

Migraine and Headache Management Plan



Lifestyle Factors:

Regular Meals:

- Eating breakfast every morning is recommended for children with a history of headache.
- Skipping meals can cause migraines.
- A mid-morning and mid-afternoon snack may help prevent migraine.
- Drink at least 4-6 glasses (1.5 liters) of water a day. Sometimes just drinking more water can decrease the number of headaches.
- Water intake may be increased according to your symptoms.
- Slightly increasing salt intake or having a sports drink with electrolytes may help.
- Caffeine (coffee, tea, colas), aspartame (eg. diet sodas) and high fructose glucose (regular sodas) are all dehydrating.
- Every time you drink these fluids, you need to replace fluid 1:1.



Food Triggers:

- Not everyone has a food trigger.
- You must find these triggers yourself.
- Know the list of possible trigger foods.
- Watch for possible triggers. This is easiest with a headache diary.
- The most common food trigger for children is caffeinated soft drinks.
- It is not as common for children and teenagers to have food triggers.
- Do not eliminate foods just because they are listed as common triggers. Every child reacts differently.
- If specific foods do trigger migraines, then you may eliminate that food or modify intake.



Environmental Triggers:

- Exposure to certain scents or chemicals may trigger headaches.
- Examples are: perfume, cleaning chemicals, air fresheners, smoke, pollution, flowers.
- Not everyone is sensitive to these possible triggers. Not every scent will trigger every person. It is very individual.
- Weather changes can trigger headache. The barometer falling prior to a storm or changes in temperature can make headaches worse.
- Certain lights or computer screens may cause eye strain, which then may trigger headache.
- Excessive sun may trigger headache along with sunburn, dehydration, and overheating.
- Motion sickness may trigger headache. Being well rested, well hydrated and eating before flying, driving, boating or other types of motion (eg. swings, rollercoasters) is recommended. Do not read in the car or boat if you are prone to motion sickness.

Sleep:

- Regular sleep may help decrease the number of headaches.
- When sleep is disrupted or irregular, headaches may be more frequent.
- Vacations, holidays, sleepovers, and high stress times such as exam periods may make headaches worse. Sleeping pattern is very important to prevent migraine.
- Going to bed at the same time every night is very important.
- Do not change bedtime on weekends or holidays.
- Sometimes this is hard to do. But if headaches are worse with too little sleep, it is an easy way to help prevent the headache.





Stress Reduction:

- Everyone has both good stress and bad stress in their daily lives.
- When stress is increased, headache may happen more easily or more often.
- Stress reduction activities are important.
- Regular physical activity and exercise work well to reduce stress.
- Find a way to wind down at the end of the day before sleep.
- Different things work for different people. You may try reading, a bath, soft music, meditation, visualization or guided imagery.

Contraception:

Young women who have migraine with aura should not smoke or use birth control pills.

- If oral contraception medications (birth control pills) are required, discuss the risks and benefits with your doctor.
- Young women who have migraine with aura have an increased risk of having stroke when taking high estrogen oral contraception. Low dose estrogen or progesterone only contraception are advised.



Alternative Interventions:

- Some children report benefit from interventions that are not medicine based. Examples are: massage therapy, naturopathy, reiki, acupressure, acupuncture, biofeedback, aromatherapy, psychology or psychiatric intervention.
- Not every intervention will work for every person and responses are very individual.
- Therapies need to be suited to each person.
- Many of these interventions will have some out-of-pocket costs.



Rescue Therapy:

Rescue medication is what you take when headaches occur.

Your doctor/nurse practitioner has prescribed the following to be taken when your headache begins:

DOSE LIMIT: Rescue medications **should not be used more than 3 times per week**. If headaches are occurring more frequently, the headache plan may need to be adjusted and preventative medication started. Taking this medication more often than 3 times per week may lead to medication overuse headache, which is a headache that occurs more frequently over time and requires higher doses of medications to reduce pain.

