

Pediatric Headache: A Case Study

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KEY WORDS

Headache, pediatric primary care, tension-type headache

Headaches are the most common neurologic issue in pediatrics, affecting up to 88% of children and adolescents, and are one of the most common reasons that children seek medical care (Langdon & DiSabella, 2017). Furthermore, headaches can significantly affect quality of life and cause children to miss school and extracurricular activities (Langdon & DiSabella, 2017). Knowing how to manage headaches and differentiate between types of headaches and understand symptoms of a potential serious underlying condition are important skills for the pediatric nurse practitioner. Most headaches in children are caused by a primary headache disorder; however, they can also be a sign of a serious underlying condition (Blume, 2012). It can be difficult for young children to verbally describe their symptoms, creating a challenge for the provider in identifying headache causes and classification, and developing an appropriate management plan (Langdon & DiSabella, 2017). This case presentation describes a school-age boy who is following up for headaches after his vision test from his last appointment showed that he needed prescription glasses.

CASE PRESENTATION

Chief Complaint and History of Present Illness

A 9-year-old Hispanic boy presented for follow-up at his primary care provider's clinic with a chief complaint of intermittent headache with dizziness for 3

months. He was seen 1 month earlier for headaches with dizziness by the same provider, and his Snellen vision test indicated that he needed prescription glasses, with each eye measuring 20/35. He was referred to an ophthalmologist, bought glasses, and returned to clinic for follow-up after wearing his new glasses for 2 weeks. During this follow-up appointment, he reported that his headaches improved since wearing his new glasses but that he was still experiencing intermittent headaches. His headaches occur twice per week and last approximately 1 hour. The patient's mother, however, stated that his headaches occur daily and last longer than 1 hour. This practitioner focused mostly on the answers that the patient provided and interviewed him first.

The patient described his headache as bilateral frontal forehead pain and denied any trauma to the head. He denied other locations of pain and denied headache at the time of examination. He said that when he has a headache, he would rate the pain as 5 out of 10 on the typical numeric rating scale for pain. The patient described the pain as "my forehead feels tight." He said that he did not know if the pain has a pulsing quality. He reported that he was dizzy when he had a headache but denied losing balance, falling, confusion, vision changes, photophobia, phonophobia, nausea, vomiting, or auras. The child denied any recent or current illness or fever. He also denied history of headaches earlier in childhood. The headaches occurred at school and home; he had not missed school because of the headaches.

The boy eats three meals per day and one mid-morning snack, and he reports being hungry when he gets home after school. His mother said that he had a headache almost every day after school. He drinks water mostly but does have four cans of caffeinated soda per week, with no more than one can per day. He sleeps well through the night and never wakes up with a headache. He is not tired during the day. His headaches are relieved if he puts his head down on his desk at school or lies down at home; he has never gone to the school nurse. He takes ibuprofen 4 to 5 times per week, which he did not think helped improve his headache. His mother thought the ibuprofen did

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Conflicts of interest: None to report.

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BOX. PedMIDAS questionnaire and key

PedMIDAS

Headache Disability.

The following questions try to assess how much the headaches are affecting day-to-day activity. Your answers should be based on the last three months. There are no “right” or “wrong” answers so please put down your best guess.

1. How many full school days of school were missed in the last 3 months due to headaches? _____
2. How many partial days of school were missed in the last 3 months due to headaches (do not include full days counted in the first question)? _____
3. How many days in the last 3 months did you function at less than half your ability in school because of a headache (do not include days counted in the first two questions)? _____
4. How many days were you not able to do things at home (i.e., chores, homework, etc.) due to a headache? _____
5. How many days did you not participate in other activities due to headaches (i.e., play, go out, sports, etc.)? _____
6. How many days did you participate in these activities, but functioned at less than half your ability (do not include days counted in the 5th question)? _____

PedMIDAS Score Range	Disability Grade
0 to 10	Little to none
11 to 30	Mild
31 to 50	Moderate
Greater than 50	Severe

Total Score _____

Sources: [Cincinnati Children’s \(2001\)](#), [Hershey et al. \(2001\)](#).

help, which is why she encourages him to take the medication.

The PedMIDAS tool (see [Box](#)) was completed by the child and his mother. Although the patient’s and mother’s answers differed somewhat, the patient fell into the *little to none* disability grade based on their scores.

Past Medical History

This patient is a healthy, developmentally appropriate child who is well known to this primary care clinic. His last well-child examination was 13 months ago, and results were unremarkable. His immunizations are up to date. He sees a dentist every 6 months and was last seen 3 months ago. He takes no medications other than ibuprofen. He has no known allergies.

Family History

The child’s mother and father have no significant medical issues. The child’s maternal grandfather has hypertension. Other family members have no significant medical issues. There is no known family history of migraine headaches.

Personal, Social, and Developmental History

This child lives at home with his mother, father, and 5-year-old sister. His father is employed outside the home, and his mother is a homemaker. There are no pets in the home and no secondhand smoke exposure. He has met all developmental milestones at the expected ages and does well in school. This child attends fourth grade and says he likes school, especially gym and math class. He likes to play football and soccer

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