Migraine Prevalence 6% Among Adolescents

Panel recommends that preventive therapy be offered to patients with six or more migraines per month.

BY BETSY BATES
Los Angeles Bureau

LOS ANGELES — In any given year, 6% of adolescents aged 12-19 years experience at least one migraine headache, according to the American Migraine Prevalence and Prevention Study released at the annual meeting of the American Headache Society.

Nearly a third of those teenagers have migraines so frequent and severe that they should be offered preventive therapy or at least be considered potential candidates for a prevention regimen, based on thresholds set by a consensus of headache specialists, according to Dr. Paul Winner, director of the Palm Beach Headache Center in West Palm Beach, Fla. Yet only 11% of teenage migraineurs receive such treatment.

The national prevalence study drew from results of validated questionnaires sent to 120,000 households representative of the U.S. population. Among 18,714 respondents whose descriptions of their headaches met the International Headache Society criteria for migraine, 1,178 were adolescents.

The 1-year prevalence for migraine among these respondents was 5% of males and 7.7% of females, with a female predominance that rose through early adolescence to peak in those aged 15-16 years, when 8.1% of females reported migraines.

Nearly 60% of the adolescents used over-the-counter (OTC) medications to treat their migraines, 16.5% relied on prescription medications, and 22% used a combination of OTC and prescription medications for their acute headaches.

An expert panel linked to the study determined by consensus the factors that should warrant consideration or an offer of a medication that could be taken on a regular basis to reduce the number or severity of migraines. The preventive medications noted include anticonvulsants, blood pressure medications, and antidepressants shown to reduce the frequency of migraines.

For example, the panel's consensus was that preventive therapy should be offered to any patient with six or more migraines per month, when some of those migraines involve severe impairment of activities and require bedrest.

Among the adolescents in the study, 21% met consensus threshold for an offer of preventive therapy and 10% would be considered potential candidates for such therapy, said Dr. Winner. There was no indication for preventive therapy in 69%.

Some adolescents who were candidates for preventive therapy had used it in the past or were using such a medication for another indication. But one in four candidates for a preventive medication had never used one.

Dr. Winner noted that up to 40% of adolescents "cycle in and out of migraines," with gaps in time when they suffer no such headaches. Another 30% suffer one migraine and never develop another.

However, within the remaining population with migraines, there is a vulnerable group of adolescents who risk progression to transformed migraine, sometimes within just 2 years.

Future research is underway to determine whether adolescent patients who appropriately receive preventive medications for frequent and severe migraines will be less likely than others to develop transformed migraines, Dr. Winner said.

The study was sponsored by an unrestricted grant from Ortho-McNeil Inc. ■

SSRIs Not Known to Promote Suicide Risk in Pediatric OCD

BY JANE SALODOF MACNEIL
Southwest Bureau

PARIS — Selective serotonin reuptake inhibitors have not been shown to increase suicide risk in children and adolescents with obsessive-compulsive disorder and should not be withheld from these patients, Dr. Martine F. Flament advised at the annual congress of the European College of Neuropsychopharmacology.

Individual studies and pooled analyses have shown SSRIs to be comparable with clomipramine in pediatric cases of obsessive-compulsive disorder (OCD), said Dr. Flament, a professor of psychiatry and research director of the youth program at the University of Ottawa Institute of Mental Health Research.

Clomipramine and SSRIs have produced 20%-45% improvement in clinical trials since 1985.

DR. FLAMENT

Both clomipramine and SSRIs have produced 20%-45% improvement in clinical trials conducted since 1985, according to Dr. Flament. Clomipramine at 141-150 mg per day has been shown to be superior to placebo and to desipramine.

Fluoxetine at 20-64 mg per day, sertraline at 160-167 mg per day, and fluvoxamine at 50-200 mg per day also were superior to placebo in randomized trials.

She also cited a meta-analysis that found a statistically significant but modest benefit for SSRIs in the treatment of pediatric OCD (Am. J. Psychiatry 2003;160:1919-28). "So there is evidence that medication works. It brings some improvement, but not complete remission," she said.