- Migraine attacks should be treated early. Take the medication within 15 minutes of the start of the aura (symptoms that occur before the pain starts such as vision changes or tingling) or the headache. Then rest in a quiet, dim or dark room for 20- 30 minutes.
- Children must be able to access their meds at school. Teachers need to know that the child must step out of class to follow the rescue therapy plan. A letter will be provided for the school to explain the rescue therapy plan.
- Some children need both a rescue plan and a preventative plan. Rescue therapy is used when the headache occurs. Preventative therapy is used everyday, whether headache is present or not. If you have a preventative plan remember to take the preventative medication every day.



- Have an “attack pack” to have with you at school or when traveling. Include your medication, a bottle of water and a snack.
- Rescue medication is sometimes taken with an medication to reduce nausea. This helps stop throwing up and may decrease the time for the pain medications to be absorbed.

Preventative Therapy:

- Preventative medications help reduce the number of migraine attacks and will help make the migraines that do occur easier to treat with rescue medication. Preventative medication(s) will not stop a migraine attack once it has started.
- It often takes 4-6 weeks on the full dose of the medication to see a benefit. The goal is to reduce migraine attacks by 50%. This happens slowly over the first 4-6 months. If there is no change at the end of 6 weeks, call your doctor or nurse.
- These medications are given once or twice daily. It is important to not skip or miss doses. If you miss too many doses, you will not have enough medication in your body to prevent the migraine attacks.
- Often these medications are not started at the full dose. The dose is slowly increased over a few weeks. This is sometimes called “ramping up”. This reduces side effects. All medication has its own list of possible side effects (such as sleepiness, stomach upset, etc.). Most side effects will stop after 4-6 weeks.
- Preventative medications are taken for 6 months to 1 year. At the end of the 6 months, the doctor or nurse will reassess the treatment plan. This will occur in the clinic, your family doctor’s office, or over the phone. Then a plan may be given to slowly stop the medication(s). Often the medications should be weaned gradually and not stopped abruptly.
This to reduce side effects (seizures, dizziness, low blood pressure, etc.).



Preventative Therapy Plan:

Ramping Schedule:

Week	AM	Noon	PM

When to contact your doctor or nurse:

- If there is a change in the pattern of headaches, your doctor needs to know.
- These are red flags to tell your doctor about:
 1. Waking in the middle of the night with headache and vomiting
 2. Vomiting before the headache
 3. Headache and vomiting brought on by straining- such as when lifting heavy objects or going to the bathroom.
 4. Changes in behavior or not being completely well in between migraine attacks
 5. Symptoms that do not go away between headaches
 6. New symptoms such as numbness, tingling, or loss of speech prior to headache.





Headache Diary Guidelines:

Instructions for Children

- The headache diary helps you identify headache triggers.
- Keep a notebook for 2-3 months or a minimum of 12-15 headaches.
- Highlight things that occur with the majority of the headaches and those may be your triggers.

- **Date and time the headache starts.**

Headache Features:

- How strong is the pain on a scale of 1 to 10.
- A pain rating of 1 is minor and activity is not changed. A pain rating of 10 is the worst pain ever.
- Where is the pain? Is it on one side or both sides?
- How would you describe the pain? (For example: is it throbbing, or sharp, or stabbing?)
- What other symptoms go with the headache? (Does light bother you? Do sounds or smells bother you? Do you feel like throwing up? Did you throw up? Did you have an aura?)

Triggers:

- How much sleep did you have the night before? Was it a good sleep? Did you sleep through the night? Did you wake up a lot? Did you sleep in late?
- What foods did you eat or drink 24 hours before the headache started?
- How much liquid did you drink 24 hours before the headache?
- Eating pattern. Did you skip meals? Did you eat late because you were busy? Did you skip breakfast?
- How stressful is your life right now?
- Pick one word to describe how you are feeling today. What is that word? (E.g.: angry, upset, happy, tired, etc.)

Treatment:

- How did you treat your headache? What medicine did you take? Did you rest and sleep?
- Did you miss school, work, sports or play because of the headache?

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