



School Policy Guidelines for School Students with Migraine and Troublesome Headache

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Aim

The aim of this document is to highlight the impact of headache in school children and suggest a simple school policy that can be introduced to reduce this impact. Although it is directed at students 11-16 years when migraine onset is highest, it is equally applicable to all students from 5-17 years.

The extent and impact of the problem

The majority of students will experience headache but for some the impact is significant:

- 20% of students will get headache that bothers them one or more times a week.
- 10% of students have headache that has a significant impact upon their functioning and quality of life at home and at school. On average, seven days of school a year will be lost because of headache with reduced performance at other times¹.

Unfortunately the problem is poorly recognised and the majority of headache sufferers have not sought medical help even when their problem is severe. There are many reasons for this. For example: headache is stigmatised and associated with truancy behaviour; there is a belief that it is a normal part of life and that little can be done; whereas many other common childhood conditions such as asthma, epilepsy and diabetes are well recognised, in many cases parents may not realise their child suffers from migraine.

"Haven't asked for help because headache is not serious - it's just a headache"
"I have not sought help because I don't think anyone can help me."
"If I have a headache I just say I have got a headache and go to bed and try and forget about it "
"I have had them since I was so little I don't think there is much I can do"
"They think I put it on - they don't think I get them like I do."
"They are not sympathetic they just say to sit quietly but I can't concentrate on my work"
"Teachers think that you just want to get out class"

Students' comments on headache².

What causes the problem?

There are two main types of headache:

- Migraine type headaches usually have the highest impact. Invariably there is a family history of migraine. Migraine is not just a headache but can be accompanied by a variety of symptoms that include abdominal pain, nausea or vomiting or increased light or sound sensitivity. In some cases visual disturbances that can be both frightening and disturbing to the child can come before the headache.
- Tension type headache is less severe and is not accompanied by the features described above. It is often, but not always related to stress.
- Mixed headaches. In many cases, students will experience a mix of the two headache types. Although this can make diagnosis problematic, fortunately treatment principles are similar.

1 Kernick D, Reinhold D. Campbell J. Impact of headache on young people in a school population. BJGP 2009;59(566):678-81.

2 Kernick D. Reinhold D. It's just a headache: a qualitative study of headache in school children. British Journal of School Nursing 2011;6(7):337-41.

Schools need to develop policies for health problems in the light of their statutory responsibilities and their own assessment of local needs and resources. Extensive guidance to developing a school policy is provided by *Managing Medicines in Schools and Early Settings* (Department of Health 2005) which supersedes the previous document *Supporting Pupils with Medical Needs*. Parents have prime responsibility for their children's health needs and should provide schools with information about their relevant medical conditions. However in the case of headache, invariably the impact of headache on the sufferer is not fully appreciated or taken seriously by the parent. The school is an important setting to identify this problem.

An important part of a school policy is the administration of medicines although there is no legal duty that requires school staff to do so. Elements of a medicines policy that should be considered are shown in Appendix E.

Model school policies are currently available for children with asthma, diabetes, epilepsy and allergy. This document offers a framework for a school policy for children with troublesome headache.

A Suggested School Policy for Troublesome Headache

Background

1. The school recognises that troublesome headache is common and can have a significant impact upon the lives and functioning of those that suffer from it.
2. The aim of a school policy for troublesome headache is to recognise or identify students with a problem and reduce its impact on school attendance and performance.

The role of the school

1. All staff should be aware of the school policy on troublesome headache, be aware of which children have headache and know what to do if they have an attack.
2. Where relevant, sufferers will have a healthcare plan that identifies the level of support that is needed at school. This is drawn up in conjunction with the parents and where relevant, the school nurse. The healthcare plan should not be onerous but reflect the needs of the individual pupil. Ideally it will need regular review.
3. Have a written policy on the administration of medicines at school³. (This can refer to a general policy or specific to headache). See Appendix E

The role of the teacher

1. To take troublesome headache seriously. Students are not malingering but invariably have a significant problem.
2. Recognise that the student's performance is being affected by headache and identify the appropriate action. This may be allowing medication, allowing the student to rest in a quiet room or offering some flexibility around deadlines.
3. Be aware of children who have been diagnosed with migraine or troublesome headache.
4. Be aware that students may feel embarrassed and feel reluctant to ask for help.
5. Identify any potential triggers that occur at school. For example, anxiety due to work expectations or bullying.
6. With the consent of the student, share your concerns with parents and possibly named school nurse. Further information can be found on The Migraine Trust or Migraine Action websites.