Despite growing concern that SSRIs increase suicide risk in children and adolescents being treated for depression, Dr. Flament said no individual study has shown SSRIs are associated with more suicidal ideation or behavior than placebo in children being treated for OCD. Most recent studies have not identified any treatment-emergent suicidal behaviors, she added.

Pooled analyses of controlled studies in OCD and other anxiety disorders have shown other behavioral side effects, she said, listing activation, akathisia, disinhibition, impulsivity, and hyperactivity. Again, she said, no analysis has shown a significant risk for increased suicidal thoughts or behaviors.

"Rigorous clinical monitoring for suicidal ideation and behavior is advised in youth, as in older patients," she said, adding that "in pediatric OCD, SSRI treatment is generally thought to show a favorable risk-to-benefit ratio."

To optimize treatment response, Dr. Flament recommended assessing how a child with OCD responds to the first medication prescribed. If the patient does not respond in 10-12 weeks to one SSRI, she suggested trying another SSRI.

If, however, the child has a partial response, Dr. Flament offered two options. Combining medication with behavioral therapy has been shown to improve outcomes and decrease the relapse rate when medication is discontinued, she said.

The other option is augmentation either to enhance serotonin neurotransmission or to antagonize dopamine neurotransmission in children with comorbid tic disorders.

Augmentation has been shown to improve outcomes, Dr. Flament said, with the caveat that very few studies have been conducted and with very small numbers of children. ■

Daily Stress Management Can Work in Classroom Setting

BY MARY ELLEN SCHNEIDER
New York Bureau

PHILADELPHIA — A 10-minute, daily stress management intervention delivered in an elementary school classroom can decrease feelings of anxiety and improve a child's ability to relax, Dr. Denise Bothe said at the annual meeting of the Society for Developmental and Behavioral Pediatrics.

"The technique was adopted by many of the children who continued to use it in their daily lives to help them cope with stressful circumstances," said Dr. Bothe, a fellow in the division of behavioral pediatrics and psychology at the Rainbow Babies and Children's Hospital in Cleveland.

Dr. Bothe and her colleagues conducted a pilot study of stress management techniques among third graders. The stress management intervention was 10 minutes long: It involved deep breathing, movements for stretching and focus, and a 5-minute script with imagery read by the teacher. The intervention was performed daily for 4 months by the classroom teacher.

In the control group, the teacher read aloud to the class out of a children's storybook for the same time each day for 10 minutes.

Two third-grade classes were randomly assigned to receive either the stress management intervention or the control activity. From the two classes, researchers were able to obtain parental consent for 15 children to participate in the intervention and 13 children to participate in the control group.

Data anxiety, heart rate variability, and academic performance were collected immediately before the intervention, after 4 months, and 1 year after the intervention began, Dr. Bothe said.

Children in the control group showed no significant changes in a self-report anxiety scale across the three time periods. But in the intervention group, there was a significant drop in anxiety levels right after the intervention, which continued at the 1-year end point. The mean total anxiety T scores in the intervention group were 49.2 at baseline, 43 after the 4-month intervention, and 41.9 at 1 year after baseline.

The researchers also evaluated relaxation using heart rate variability. The control group children did not show an increase in their ability to relax. The intervention group showed an increase in heart rate variability from baseline to 4 months and a statistically significant improvement between baseline and 1 year.

The intervention did not appear to have any impact on academic performance, which was measured using math test grades and proficiency scores, Dr. Bothe said.

The researchers also collected qualitative data from the teacher and students who participated in the intervention class. The teacher said the intervention helped to settle the children and helped them to relax. The teacher also reported that after the 10-minute intervention, the children seemed ready to return to work. And some of the children used the breathing exercises before the test, Dr. Bothe said.

Students also reported benefits from the daily stress management intervention. Nearly all the students (13 of 15) said it helped them during the school day, and 12 of 15 said they used the techniques outside of school. ■

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