Headaches in the Pediatric and Pregnant Patient

DR. LINDSEY CARR, DC, CACCP
Headaches and the Pregnant Patient

- Occur in 80% of women in their child bearing years\(^1,2\)
- 90% migraine or tension type \(^3\)
- Women are 3 times more likely than men to experience headaches during peak reproductive years\(^7\)
Possible Causes

- Low blood sugar
- Lack of sleep
- Dehydration
- Stress
- Sinus Congestion
- Changes in eye sight
More Serious Considerations

- Preeclampsia
- Meningitis
- Subarachnoid bleed
- Pseudotumor Cerebri
- Listeriosis (*Listeria monocytogenes*)
- TIA
Pre-eclampsia

- Occurs after 20th week
- Possible Visual Changes
- Sharp Upper Abdominal Pain
- Sudden weight gain/swelling
- Nausea/Vomiting
- High BP
- Decreased Urine output
- Protein in urine
- Headache dull, throbbing will not go away
Subarachnoid Bleed

- Form of Stroke
- Develops over seconds to minutes
- Sudden or decreased consciousness
- Loss of movement/feeling
- Personality changes
- Muscle ache
- Nausea/vomiting
- Photophobia
- Droopy eyelid
- Visual changes
Pseudotumor cerebri

- AKA Idiopathic Intracranial Hypertension
- 1\textsuperscript{st} or 2\textsuperscript{nd} trimester
- Obese women childbearing age
- Papilledema
- Nonspecific Headache
- Pulsatile Tinnitus
Listeriosis

- *Listeria monocytogenes*
- Lethargy
- Loss of appetite
- Jaundice
- Vomiting
- Respiratory Distress
- Shock
- Skin rash
Tension Headache

- Common in pregnancy
- Stress
- Depression
- Eyestrain
- Posture
- TMJ

Possible areas of pain: upper back and neck, base of head, the ears, above the ears, the jaw, above the eyes
Migraine Headache

- Unilateral, throbbing pain
- Lasts 4-72 hours
- Aggravated by movement
- May be light sensitive
- Nausea/Vomiting
- Food Triggers (next slide)
- Hormonal- Estrogen changes
Food Triggers

- Chocolate
- Alcoholic Beverages (Red Wine, Beer & Sherry)
- **Figs, Raisins**
- Papayas
- **Avocados**
- **Red Plums**
- **Overripe Banana**
- Beans (Broad, String, Fava, Garbanzo, Italian, Lima, Navy, Pinto)
- **Raw Garlic**
- **Snow Peas**
- Olives, Pickles, Onions
- Fresh Baked Yeast Bread
- Cultured Dairy Products (**buttermilk, sour cream**)
- Chocolate Milk
- Cheese: blue, brick, gouda, gruyere, mozzarella, parmesan, provolone, romano, cheddar, brie
- MSG
- Nitrates, Nitrites
- Ice Cream
- Artificial Sweeteners
Clinical Considerations and Recommendations

- ADJUST! Upper Cervical spine and musculature
- ADJUST!! L3, L4
- De-stress
- Consistent sleeping patterns
- Keep Hydrated
- Keep Journal
- Eat Small meals
Pediatric Headaches
Pediatric Headaches

- One Swedish study of 9,000 children discovered that over 70% have had headaches by the age of 15.\(^8\)
- Migraine headaches are common in children, and incidence increases through adolescence, affecting about 8% to 23% of children aged 11 to 15 years. Average age of onset is 7.2 years for boys and 10.9 years for girls.\(^9\)
History

- Challenging to obtain:
  - associated symptoms
  - accurate description
- Ask the child to describe the headache first, if they cannot offer descriptors.
- Have the child draw their headache
- 1-10 scale for those who understand
Drawings
History

- Ask child what he/she does when he/she has a headache
- Ask if any other areas bother them
- Ask parents what they observe while child has a headache
- When asking about length use time descriptors the child will be familiar with
Possible Causes

- Dehydration
- Fluctuating Blood Sugar
- Muscle Tension
- Emotional/Physical Stress
- Vision
- Sleep
- Dietary Allergies
- Smells
More serious considerations

- Trauma
- Meningitis
- Dental/Sinus Infection
- Brain Tumor
Types to Consider

- Migraine
- Tension Headache
- Cluster Headache
- Meningitis
- Tumor
- Abdominal
Migraines

- Boys Peak: 5-11
- Girls Peak: 12-17
- Unilateral (some children report bilateral)
- Nausea/Vomiting
- Photophobia
- Relief after rest
Complicated Migraine

Hemiplegic Migraine

- Prolonged Aura (days)
- Hemiplegia
- Fever
- Meningismus
- Impaired Consciousness
- Ataxia
- Nausea/Vomiting
Ophthalmoplegic migraine

- Unilateral, Severe Headache
- Ocular Nerve Palsy
- Most Commonly CN 3-giving a down and out gaze
- Ptosis
- Double vision
- Dilated Pupil
- Most common in children
Basilar Migraine (Bickerstaff Migraine)

- Adolescent Females
- Occipital Pain
- Vertigo
- Hearing Disturbance
- Tinnitus
- Altered Consciousness
- Drop Attack
- Parasthesia
- Dizziness
- Weakness
- Visual Disturbance/Temporary Blindness
Tension Headaches

- Look for consistency
- Respond rapidly to chiropractic care
- “Hat Band” distribution
- Ask about stress levels
Abdominal Migraine

- M/C ages 5-9
- Abdominal Pain, Nausea, Vomiting
- Pain lasts 1-72 hours
- Midline location, periumbilical or poorly localized
- Dull or “just sore” quality
- Moderate-Severe
Cluster Headaches

- Rare less than 1:1000
- Start before age 30
- M to F ratio 2:3.1
- M/C in smokers and drinkers
- Recurs over a period of time
- Goes into remission for months to years
- Awakens from sleep 1-2 hours after going to bed
- Pain can be more severe than migraines
- Eye tearing, redness, nasal congestion
- Trigeminal nerve association
- May radiate to forehead, temple, nose, cheek, upper gum
- Scalp may be tender
Meningitis

- Children ages 1 month-5 years (90% of all cases)
- Infant
  - irritable, lethargic
  - poor feeding
  - restless
  - bulging fontanelle
  - high pitched cry
- Positive Brudzinski’s
- Fever, Chills
- Severe Headache!!
- Stiff neck
Brain Tumor

- Intensity increases over weeks or months
- Morning occurrence or awakens child
- Positive Valsalva
- Vomiting
- Behavior Changes
- Change in head circumference
- Double Vision/Strabismus
- Papilledema
- Ataxia
Treatment

- If tumor suspected, refer
- Determine triggers
- Keep food/occurrence diary
- Adjust! Upper Cervicals
- Consider lumbar in the case of menstrual headaches
- Aromatherapy (same as in pregnancy)
- Fish oils
- Magnesium for migraines (be aware of possible diarrhea)
- B Vitamin Complex
References