3 Managing medicines in schools and early year settings. Dept of Health 2005

Role of the school nurse

1. The named qualified school nurse is the key point of contact for headache problems at school and will teach and support other staff with reference to an individual child's health plan.
2. The school nurse will discuss any concerns with the parent of the student who is suspected of having migraine.
3. The school nurse will offer advice on the medical management in a school setting and in particular work with the student to recognise any possible triggers if attacks frequently occur at school.
4. Where relevant the school nurse should communicate with the general practitioner about the management of troublesome headache.

Further information specific to school nurses can be obtained from The Migraine Trust or Migraine Action websites.

Appendix A (i)

A sample letter to parents when the school has identified a problem with headache:

Dear Parents/Carer

It appears that your child has a problem with headache that is interfering with their work at school. Headache is a common problem amongst school students and we have a health policy that aims to support this problem.

We would be grateful if you could ask your GP to assess your child and suggest any medication that may be appropriate.

Yours sincerely

Head Teacher

Appendix A (ii)

A sample letter to parents when the school is advised of problems with headache:

Dear Parents/Carer

Thank you for informing us of your child's headache problem.

As part of accepted good practice and with the advice of the Department of Education and Skills, our school has a headache policy for use by all staff and we ask parents and carers of children with troublesome headache to help us complete a headache healthcare plan record card. This will help us manage your child's problem more effectively.

If there are any changes to your child's medication, please let us know so that we can update our records accordingly.

Yours sincerely

Head Teacher

Appendix A (iii)

Headache healthcare plan record card

Name:		DOB:	
Emergency Phone Number:			
Address:			
How does your child's headache affect him/her?			
How frequent is your child's troublesome headache			
If you wish us to administer medication in school please sign the following statement			
I agree to my child receiving When they have troublesome headache the dose is:	Signed: Parent/Carer		
Please delete as appropriate the following statement: I am happy for him/her to carry this medication Or I would like this medication to be stored by the school and administered as required	Signed: Parent/Carer		

Appendix B

Tackling troublesome headache at school (Information for students)

One in five students get headache one or more times a week and the impact can be very significant. The most troublesome type of headache is called migraine. This is a bad headache that can last between an hour or so and up to 48 hours. In some cases the migraine headache can start with disturbances of vision which can be distressing. The headache can also be accompanied by other things including sickness, the light hurting your eyes and ordinary noises seeming very loud. Often you may want to sit or lie down in a quiet room and be still. Often, one of your parents or family members may have the problem. In girls, migraine may be worse around the time of their period.

The other main type of headache is called tension type headache. This is less severe than migraine and can be caused by stress. Often migraine and tension type headache can overlap but fortunately, the treatment of both is quite similar.

Treatment of migraine headaches

The best form of treatment is to try and stop them from coming. People with migraine don't respond to changes in things as well as those people who don't have headache. For this reason it is important to keep things as constant as possible:

- Keep sleep patterns as constant as possible - setting regular times for getting up and going to bed may help to avoid a migraine.
- Dehydration is a key cause of migraine and it is important to drink regularly throughout the day.
- Eating regularly is also important and following a routine that includes regular meals may help to reduce the migraine headaches. It is important not to skip or miss a meal.

Sometimes migraine headaches can be triggered by certain types of food but you may have already recognised this. Fizzy drinks and junk food usually don't help and it is important to avoid too many of these.

One of the most common causes of migraine is stress. This can come from a number of areas and dealing with stress can be difficult. When you feel stressed there are some things you can do to help reduce it. The school nurse or counsellor may be the best person to discuss this with. Often, it may be helpful to take a friend with you.

Treating the migraine attack

It is important to treat a migraine as soon as you can. The longer you leave it the less effective medicine is going to be. You should ask your parents either for Paracetamol or Ibuprofen which you can take in to school if you have a problem. These medicines can also be taken together as they work in different ways. If these simple measures don't help then you should either see the school nurse or ask your parents to make an appointment to see your family doctor.

If you have access to the internet, further information can be found at www.migrainetrust.org (follow "young sufferers") or www.migraine4kids.org.uk.

Appendix C

Tackling the Impact of Troublesome Headache on Children (Information for parents)

The school have adopted a headache policy that aims to reduce the impact of headache on students.

One in every five children has headache once or more a week and for one in ten children, the impact is very significant both at school and home. Children with headache lose on average seven days of school a year because of their headache with reduced performance at other times.

Despite the significant impact upon the lives of children who suffer with troublesome headache, the problem is often unrecognised and inadequately treated. The most common type of headache that causes this problem is migraine. This headache lasts between two and 48 hours and can be linked to other symptoms such as sensitivity to light and noise, sickness, dizziness and eyesight changes. Often migraine runs in families.

The school have adopted a health policy with the objective of ensuring that children with troublesome headache are recognised and where necessary, treated appropriately in school if they have a problem.

