

HEADACHE: Information for Educators

Dear Educator,

You are receiving this letter as your student has been diagnosed with migraine.

They have been diagnosed at the UCSF Pediatric Brain Center by neurologists who specialize in the diagnosis and treatment of headache disorders in children and adolescents.

Migraine can have a significant effect on a child or adolescent's academic performance and participation in all areas of life. Having migraine during childhood or adolescence can be especially difficult as it affects such an important time in a young person's life for academic and social development. The duration of this impact is quite variable but ranges from one to three days in the case of episodic migraine, and up to several months to years in cases of chronic migraine. For some children the attacks can be quite disabling.

In our experience, children and adolescents with migraine sometimes encounter misunderstanding at school about the nature of their condition. Our goal with this note is to help alleviate some misconceptions about chronic migraine and to provide educational information.

What is migraine?

Migraine is a complex genetic disorder of the brain characterized by head pain and associated symptoms such as nausea and sensitivity to light or sound. There can also be dizziness, fatigue and difficulty concentrating. Migraine can best be described as a pain and sensory processing disorder wherein normal sensory input becomes painful.

Prior to puberty, migraine affects boys and girls equally or is even slightly more common in boys. After puberty, it is more common in girls. Adolescence is a very common time for migraine to become troublesome. A child who previously had headache only a few times per year may develop much more frequent and difficult headache as an adolescent.

As migraine is a heritable neurologic condition, over 90% of those with migraine will have a family member with a history of troublesome headache. The expression of migraine is often very different between parent and child or between siblings, and some family members may not realize that their "regular headaches" are really migraine attacks. Some may have migraines as infrequently as a few times per year and others may have chronic migraine in a daily pattern.

Migraine attacks can be triggered by many things. For girls, there is often a hormonal trigger, with headaches worsening monthly with menses. Common migraine triggers include lack of sleep, skipping meals and stress.

Migraine is not a psychological disorder, but chronic migraine, and other chronic pain conditions, can be seen along with other co-morbid problems such as depression or anxiety disorders. Stress does not cause migraine, but it can trigger a worsening and make coping with migraine more difficult.

What is episodic migraine?

Episodic migraine is when migraine headache is present on one- fourteen days per month.

What is chronic migraine?

Chronic migraine is diagnosed when migraine occurs on least fifteen days per month for at least three months. The prevalence of chronic migraine among 12-17-year-olds in the United States is 1.75%. This diagnosis means that, at a minimum, more than half of a person's days are being significantly affected by migraine. Chronic migraine has a major impact on a person's ability to participate in all areas of their life. Having chronic migraine during childhood or adolescence can be especially difficult as it affects such an important time in a young person's life for academic and social development.

What is New Daily Persistent Headache (NDPH)?

This type of chronic headache disorder has the same underlying cause, and same treatment as chronic migraine. The difference is that with the New Daily Persistent Headache form, rather than having episodes of headache, the child's headache begins one day and continues unabated for months.

How is migraine treated?

There is not currently a cure for migraine. It is treated much like other chronic conditions, such as asthma or diabetes, and often requires chronic management.

Even under specialty care it can take many months to bring a child's difficult headache disorder under control. There is a significant amount of variability in response time and your student may need to undergo several therapies before achieving adequate headache control.

A child with migraine will typically be on a daily medication to try to suppress headache; some of these medications can have side effects, like tiredness, which can make academics more challenging. They may also need to be admitted to the hospital for intravenous treatments. On more severe days, they will take acute rescue medication.

How can I help my student with migraine succeed academically?

Migraine is an invisible disorder. Unlike a broken leg, others cannot see that something is wrong and must take the person's word for it. Encountering misunderstanding, or even suspicion, from peers and educators about the legitimacy of their condition can be very difficult for these young people, and only adds to their sense of social isolation. The perception that migraine is psychological is out of date and has been refuted by medical science. Whatever measure of sensitivity and understanding you can provide regarding this issue will be profoundly appreciated by your student and his or her family.

We encourage our patients to attend school as much as possible, and to complete as much schoolwork as they can. However, there will be times when their migraine disorder will be more active, and they may not be able to perform at their previous academic level.

We have several recommendations for educators in working with students suffering from migraine:

- Trust your student that they are doing the best that they can within the limitations of their neurologic condition; we have found purposeful school avoidance to be very rare in our patients.
- Allow for extra time in completing assignments whenever possible.
- Allow for a reduction in number of assignments required whenever possible.
- Minimize screen time when possible.
- It can be very stressful for students to fall behind in schoolwork after missing school due to a migraine. Should you notice your student has fallen behind, please assist them in setting up a structured and manageable plan for making up whatever assignments are necessary.
- Be aware that the student may not be able to tolerate bright lighting or loud sounds, and may need a dark, quiet place to go to if they experience a worsening of migraine while at school. It may also be useful for this student to work with a school counselor to learn relaxation/coping strategies to practice during their headache.

For more information on migraine: Please see the following reputable sites:

American Headache Society: <http://www.americanheadachesociety.org/>

Migraine Research Foundation: <http://www.migraineresearchfoundation.org/>

Thank you for your time and interest in reading this.

Sincerely,

Child & Adolescent Headache Program

UCSF Benioff Children's Hospitals