

CHRONIC DAILY HEADACHE IN YOUNG ADOLESCENTS

Investigators at Taipei Veterans General Hospital, Taiwan, studied the incidence and risk factors of chronic daily headache (CDH) in a field cohort of 3342 adolescents aged 13 to 14 in 3 middle schools, from 2005 to 2007. Questionnaires included the Adolescent Depression Inventory and Pediatric Migraine Disability Assessment. Sixty-three subjects (21 boys/42 girls) developed CDH with an incidence rate of 1.13 per 100 PYs; 37 had chronic migraine [CM] (0.66 per 100 PYs) and 22 had chronic tension-type headache [CTTH] (0.39 per 100 PYs). Thirty-three subjects (52%) had a baseline diagnosis of migraine.

Independent risk factors for CDH included female gender, acute family financial distress, obesity, higher headache frequency, and a baseline diagnosis of migraine. A higher headache frequency was the only identical risk factor for CDH, CM, and CTTH. A baseline diagnosis of migraine and obesity were significant predictors for both CM and CDH. Female gender was a significant predictor for both CTTH and CDH. (Lu S-R, Fuh J-L, Wang S-J, et al. Incident and risk factors of chronic daily headache in young adolescents: A school cohort study. **Pediatrics** 2013 Jul;132(1):e9-e16). (Response: Shuu-Jiun Wang MD. E-mail: sjwang@vghtpe.gov.tw).

COMMENT. **Treatment of acute migraine.** Evidence for the pharmacological treatment of acute migraine in children and adolescents is poor, according to a review by Wober-Bingol C. **Paediatr Drugs** 2013 Jun;15(3):235-46. Only a few randomized controlled studies are published and high placebo rates are the rule. Acetaminophen (paracetamol) and ibuprofen are accepted as drugs of first choice, but the evidence is poor for acetaminophen and limited for ibuprofen. Among 14 studies on triptans in adolescents, 9 showed some superiority over placebo, and among 6 studies in children, 5 suggested some superiority over placebo. Sumatriptan nasal spray and zolmitriptan nasal spray are approved for adolescent use in Europe; almotriptan is approved for adolescents in the USA, and rizatriptan for patients aged 6-17 years. A combination of sumatriptan and naproxen is found effective in one study in adolescents.

HEADACHE AND CALL-FLEMING SYNDROME

Investigators at centers in New Jersey report a 16-year-old girl with a history of anxiety, ADHD, and migraine, treated with several medications and presenting with 2 weeks of worsening headaches. CT was normal, but MRI angiography revealed cortical subarachnoid hemorrhage. CT angiography and follow-up digital subtraction angiography confirmed extensive vasoconstriction of small- to medium-sized cerebral arteries. Sertraline and methylphenidate were discontinued, and nifedipine (a calcium channel blocker) was introduced. Symptoms rapidly improved, and repeat CT angiography at 2 months showed no vasoconstriction. Call-Fleming syndrome, usually called “reversible cerebral vasoconstriction syndrome,” is an important cause of thunderclap headache in adults and should be considered in the pediatric population presenting with severe headache. (Bain J, Segal D, Amin R, Monoky D, Thompson SJ. Call-Fleming syndrome: Headache in a 16-year-old girl. **Pediatr Neurol** 2013