

Coping with Childhood Migraine

WHAT YOU NEED TO KNOW

By Colette Connolly

Intense nausea and relentless periods of retching that lasts for hours, even days at a time, is not what you'd expect a typical 6-year-old to experience. But that's what 16-year-old Timothy Marren went through as a young child. At the time, his mother Seane had no idea what her young son was going to have to endure. At the onset of Timothy's illness, she found some comfort in a medical booklet on childhood migraine. Over the years, Marren and her family have taken on the time-consuming task of searching for answers to this often-complicated condition as she helplessly watches her son suffer.

Timothy, who is now a high school junior, continues to experience migraine headaches, sometimes so intense that he cannot bear to be in a room with any kind of light. Despite the fact that Timothy is taking medication for his condition, the headaches, says his mother, never fully subside.

It's a story that's playing out in millions of households across America as children and adults alike suffer relentlessly from a condition that is ranked in the top 20 of the world's most disabling illnesses. According to a new nonprofit organization called the Migraine Research Foundation (MRF), which was formed three years ago to fund scientific research and to find better treatments. At least 30 million Americans suffer from migraine headaches, including 12 million children. Approximately half of all migraine sufferers, known in the medical community as "migraineurs," get their first attack before the age of 12.

Seeking Answers

The foundation's president and co-founder, Cathy Glaser, has firsthand knowledge of the condition. Her daughter Samantha, who is now in college, has suffered from migraines since the age of 3. For years, both she and her husband, Stephen Semnitz, also a co-founder, sought answers in the form of hospital treatments and succumbing their daughter to what Glaser refers to as "migraine cocktails," a regimen that many emergency rooms turn to when



patients are struck with these types of headaches. With no place left to turn, Samantha's family finally admitted her to the Michigan Head-Pain & Neurological Institute in Ann Arbor, Mich. for treatment.

It was, in many ways, the beginning of a journey for Glaser and Semnitz, who after meeting with the Institute's founder, Joel Saper, M.D., and subsequently discovering that there was little research being funded in the U.S. or anywhere in the world for that matter, that MRF was established. "It was like a gaping hole that no one was addressing," says Glaser, who decided then to raise funds to elevate awareness of migraine in an attempt to bring some quality of life to the millions who suffer from it.

What is Migraine?

Part of the mystery surrounding the disease is that it is often difficult to diagnose. Children are frequently thought to have Lyme disease, chronic fatigue syndrome, a sinus headache or sinus infection. Symptoms often differ from those of adults, so diagnosis and treatment is difficult. According to Fred Sheftel, M.D., a MRF medical advisory board member and president of the National Headache Society, migraine in children can begin as unexplained abdominal pain, dizziness and episodic vomiting, often referred to as migraine equivalents.

Patients suffering from migraine headaches often describe it as intense throbbing on one side of the head; one-third of attacks affect both sides. Migraineurs can experience chronic migraine, a severe, recurring headache that occurs almost daily; migraine with aura, a variety of mostly visual sensations, such as flashes of light, zigzagging patterns, or blind spots; and migraine without aura.

While there appears to be a genetic link, there are a number of known triggers, says Sheftel, that contribute to the attacks. They include hormonal changes (especially in girls at the onset of puberty); eating aged cheese, baked yeast products, chocolate and foods containing monosodium glutamate; drinking alcohol, and using the sweetener aspartame. Fluorescent lighting in classrooms, strong odors, perfumes, smoke and using computers for lengthy periods of time are all contributors.

Changes in the weather, particular seasons, traveling to different time zones, lack of sleep, or oversleeping can also cause migraine, adds Sheftel. Stress or the disruption of the biological clock, especially as it relates to teenagers who are required to get up very early during the school year can also be factors.

Interestingly enough, says Glaser, the overuse of certain medications may exacerbate the condition. Recent research shows that half of all chronic migraines may be caused by the overuse of common pain medications, including prescription and over-the-counter drugs.

Coping with Chronic Migraine

While most people tend to get episodic attacks, says Richard Lipton of the Albert Einstein College of Medicine, approximately four percent of migraine sufferers experience chronic daily headaches that are severe.

One of those is Jenna Rimland of Short Hills, N.J. The teenager's migraine headaches became chronic six months after her period began, says her mother, Sharon, although she believes Jenna was having episodic migraine attacks for years previous to that, but they were diagnosed as sinus headaches.

Jenna's case is typical of what happens to

many pubescent girls, explains Sheftel, as the hormone estrogen decreases each month prior to menstruation, causing the blood vessels in the brain to become dilated and inflamed. As a result, Jenna was unable to attend school last year, and was tutored by teachers at home because, says her mother, the level of her pain was "just unbelievable."

"No one really knows in the beginning that they're suffering from migraine headaches," says Rimland, who refers to the diagnostic testing that Jenna received as a "horrible odyssey" that included trips to neurosurgeons, where Jenna received MRIs, CAT scans and other imaging tests to rule out other, more serious conditions.

