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Headaches in Children

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- Very common problem
- Nearly always primary (idiopathic)
- Brain tumour without red flag symptoms is rare (<0.03%)
- Large study – IHS journal Cephalgia 2018:
    - 88% attended ED (n224, age 2-17 yrs) had at least one red flag (30% had two)
    - 33% had neuro-imaging - < 1% had sig abnormality

Headaches in Children

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Features	Tension type	Migraine ± Aura
Location	Bilateral	Unilateral or Bilateral
Quality	Pressing	Pulsating
Intensity	Mild/moderate	Moderate /severe
Site	Occipital	Frontal
Effect on activities	Not aggravated	Aggravated with routine work
Other symptoms	None	Aura, photophobia,
Duration	Short or continuous	4-72 hours
Family Hx	Nil	Usually present

Red Flags (headaches)

- Under age 3 years
- Waking up with headaches and vomiting in the morning
- Worse with cough, straining, posture change (orthostatic)
- Sudden and severe headaches (initial presentation)
- Personality changes/ school progress
- Abnormal neurology
- Associated medical conditions (malignancy)
- Localised (sinusitis, tooth)

Management

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- Tension Headaches
- Migraine
- Cluster type

Acute management

Life Style changes

Prophylactic

Wheeze In Pre School Children

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Andy Bush, Jonathan Grigg BMJ 2014 Feb

- Common in pre-school children – about 30%
- Almost all due to viral URTI infections
- No treatment exist to modify disease or prevent asthma
- History and examination – into 2 categories [European Respiratory Society Task Force]:
  - *EPISODIC VIRAL WHEEZE:*
  - *MULTITRIGGER WHEEZE:*

Is this ASTHMA ?

Does preschool wheeze lead to asthma later in life?

Treatment Options

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- Episodic Wheeze:

  - Short acting **beta agonists** (salbutamol), Anticholinergic (Ipratropium) - PRN
  - **Leukotriene** receptor antagonist (Montelukast) in PREEMPT study of 220 children Vs larger trial of >1200 children later
  - **Budesonide** (Inhaled): 3 way comparison trial bw standard, intermittent montelukast and inhaled budesonide- some benefit with inhaled steroids (high asthma predictive index group) n=238 (age 12-59 months)

  - **OUR PRACTICE**: Based on these studies:
    - Treat Episodic wheeze with short treatments like inh beta agonists
    - Add inhaled steroids (beclomethasone – defined period). PEAK trial [fluticasone 100mcg bd)
    - Trial of montelukast – fixed period

Abdominal Pain in Children-FGID

Rome IV

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Table 1. Functional Gastrointestinal Disorders: Children a
Adolescents

H1. Functional nausea and vomiting disorders
- H1a. Cyclic vomiting syndrome
- H1b. Functional nausea and functional vomiting
- H1c. Rumination syndrome
- H1d. Aerophagia

H2. Functional abdominal pain disorders
- H2a. Functional dyspepsia
- H2b. Irritable bowel syndrome
- H2c. Abdominal migraine
- H2d. Functional abdominal pain—not otherwise specified

H3. Functional defecation disorders
- H3a. Functional constipation
- H3b. Nonretentive fecal incontinence

H2b Diagnostic Criteria for IBS

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- Must include all of the following:
- 1. Abdominal pain at least 4 days per month associated
- with one or more of the following:
- a. Related to defecation
- b. A change in frequency of stool
- c. A change in form (appearance) of stool
- 2. In children with constipation, the pain does not resolve with resolution of the constipation (children in whom the pain resolves have functional constipation, not irritable bowel syndrome)
- 3. After appropriate evaluation, the symptoms
- cannot be fully explained by another medical
- condition
- Criteria fulfilled for at least 2 months before diagnosis.

- H2c. Diagnostic Criteria for Abdominal Migraine

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- Must include all of the following occurring at least twice:
- 1. Paroxysmal episodes of intense, acute periumbilical, midline or diffuse abdominal pain lasting 1 hour or more (should be the most severe and distressing symptom)
- 2. Episodes are separated by weeks to months.
- 3. The pain is incapacitating and interferes with normal activities
- 4. Stereotypical pattern and symptoms in the individual patient
- 5. The pain is associated with 2 or more of the following:
- a. Anorexia
- b. Nausea
- c. Vomiting
- d. Headache
- e. Photophobia
- f. Pallor

- 6. After appropriate evaluation, the symptoms cannot be fully explained by another medical condition.
- aCriteria fulfilled for at least 6 months before diagnosis.

• H2d. Diagnostic Criteria for Functional Abdominal Pain-NOS

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- Must be fulfilled at least 4 times per month and include all of the following:
- 1. Episodic or continuous abdominal pain that doesn't occur solely during physiologic event
- 2. Insufficient criteria for irritable Bowel syndrome, functional dyspepsia, or abdominal migraine

- 3. After appropriate evaluation, the abdominal pain
- cannot be fully explained by another medical condition
- aCriteria fulfilled for at least 2 months before diagnosis.s (eg, eating, menses)

- **H3a. Diagnostic Criteria for Functional Constipation**

- Must include 2 or more of the following occurring at least once per week for a minimum of 1 month with insufficient criteria for a diagnosis of irritable bowel syndrome.
- 2 or fewer defecations in the toilet per week in a child of a developmental age of at least 4 years
- At least 1 episode of faecal incontinence per week
- History of retentive posturing or excessive volitional stool retention
- History of painful or hard bowel movements
- Presence of a large faecal mass in the rectum
- History of large diameter stools that can obstruct the toilet
- After appropriate evaluation, the symptoms cannot be fully explained by another medical condition.

Table 3.Potential Alarm Features in Constipation

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Passage of meconium >48 h in a term newborn

Constipation starting in the first month of life

Family history of Hirschsprung's disease (Ribbon stools)

Blood in the stools in the absence of anal fissures

Failure to thrive

Bilious vomiting

Severe abdominal distension

Abnormal thyroid gland

Abnormal position of the anus

Absent anal or cremasteric reflex

Decreased lower extremity strength/tone/reflex

Sacral dimple, Tuft of hair on spine, Gluteal cleft deviation

Anal scars

H3b Non-retentive faecal incontinence

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At least one month history of following in a child 4 yrs or above:

- Defaecation into inappropriate places
- No evidence of faecal retention

Thanks

Questions?