients with headaches
 - Readily available headache guideline at PCP visit
 - Easily provide up to date treatment options and patient resources
 - When and how to refer to Neurology/ Children's National Headache Clinic
- Improve communication with specialists
 - Efficient communication
 - How do we refer urgently to the headache team?

“HPI” template/dot phrase as guideline



Headache history:

_year old _ presents for headache for approximately _ months.

Headaches are located in the _ head region. The headache is described as ranging between _ and _ in intensity on a scale of 10. Headache quality is described as _. Headache is _ associated with a need for decreased activity. Headache is _ associated with increased sensitivity to light and sound. Headache is _ associated with nausea, is _ associated with vomiting.

Headache frequency is _ times per _ on average in the past two months. Headaches typically last between _ and _ hours. The headache does _ have a clear temporal pattern.

Aura or secondary headache symptoms:

The headache is associated with:

- visual changes - _
- focal weakness - _
- sensory changes - _
- speech changes - _
- tinnitus - _
- vertigo - _

Red flag symptoms:

Headache is _ associated with unilateral symptoms of redness of the eye, tearing, runny nose, ptosis, or smaller pupil. Headache does _ wake the patient out of sleep repeatedly, is _ associated with substantial periods of confusion, is _ associated with excessive vomiting, and is _ associated with a change in balance. The headache is _ of progressive frequency.

Medications for headache:

Current headache abortive plan: _

Medication overuse: _

Prior abortive medications include: _

Current headache preventative plan: _

Prior preventative medications include: _

Current complementary therapies: _

Prior complementary therapies: _

-

Family History

There is _ a family history of headaches in the following relatives - _

There is _ history of brain tumor, inherited clotting disorders, or multiple cerebral brain aneurysms

Social History

The patient is in _ grade.

The patient lives with _.

MRI recommendation:

Assoociated with abnormal neurologic findings, esp papilledema, nystagmus, gait or motor changes

Consider in those with absent family history, associated with confusion or emesis, repeatedly awakens from sleep, FHx or disorder that predisposes child to CNS lesions like tumor or cerebral aneurysms

“Plan” template/ dot phrase

Migraine in Children and Adolescents

- o Migraine is one of the most common forms of headache seen in children and adolescents, affecting between 15-25% of children and adolescents. 3 out of 4 patients with migraine have a family member that also has headache.

What to do every day to reduce my headaches

- Fluids - __ ounces per day, none with caffeine or artificial sweeteners
- Exercise - 5 times a week for 30 minutes of aerobic activity (running, biking, swimming)
- Sleep - 8-10 hrs each night, no more than a 2hr shift, avoid handheld screens within 1-2hrs of bed, no scheduled naps
- Diet - Eat or drink calories at least 3 times per day, including something within an hour of waking up, and no periods of daytime fasting longer than 4 hours.

- Participate - Do not avoid activities because of headache
- Distract yourself - When you have pain do something you enjoy
- Desensitize - Work through pain to teach your brain to ignore amplified pain signals
- Don't ask or talk about pain - Avoid focusing on pain and do not "check-ins" about pain

Take the following medication every day to prevent headache:

- Coenzyme Q10 - 100mg twice daily for at least 4 months (amazon.com)
- Riboflavin 100mg bid for at least 4 months

If lifestyle and nutraceuticals fail after 4 mo, consider preventative meds

- Amitriptyline 1mg/kg for at least 4 wks
- Topiramate 2mg/kg for at least 4-8wks

What to do when a headache is just starting or increasing in intensity

- For all headaches drink a sports drink like gatorade or powerade. Drink 8-12oz quickly every time you get a headache. Do not buy sports drinks with artificial sweeteners and reduced calories like G2, Propel, or Zero.
- During the first hour of headache onset, or upon awakening with a headache - __mg. Do not take more than 10 days/month or 2 days/week.
- Ibuprofen 10mg/kg (max 400mg, superior to tylenol)
- Tylenol 15mg/kg

- Sumatriptan intranasal (0.1mg/kg, 20mg), not FDA labeled for peds
- Zolmitriptan oral (2.5mg tab and disintegrating), intranasal (5mg), nasal is FDA approved 12-17yrs
- Rizatriptan oral (5mg, 10mg), FDA approved 6-17yrs

When to Refer to a Pediatric Neurologist or Headache Program

- Intractable headache disorder – not responding to preventatives as expected
- Parent or patient interest in clinical trials or other modalities for treatment
- Complexity or Time Constraints
 - Need for additional time and counseling
 - Parent or patient reluctance to use medications
 - Inability to comply w recommendations
 - Co-morbid conditions (anxiety/depression, pregnancy, sickle cell, pain syndrome)



Refer to Children's National Headache Team

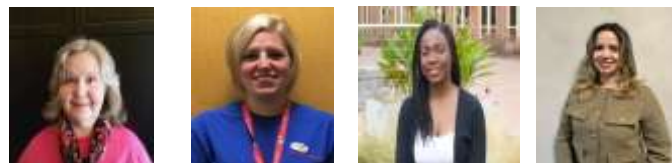
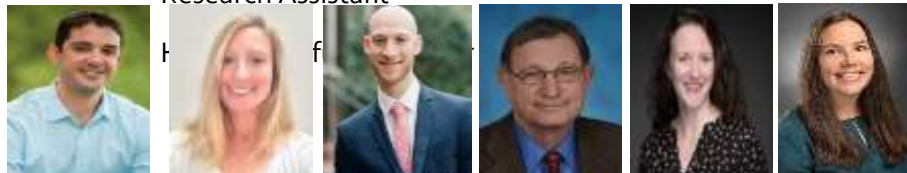
202-476-HEAD or headache@childrensnational.org

Urgent Headache Team

- 6 Attending Physicians
- 50-100 Urgent Access Appointments Weekly
 - Annapolis, DC, Fairfax, Lanham, Friendship Heights, and Rockville

Comprehensive Headache Team

- Behavioral Pain Medicine
- Pain Medicine
- Physical Therapy
- Neurosurgery
- Clinical Coordinator
- Headache Nurse
- Research Assistant



Clinical Research

- Outpatient infusion outcomes
- Botox in headache outcomes
- Nerve block outcomes
- New daily persistent headache outcomes
- Melatonin for post-concussive syndrome

Clinical Trials Enrolling

- Erenumab for episodic and chronic migraine prevention 6-17yo
- Rimegepant for migraine rescue 6-17yo
- Eptinezumab for migraine prevention 12-17yo
- Lasmiditan for migraine rescue 6-17yo

Thank You!



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