



Dear Primary Care Provider,

We thank you for referring your patient to Children's of Alabama/UAB Pediatric Neurology for the diagnosis and management of their recurring headaches. As you know, headaches are extremely common in children and adolescents with at least 58% reporting some type of headache in the preceding year and 8-12% suffering from migraine.¹

Based on these statistics, there are between 100,000-500,000 youth in Alabama who experience recurring headaches. With the recent closure of two of the state's pediatric neurology practices and the refusal of others to see headache patients, we are one of the few remaining resources for headache management in the state. As such, we are morally and practically obligated to triage your headache referral wisely.

The attached form has been created to do three things:

- Help us identify the youth with headache-related symptoms or disability that would require more urgent evaluation or multi-disciplinary management.
- Help you identify youth with "red flag" symptoms that might require a more urgent evaluation.
- Give you the tools you need to more confidently diagnose and manage primary headache disorders at your practice while your patient waits to be seen.

We ask that the patient's provider (MD, PA or PNP) please complete the attached headache referral form to insure the accuracy and completeness of the information we are relying on to facilitate triage.

Most youth with a history of episodic headaches occurring once a week or less need only [web-based headache education/lifestyle modification](#)² and a [medication permission form](#)³ to allow them to use weight-appropriate doses of ibuprofen⁴, acetaminophen or naproxen up to 2 times a week at home or school. Those having more frequent headaches and/or greater disability (missing school for headaches more than once a month) likely need an evidence-based prevention strategy.⁵

References:

1. Abu-Arafeh, I., Razak, S., Sivaraman, B., & Graham, C. (2010). Prevalence of headache and migraine in children and adolescents: a systematic review of population-based studies. *Developmental medicine and child neurology*, 52(12), 1088-1097.
2. Bickel, J & Connelly, M. Headache Relief Guide website: www.headachereliefguide.com
3. Alabama State Department of Education. School Medication Prescriber/Parent Authorization Form <https://www.alabamaachievers.org/wp-content/uploads/2021/04/PPA-2019.pdf>
4. Oskoui, M., Pringsheim, T., Holler-Managan, Y., Potrebic, S., Billingham, L., Gloss, D., Hershey, A. D., Licking, N., Sowell, M., Victorio, M. C., Gersz, E. M., Leininger, E., Zanitsch, H., Yonker, M., & Mack, K. (2019). Practice guideline update summary: Acute treatment of migraine in children and adolescents: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*, 93(11), 487-499. <https://www.aan.com/Guidelines/home/GetGuidelineContent/970>
5. Oskoui M, Pringsheim T, Billingham L, et al. Practice guideline update summary: Pharmacologic treatment for pediatric migraine prevention: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Headache Society [published correction appears in *Neurology*. 2020 Jan 7;94(1):50]. *Neurology*. 2019;93(11):500-509. <https://www.aan.com/Guidelines/home/GetGuidelineContent/971>