If your child has a recognised problem with headache we would ask you to complete the attached headache healthcare plan record card to enable medication to be administered in school.

If your child has a problem and needs further help then please ask them to contact the school nurse or make an appointment for your child to discuss the problem with your GP.

Some tips to help with your child's migraine

- Migraine sufferers don't respond to changes in things as well as those people who don't have headaches. For this reason, it is important to keep sleep patterns as constant as possible - setting regular times for getting up and going to bed may help to avoid a migraine.
- Dehydration is a key cause of migraine and it is important to drink regularly throughout the day. Eating regularly is also important and following a routine that includes regular meals may help to reduce the migraine headaches. It is important not to skip or miss a meal.
- Another common cause of migraine headaches is certain types of food. Cheese or chocolate can cause problems. It is important to avoid too many fizzy drinks such as Coke.
- If a migraine does start it is important to treat it as early as possible. The longer the attack goes on the more difficult it is to treat. At the earliest opportunity Paracetamol and Ibuprofen should be taken. These medicines can be taken together as they work in different ways. Your pharmacist will advise on the correct dose for your child.
- If this is not helpful you should make an appointment for your child to see your GP. They may suggest some migraine specific medicine or if the headaches are frequent, some medicine to prevent them coming which is taken on a regular basis. As there are no tests for migraine, it is useful to give your doctor a clear idea about your child's headache. This can include how often the pain happens, how severe it is and where it is. It is also important for the doctor to have an idea of the impact upon your child at home and at school.

If you have access to the internet, further information can be found at www.migrainetrust.org (follow "young sufferers") or www.migraine4kids.org.uk.

Appendix D

Tackling the Impact of Troublesome Headache in Children (Information for Health Care Professionals)

These notes are to support school nurses and GPs and give a background to headache in school children from the medical perspective.

Key points for health care professionals

- 11% of school children suffer with migraine. The majority of these are not diagnosed.
- There is often a family history of migraine
- Tension type headache is also common in this age group but in many cases overlaps with migraine making diagnosis difficult. Fortunately the initial approach to management is similar for both types and in many cases the tension type headache will be part of the migraine spectrum.
- Paracetamol, Ibuprofen and Domperidone are the mainstays of acute treatment for migraine.
- Nasal Sumatriptan 10mg if licensed for children above the age of 12.
- Pizotifen or Propranolol are the preventative drugs of choice in this age group.
- Isolated headache in this age group as the cause of an underlying pathology is extremely rare.

Background

Headache is the most frequent neurological symptom and commonest manifestation of pain in children. Between 20-30% of children report headaches at least weekly with subsequent impact at home and on school attendance and performance. Unfortunately, the management of headache in children is invariably poor. Even when children present to a medical professional, the majority do not receive a diagnosis and treatment is often sub-optimal.

What causes headache in children?

The causes of headache in children are complex and the current view sees pain as emanating from a complex interaction amongst biological psychological and social variables against a background of an inherited predisposition. There is invariably a positive family history of migraine in children with migraine.

How is headache diagnosed?

Migraine is the major cause of troublesome headache in school children but tension type headache can be problematic. Often there is overlap with both types or in some cases tension type headache is part of a migraine spectrum. A realistic practical approach is to adopt the same approach to management for all children with paroxysmal headaches who are well between attacks, with migraine the default diagnosis where an impact on performance is described and particularly against a background of a positive family history.

Table 1 shows the main differences between migraine in children and adults and tension type headache which is broadly comparable in both groups.

Migraine in Adults	Migraine in Children	Tension Type Headache
Usually unilateral	Usually bilateral	Usually bilateral
Moderate to severe headache	Mild to severe headache	Mild to moderate headache
Throbbing/stabbing nature of pain	Can take any form	Pressure or band-like pain
4-72 hours	Usually less than 4 hours	Variable
Associated symptoms include nausea, vomiting, photophobia or phonophobia	Not always present	No associated symptoms
Can be associated with an aura in 30%	Aura less common	No aura
Frequently prevents normal activities	Frequently prevents normal activity	Sufferer usually able to continue with normal activities

Table 1. - Main features of migraine in adults and children and tension type headache

How is primary headache treated in children?

Trigger factors can be subtle and children have a low threshold to stress, missing meals, irregular sleep patterns and variation in climate. Dietary irregularities especially missed meals and lack of hydration are also important. A high fibre cereal snack taken at regular intervals are helpful as is a regular intake of fluid and avoidance of caffeine containing drinks.

Although a number of drugs are used to treat headache, the evidence base is weak. There is also a tendency for parents and practitioners to administer small doses of analgesia and delay treatment until the headache is established and severe enough to warrant treatment.

