

Innovative Approach to Managing Pediatric Migraine: What is the Evidence?
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PROBLEM: Migraine headaches affect over 10% of children and exceed 20% in adolescents. Migraine headaches are often under recognized and young patients can be severely affected.

EVIDENCE: Headache is the third leading cause of referral to a pediatric emergency room in a large Midwestern pediatric medical center reaching 3.2%. This is twice the reported number in the adult population (1.3%). Evaluation, diagnosis and treatment of the referred patients do not follow strict guidelines due to lack of evidence. The clinical questions we propose to answer is: For children with intractable headaches, does the use of a short stay pediatric neurology program, versus treatment in the ED, decrease the patient's length of stay for headache management?

STRATEGY: A search of the literature using CINAHL, Medline, Pubmed and the Cochrane Databases was performed, using keywords "migraine," "children," "inpatient treatment," and "emergency department." The evidence was appraised graded and summarized.

PRACTICE CHANGE: Historically patients with migraines refractory to home acute treatment at a large Midwestern Pediatric Medical center were referred to the emergency department. The headache center along with the inpatient neuroscience developed a Headache Acute Care Unit. The Headache Center refers intractable headache patients to facilitate the rapid and effective initiation of abortive medications. These patients are managed by nurse practitioners, bypassing the need to utilize the Emergency Department (ED).

EVALUATION: There is a gap in the research evidence regarding outcomes of short stay acute headache programs for the treatment of pediatric migraine.

RECOMMENDATIONS: Migraine headache in children and adolescents is an under-recognized health problem due to the lack of research in this age group. Local recommendations for this innovative treatment approach include future outcomes research.

References

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