

HEADACHE DISORDERS

PERI-ICTAL HEADACHES IN CHILDREN WITH EPILEPSY

The frequency and character of preictal and postictal headaches in 101 children (aged 5-18 years) with generalized tonic-clonic or partial seizures were determined by interviews and clinic chart reviews, in a study at Alberta Children's Hospital, Calgary, Canada. Peri-ictal headaches were reported by 41% (postictal only in 29%, preictal only in 5%, both in 7%). The headaches were migrainous in 50% of preictal and 58% of postictal headaches. Interictal headaches occurred in 24%; they were migrainous in 14%. Peri-ictal headaches in children were mostly bilateral. Headaches were relieved by acetaminophen or ibuprofen in the majority of the 50% of patients treated. (Cai S, Hamiwka LD, Wirrell EC. Peri-ictal headache in children: prevalence and character. **Pediatr Neurol** Aug 2008;39:91-96). (Respond: Dr Elaine C Wirrell, Division of Child and Adolescent Neurology, Mayo Clinic, 200 First Street SW, Rochester, MN 55902. E-mail: wirrell.elaine@mayo.edu).

COMMENT. Peri-ictal headaches are common in children with epilepsy. They are usually migrainous in type and bilateral in location. They are relieved by simple analgesics but in practice, are rarely treated.

SLEEP AND POLYSOMNOGRAPHIC DISORDERS IN EPILEPSY

Polysomnographic findings in 90 children with headaches and complaints of sleep problems were correlated with type of headache (migraine in 60, chronic migraine in 11, tension headache (6), and nonspecific headache (13)), headache severity, body mass index, and medical treatment, in a study at St Christopher's Hospital for Children, Philadelphia, PA. The median age was 11 years (range, 5-19 years). Sleep-disordered breathing occurred in 56% of children with migraine, 54% of nonspecific headache patients, 27% children with chronic migraine, and none with tension headache. Severe and chronic migraine was associated with shorter sleep time, longer sleep latency, and shorter rapid eye movement and slow-wave sleep. Children with nonspecific headache and sleep-disordered breathing had higher body mass indexes ($P=0.008$). Bruxism occurred in 50% of children with tension headache vs 2.4% of those with nontension headache. Migraine patients taking prophylactic medication showed no differences in sleep parameters vs those not receiving prophylaxis. The results support an association between headaches, especially migraine, and sleep disorders in children. Migraine awoke the child during the night or in early morning in 9 of 60 (15%) patients. (Vendrame M, Kaleyias J, Valencia I, Legido A, Kothare SV. Poltsomnographic findings in children with headaches. **Pediatr Neurol** July 2008;39:6-11). (Respond: Dr Kothare, Department of Neurology, Children's Hospital Boston, Harvard Medical School, Fegan 9, 300 Longwood Ave, Boston, MA 02115. E-mail: sanjeev.kothare@childrens.harvard.edu).

COMMENT. Children with migraine headache are affected by sleep-disordered breathing more frequently than children with tension headache. Children with tension headache have a twofold higher risk of nocturnal bruxism than children with other types of