

Pediatric Migraine Know the Facts

Q. Can children and teenagers have migraine?

A. Migraine does not discriminate:

- 2% of children under 6 years old have migraine (approximately 1 child out of 40).
- 4 to 11% of children from 6 to 11 years old have migraine (approximately 1 child out of 15).
- 8% of boys and 23% of girls from 12 to 17 will have migraine (close to 1 teenager out of 7).
- For about 50% of adults suffering from migraine, the first attack occurred before the age of 20.

Q. Can children have migraine, even before puberty?

A. Close to 8% of children have migraine. Migraine may start early in childhood with an average onset around 7 for boys and 10 for girls.

Q. How can you recognize if a child is experiencing an attack?

A. Often an attack is easy to recognize (particularly for a parent). The child's face may be pale or appear flushed, their eyes may appear sunken, and they may appear fatigued. It is also common for children to experience changes in their mood during an attack (e.g., irritability, feeling more anxious) and in their interaction with the environment (e.g., avoiding light and sound). It is common for children to stop playing and ask to lie down or to be alone during an attack. They may also express that they are having a headache, and they may vomit or feel nauseous.

Q. How long does a migraine attack last?

A. The duration of children's attacks is typically shorter than those of adults. Sometimes, it is over in 2 hours, but some attacks can last for days or longer. The duration and intensity can be reduced if treated effectively and treated early.

Q. What are some symptoms children can experience if the attack isn't treated early?

A. When attacks are not treated early and effectively, they can worsen, sometimes rapidly, last longer and may not respond to well to medications. Typically, untreated attacks will progress to more severe pain, and sometimes more severe associated symptoms like nausea, vomiting, sensitivity to light and sensitivity to sound. Some children may experience episodes of profuse and repeated vomiting, abdominal pain, or severe vertigo. While all these symptoms can occur with attacks of migraine, in some cases, the vomiting, abdominal pain, or severe vertigo can occur without prominent headache. These episodes are considered by specialists as conditions related to migraine (these syndromes are called: cyclic vomiting, abdominal migraine and benign positional vertigo).

Q. Can children's quality of life be impacted by their condition?

A. Children with migraine report significantly lower quality of life compared to the quality of life of those not suffering from migraine.

Q. How does migraine affect children in school?

A. Migraine can significantly impact school participation in different ways for each child. In particular, migraine can impact attendance, ability to concentrate, and ability to focus on schoolwork for an



extended period of time. Some research has shown that children with migraine have lower academic performance compared to peers.

Q. How can educators support children with migraine?

A. Support from educators and school staff can be helpful:

- Appropriate accommodations should be put in place to ensure a successful school year.
- Some people may require flexibility for deadlines, extended periods of time for tests, and a quiet space during the school day to take a break or rest.
- If a student has missed school, they should be supported to help them to catch up at their own pace.
- Be kind, patient, and sympathetic.
- When a child reports having a headache, they should be believed and support should be put in place.

Endorsed by:

