

# PEDIATRIC NEUROLOGY BRIEFS

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### HEADACHE

#### INCIDENCE OF MIGRAINE HEADACHE

A population based study at the Mayo Clinic and Olmsted County, Minnesota identified 629 residents with newly diagnosed migraine headache between 1979 and 1981. The age adjusted incidence was 137/100,000 person-years for males and 294/100,000 person-years for females. The highest incidence in females was at 20-24 years (689/100,000), and in males 10-14 years (246/100,000). The incidence increased 34% in women and 100% in men from 1979 to 1981. The majority of the cohort (81%) had migraine with aura or migraine without aura. The onset was associated with head trauma in 4% of male and 3% of female patients; it was associated with a particular food or drink in 3% of females and 7% of males. In 10% of females the migraine attacks were related to menstruation, 2% had headaches associated with pregnancy, and 11% of females stated that oral contraceptives increased or initiated their migraine attacks. A childhood onset of migraine was found in 25% of males and in 12% of females affected. Of the 629 newly diagnosed patients in the study, 100 (15%) were less than 15 years of age. (Stang PE et al. Incidence of migraine headache: a population-based study in Olmsted County, Minnesota. Neurology Sept 1992; 42:1657-1662.) (Reprints: Dr. Paul E. Stang, Applied Healthcare Research, Glaxo Inc. Research Institute, 5 Moore Drive, CS 1130, Research Triangle Park, NC 27709.)

**COMMENT.** Bille in a 14 year longitudinal study of over 9000 school children found 11% (71 per 100,000 per year) to have developed migraine, an incidence in children far below that reported in the present study (Bille D. Migraine in school-children. Acta Paediat (Uppsala, suppl 136, 1962)).

In a cross sectional epidemiological survey of a general population reported from Glostrup Hospital, Denmark, the prevalence of migraine without aura (common migraine) in the previous year was

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6% and of migraine with aura (classic migraine) 4%. The prevalence of migraine without aura was significantly higher among women than among men, with a male-female ratio of 1:5. Sixty-three percent had episodic tension-type headache and 3% chronic tension-type headache. Tension-type headache in migraineurs was not significantly more prevalent than in non-migraineurs. The results support the view that migraine and tension-type headache are distinct entities. (Rasmussen BK et al. Interrelations between migraine and tension-type headache in the general population. Arch Neurol Sept 1992; 49:914-918.)

An interesting article by a PNB subscriber, Dr. E.B. Russo, Western Montana Clinic, Missoula, MT (J Ethnopharmacol 1992; 36:193-206), reviews the botanical treatments used for headache by 5 Indian tribes of the Ecuadorian Amazon. Several tribal peoples have developed a varied pharmacopoeia which includes many agents taken internally for headache treatment, a possible source for new anti-migraine drugs.

## HEADACHE AND DEPRESSION

A history of maternal depression and migraine was significantly more common and proportionately higher in children with abdominal migraine and recurrent abdominal pain in a study from Birmingham, England. At a structured interview with a printed recording sheet, 27% of mothers gave a lifetime history of migraine. Mothers of children in the headache group gave a history of migraine 1.5 times more often than in controls. A total of 21% of mothers gave a lifetime history of depression. Significantly more mothers had a history of depression in the headache, migraine, recurrent abdominal pain and abdominal migraine groups than in controls. (Mortimer MJ et al. Does a history of maternal migraine or depression predispose children to headache and stomachache? Headache July 1992; 32:353-355.)

**COMMENT.** This study emphasizes the need to assess the mother when treating children with headache or recurrent abdominal pain.

In a study of 28 patients aged between 13 - 18 years with chronic daily headache seen at The Germantown Hospital, Philadelphia, PA, 86% were diagnosed with depression. Antidepressant medication, biofeedback and psychotherapy were recommended. (Kaiswer RS. Depression in adolescent headache patients. Headache July 1992; 32:340-344.)

Dr. J.N. Blau of the National Hospitals for Nervous Diseases, Queen Square, London comments that "in migraine the plethora of theories provoke profound intellectual dissatisfaction" and that migraine may be a protective phenomenon (JRSM Oct 1992; 85:593-594).