A Lifestyle-threatening Disease

What non-sufferers don't realize, says Glaser, is that migraine has much more devastating effects that threaten the very lifestyle of its victims. While her daughter was at the Michigan Head-Pain Neurological Institute, Glaser saw all sorts of migraine patients, from adults on disability to college students and men and women whose marriages had failed because of the disease.

According to the MRF, American employers lose more than \$13 billion each year, with 113 million lost work days and approximately 7.8 days of school missed per year due to headache or migraine. Many sufferers, she says, also live in fear knowing that at any time an attack could disrupt their ability to work, study, participate in sports or other extra-curricular activities.

Marren, who works full-time from home, says that having a child suffer from such a recurring ailment is not easy. "Juggling the total family can be stressful, as the disease becomes a time consuming task which takes time away from the rest of the family and their own issues." Rimland agrees, adding that the thought of having a career outside of the home is out of the question.

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Tips to Preventing a Migraine

- Know the triggers that cause your migraine and avoid them if possible
- Learn ways to reduce and cope with stress
- Exercise often and maintain a healthy diet
- Do not skip meals
- Go to bed and get up at the same time each day
- Avoid alcohol and caffeine, significant migraine triggers
- Try alternative methods such as acupuncture, yoga, massage and biofeedback methods.



From left to right: Richard Lipton, M.D., of the Albert Einstein College of Medicine, Cathy Glaser and Stephen Semnitz, founders of the Migraine Research Foundation. PHOTO BY COLETTE CONNOLLY

Migraine experts say there are three principal approaches to treating migraine. They include acute treatment, where drugs are prescribed to alleviate the symptoms of the attack when it occurs; preventive measures, which include the use of daily drugs to lessen the intensity of attacks; and complementary treatment, which includes biofeedback, relaxation techniques, exercise, proper diet and rest.

Sheftel, who treats Timothy, says there are a variety of substances regularly prescribed for children, although many of them are not yet approved by the Federal Drug Administration. Some of the medications he initially prescribes in small doses include the antihistamine cyproheptadine; beta blockers, which include the medication Timolol; a relatively new drug called Topomax, which has also been used to treat childhood seizures; and triptans, which have become increasingly popular.

Sheftel is mindful to the needs of children. "You want them to have a life and you don't want them to feel so different from their peers." As an alternative to prescribing medication, he has tried various biofeedback treatments, using an electronic device to help his patients control their heart rate, muscle tension, breathing patterns and skin temperature.

Getting the Right Help

While the chances of being diagnosed accurately are increasing (from thirty percent in the 1980s, to fifty percent today), headache experts stress the importance of finding the right physician. Marren says she was happy to find Sheftel

Treatment Options

Many families have difficulty finding the right medication for their child's illness. Perhaps it's because so many physicians misdiagnose the headaches for something else, says Marren. "We have been to doctors who felt that Timothy did not have migraine headaches at all because he didn't fit into the list," says Marren, referring to the slew of common symptoms that migraine sufferers experience. Right now, Timothy is on a regimen of Fiorset, which does not eradicate his headaches, but keeps them somewhat at bay, adds his mother.

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who, not only listens to the parent, but to the child as well. "It is essential that they treat the whole child, not just the headache, and when I say the whole child, I am really addressing the trust factor." Lipton agrees, noting that families should find a "really good pediatrician" who is able to make a sound medical diagnosis.

Most good physicians will suggest that their young patients keep a calendar to chart the frequency and intensity of their headaches, including the type of medication they are taking and how well it worked at the time of the attack. It's also important, notes Sheftel, that children take responsibility for their illness. "It's important that their families stop continually asking them how they are feeling," says Sheftel. "That only puts kids under pressure."

Future Research

While the Internet has provided a plethora of information for anxious parents and indeed anyone suffering from migraine, Marren says it appears to be a "Band-Aid rather than something that is focusing on the whys." The MRF, says Glaser, hopes to fill a critical gap that is lacking, especially at the government level. Currently, National Institutes of Health, (NIH) funding for migraine research is approximately \$13 million per year, less than 0.05 percent of the annual NIH research budget.

Recently, the organization distributed a number of grants as part of its 2008 research awards. Qualified recipients will study how estrogen levels lead to chronic migraine pain, the ways in

which opiates influence migraine, using MRIs to measure changes in brain circuits before and after migraine attacks, in addition to studying the genetic links to migraine. ♦

Colette Connolly is a freelance writer living in Westchester County.

RESOURCES

ON THE WEB:

- **Migraine Research Foundation** – www.migraineresearchfoundation.org – This non-profit organization funds research into the causes of migraines and supports hospital treatment programs. Learn more about what migraine is and treatment options.
- **American Headache Society** – www.american-headachesociety.org – This is a professional society of health care providers dedicated to the study and treatment of headache. Some information in Spanish.

BOOKS:

- ***The Migraine Brain: Your Breakthrough Guide to Fewer Headaches, Better Health***, by Carolyn Bernstein, M.D. and Elaine McArdle. Free Press, A Division of Simon & Schuster, Inc. 2008.



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