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HEADACHE IN PEDIATRICIAN'S PRACTICE

Abstract: We obtained data on the most significant lifestyle factors from those studied that affect the frequency of headaches, calculated linear coefficients, and built a model to predict the number of headache days per month in a child. Its sensitivity for predicting the chronic variant of tension headache was 63%, and its specificity was 81%.
Keywords:headache, children, adolescents, predictors.

INTRODUCTION

Headache (H) is one of the most common complaints among the general population and among children and adolescents. According to the results of a number of studies in recent years, H is a problem for more than 50% of school-age children. From 66 to 71% of children aged 12 to 15 suffer from H at least once every three months, and from 33 to 40% at least once a week. As early as 5–7 years of age, children may experience a combination of headaches with various somatic complaints and diseases (back pain, gastrointestinal complaints, sleep disorders, allergic diseases) [1, 2].

MATERIALS AND METHODS

Evaluation of individual lifestyle factors and comorbid psychosomatic disorders can help predict the chronic course of tension-type headache (TTH) in children and adolescents [3, 4].

Thus, patients with chronic TTH, especially adolescents, have severe anxiety, autonomic disorders, moderate depressive, insomnic, asthenic and cognitive disorders, often associated with each other (more than three). A reliable relationship between comorbid disorders and quantitative pain indicators has been established. In addition, with the same form of TTH, patients with concomitant pathology have worse quality of life indicators [1].

In children with thyroid pathology, gastrointestinal tract organs, TTH has an unfavorable course, there is a tendency to an increase in the intensity of the pain syndrome and chronicity of cephalgia [2].

The tactics of managing a patient with headache depend on the type of cephalgia. Differential diagnostics of primary and secondary headaches is possible primarily on the basis of the diagnostic criteria of the International Classification of Headache Disorders, Third Revision (Beta Version) (ICHD-3) [3].

Objective: to determine clinical and social predictors of headache in children and adolescents and to use them in a mathematical model to predict the number of days with headache in a child per month.

RESULTS AND DISCUSSION

In total, this work includes data on 65 (61.90%) girls and 40 (39.10%) boys aged 8 to 18 years inclusive, who expressed their willingness to participate in our study. Complaints of headaches during the last year were presented by 100 (95.24%) people. We established the following types of headaches: frequent episodic headaches - 50 people, chronic headaches - 25 people, infrequent episodic headaches - 9 people, possible secondary headaches - 13 people, other diagnoses - 3 people (including possible migraine). Thus, in half of the cases in our sample, frequent episodic headaches were observed (frequency of headache attacks per month - from 1 to 14 inclusive). The minimum age of the first attacks of hypertension in our sample was 4 years, the maximum was 16 years, while the average age

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of the onset of complaints of hypertension was 11 years (mean = 10.95 years), and the most common (median value) was 12 years. Out of 100 patients with hypertension, 24 children do not use medications to relieve an attack. The most commonly used medications are drugs containing paracetamol (used by 31 people), drugs containing ibuprofen (used by 10 children), other non-steroidal anti-inflammatory drugs (9 people), and in some cases, children used several drugs.

The results of our study do not contradict the data of other works devoted to the problem of headache. Interpreting the indicators obtained in the model, we can say that children with excess weight have headaches more often, and headache days are observed less often in children who spend more time outdoors and have a longer duration of sleep. For example, an additional hour spent outdoors reduces the number of days with headaches by 1.35 days per month, and an additional hour of sleep - by 1.67 days per month. We are aware that this model is not universal, has acceptable, but not ideal validity indicators (sensitivity and specificity, described above) and is built for a sample of children and adolescents observed by us in this study. However, the data obtained do not contradict common sense and clinical observations of pediatricians; the formula is simple and does not require the introduction of indicators that must be obtained by expensive or invasive and painful methods for the child.

In the multivariate analysis in our work, only 10 of the above parameters related to biological and social characteristics were taken into account, and it was based on both objective and subjective indicators that were obtained during examination and questioning of both the children themselves and their parents. To test the effectiveness of the model on other populations, additional research is required with the inclusion of a larger number of patients with childhood tension headaches.

CONCLUSION

Knowledge of the predictors of tension headaches in general, as well as the factors of its chronicity, allows us to identify the factors of the unfavorable course of tension headaches at the stage of diagnosing tension headaches, including factors that contribute to an increase in the frequency of attacks. Working with a patient suffering from tension headaches, and especially with a child, requires an individual approach, careful collection of complaints, including through active questioning. The model we have developed is simple and can be proposed in practical medicine for use in making a preliminary prognosis for children with tension headaches, and we suggest taking the identified parameters into account when talking with patients and their families and in preventive work.

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