Treatment of the acute migraine attack

For the acute attack, effective pain relief analgesics should be given early in their optimum doses, 10-20mg/kg every 6-8 hours (maximum 60mg/kg/day) for Paracetamol and 10-15mg/kg every 6-8 hours for Ibuprofen. In some children, nausea and vomiting are troublesome symptoms and early treatment using an anti-emetic drugs Domperidone (5-10mg) helps and can improve the response to pain killers.

Although oral Triptans are safe, due to the high placebo response in childhood trials which can approach 60%, efficacy and therefore licence has not been obtained. However, nasal Sumatriptan in a dose of 10 mg has been shown to be effective and safe in adolescents and is licensed in those above 12 years.

Prevention of migraine

Prevention is indicated with frequent episodes of headache that interfere with the quality of life and education. Propranolol or Amitriptyline can be useful. Pizotifen can be helpful but weight gain can be problematic. Preventative treatment should be used for at least 2 months in optimum dose before it can be judged as effective or unhelpful.

Drug	Dose	
	Under 12 Years	12-18 Years
Pizotifen	0.5-1.0 mg/day Single dose - night	1.5-3.0 mg/day Single dose - night
Propranolol	Usual dose 10-20 mg 2-3 times a day	Usual dose 20-40 mg 2-3 times a day
Amitriptyline		Up to 50 mg/day

Table 2 - preventative drugs used in children's migraine
(BNF for children 2011-12)

Where the emphasis is on tension type headache Amitriptyline is the drug of choice but close attention must be paid to underlying problems at home or school.

Is the headache serious?

Headache is always a concern that there may be an underlying pathology and in particular a tumour, although brain tumours are rarer in children than adults. The principles of investigation are the same as for adults. Presentations that warrant careful scrutiny are shown below.

- Papilloedema or other abnormal findings on neurological examination
- Headache with alterations in consciousness, memory, confusion or co-ordination
- New seizure
- Headache precipitated by exertion or Valsalva manoeuvre
- Headache associated with vomiting
- Headaches that have been present for some time but have changed significantly, particularly a rapid increase in frequency
- Headache with unexplained deterioration in school work

Important warning features in a child with headache

Appendix E

A School Medicines Policy

Under the Health and Safety at Work Act 1974 schools must have a Health and Safety Policy and this should incorporate managing the administration of medicines. The employer is responsible for making sure that staff have the appropriate training to support children with medical needs.

The Department of Education and Skills and the Department of Health recognises that it is good practice to support and encourage children who are able to take responsibility to manage their own medicines but there is no set age when this transition should be made. Ideally, consent should be obtained from the parents for this to happen. Further information can be obtained from Managing Medicines in Schools and Early Year Settings. Department of Health 2005.

A clear policy which is observed and accepted by staff, parents and pupils should cover:

- The circumstances in which children may take medication.
- The need for a private agreement from parents for any medication prescribed or non-prescribed to be given.
- Policy on pupils carrying and taking medication themselves.
- The need for accurate record keeping.
- The storage and access to medication.

Guidance on the administration of medication can be found in the Department of Education and Employment document Managing Medicines in Schools and Early Years' Settings.

- The school recognises they have no legal duty that requires them to administer medicines but do so as part of their duty of care for students with specific needs.
- Parents should authorise and supply appropriate medication for their child's use with written instructions about how the medication should be taken. A member of staff should supervise the pupil taking the medication and notify the parents in writing on the day the painkillers are taken. In some cases pupils may be trusted to manage their own medication and staff may only need to supervise this but again the parental consent form is required.
- When the school stores medicines it should be ensured that the supplied container is labelled with the name of the pupil, the name and dose of the drug and frequency of administration. Pupils should know where their medication is stored and how to access it.
- In some cases simple medication such as pain killers can be administered by the school.

An example of a school medication policy

Further Information

For further information on this policy document content please contact david.kernick@nhs.net (RCGP headache champion).

For teachers, parents and students, further information about migraine and troublesome headache can be obtained from:

The Migraine Trust www.migrainetrust.org

Migraine Action www.migraine.org.uk

For healthcare professionals further information can be obtained from:

The British Association for the Study of Headache (BASH) www.bash.org.uk

Acknowledgements

Royal College of General Practitioners

www.rcgp.org.uk

Royal College of Nursing

www.rcn.org.uk

Headache UK

www.headacheuk.org

The Migraine Trust

www.migrainetrust.org

BASH

www.bash.org.uk

OUCH

www.ouchuk.org

Trigeminal Neuralgia Association

www.tna.org.uk

Migraine Action

www.migraine.org.uk

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