

Migraine Headaches in Children & Teens

A Guide for Parents

What is a Migraine?

A migraine is a **type of headache disorder** that causes recurrent, moderate to severe head pain along with other symptoms. Migraines often have a **genetic (inherited) component**—children with a **first-degree relative** (parent or sibling) who has migraines are significantly more likely to develop them. In many cases, migraines begin in **childhood or adolescence**, though the exact age can vary. In children, migraines may be shorter than in adults but can still significantly affect school and daily activities.

Common features:




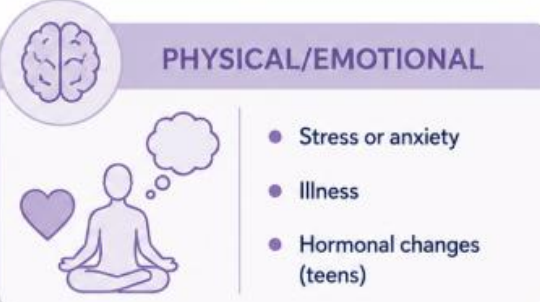
- Throbbing or pulsing head pain
- Pain may be on one or both sides (often both in kids)
- Lasts **2–72 hours**
- Often comes with other symptoms

Migraine symptoms may include:

- Nausea or vomiting
- Sensitivity to light or sound
- Dizziness
- Visual changes (aura)
- Fatigue or irritability before/after headache

Common Migraine Triggers

Not every child has the same triggers, but common ones include:

 <p>LIFESTYLE</p> <ul style="list-style-type: none"> • Poor sleep or irregular sleep schedule • Skipping meals • Dehydration 	 <p>ENVIRONMENTAL</p> <ul style="list-style-type: none"> • Bright lights • Strong smells • Weather changes
 <p>DIETARY</p> <ul style="list-style-type: none"> • Caffeine • Processed meats • Aged cheeses • Artificial sweeteners 	 <p>PHYSICAL/EMOTIONAL</p> <ul style="list-style-type: none"> • Stress or anxiety • Illness • Hormonal changes (teens)



Tip: Track your symptoms and triggers to spot patterns. Small changes can make a big difference!





Migraine Treatment Tips

1. Take pain reliever medication **as soon as possible**
Early treatment is important and may shorten headache
2. Encourage **rest in a dark, quiet room** and **hydration**
3. Consider a **cool compress** on forehead
4. Limit screen time
5. **If recommended**, take medication(s) for nausea/sleep
Nausea medication: Ondansetron (Zofran) Prescription
Sleep medication: Diphenhydramine (Benadryl) OTC

Migraine Treatment Options: Medications

Acetaminophen (Tylenol): Given every 4-6 hours
60-71 lbs: 400 mg, 72-95 lbs: 480 mg, ≥ 96 lbs: 640mg

Ibuprofen (Motrin, Advil): Given every 6-8 hours
60-71 lbs: 250mg, 72-95 lbs: 300mg, ≥ 96 lbs: 400 mg

Naproxen sodium (Aleve): Given every 12 hrs
50-100 lbs: 220 mg ≥100 lbs: 440 mg

Do not use Aspirin in children (risk of Reye Syndrome)

Important Notes

- Don't use pain relievers **more than 3 days in a row, 3 days per week, and 10 days per month**
- If migraines are frequent/severe, your provider may discuss prescription options or refer to neurologist

Migraine Prevention Tips

1. Maintain regular sleep schedule
2. Eat regular meals (don't skip!)
3. Stay well hydrated (1 cup water every 2 hrs)
4. Manage stress
5. Limit screens to 1-2 hrs outside of school
6. Avoid migraine triggers (page 1)
7. Take preventative daily supplements →
8. Get regular exercise (need 1 hour/day)
9. Avoid too much caffeine (Max 100 mg/day)
10. Avoid energy drinks completely
11. Avoid overloading your schedule

Migraine Prevention Options: Daily Supplements

Magnesium glycinate:
Dose (before bed): 4-8 years: up to 110 mg, **≥9 years:** up to 350 mg
3rd party verified options: Thorne Magnesium Bisglycinate Powder, NOW Magnesium Bisglycinate Powder, Nature Made Magnesium Glycinate Gummies or Capsules, Pure Encapsulations Magnesium Glycinate
Side effect: Can cause diarrhea; lessen dose if this occurs.

Riboflavin (vitamin B2):
Dose (divide morning & night): <10 yrs: 100-200 mg/day **>10 yrs:** 200-400 mg/day
3rd party verified options: Douglas Laboratories Riboflavin, Bio-Tech B2-400
Side effect: Can cause bright yellow/orange urine. Take with food

MigreLief contains both supplements in one (found on Amazon)

When to Call Us


- Increasing frequency or severity of headaches
- Headaches interfering with school or activities
- Needing medication more than 3 times/week
- Needing medication more than 10 days/month
- New symptoms (vision changes, weakness, confusion)
- Treatments not working well

When to Go to the Emergency Room

- "Worst headache ever" (sudden, severe onset)
- Headache with fever + stiff neck
- Head injury with worsening headache
- Persistent vomiting or dehydration
- Confusion, fainting, or trouble waking
- Weakness, numbness, difficulty speaking, or seizure

Next Steps:

Schedule with a neurologist. Contact our referral coordinator (via portal) if a referral is needed

Keep a headache diary  and return to PAA for follow-up to review in _____

