

March 2020

Management of Childhood Migraine by Headache Specialist versus Non-Headache Specialists

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Recommended Citation

Valentini, Kelly; Gutta, Radhika; Kaur, Gunjanpreet; Farooqi, Ahmad; and Sivaswamy, Lalitha, "Management of Childhood Migraine by Headache Specialist versus Non-Headache Specialists" (2020). *Medical Student Research Symposium*. 54.

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Management of Childhood Migraine by Headache Specialist versus Non-Headache Specialists

Abstract

This study aims to compare the management practices of a headache specialist with non-headache specialists in the treatment of pediatric migraine. The use of appropriate rescue medications and prophylactic agents, application of neuro-imaging, and short-term outcomes are compared in children treated by the two groups of physicians. A retrospective cohort study was conducted utilizing the electronic medical records of children 3-18 years of age with migraine, who were evaluated at a tertiary care children's hospital from 2016-2018. Of the 849 patients that met the study criteria, 469 were classified as having chronic migraine or high-frequency episodic migraine *and* were followed up on at least one occasion. Imaging was obtained in 66.5% of children. The headache specialist used 5-HT agonists ("triptans") for migraine management in 56.7% of cases compared to non-headache specialists who prescribed them in 28.7% of cases ($p < 0.001$). Of the children with chronic migraine, the headache specialist evaluated 135 patients while the non-headache specialists treated 334 children. Non-headache specialists prescribed prophylaxis in the form of natural supplements more frequently (63.8% of cases) compared to the headache specialist (38.5% of children) ($p < 0.001$). Contrarily, prophylaxis with prescription drugs was utilized more often by the headache specialist (66.7%) than non-headache specialists (37.4%) ($p < 0.001$). Imaging appears to be commonly recommended by both headache specialists and non-headache specialists in children with migraine. The headache specialist was more likely to use triptans as rescue medications. Short-term outcomes were not statistically different whether children were being managed by the headache specialist or the non-headache specialists.