

School Accommodations for Children with Migraine

How to build a migraine support team around children to ensure academic success

APPROXIMATELY 10% OF CHILDREN EXPERIENCE MIGRAINE, a headache disorder that consists of episodic head pain and several other symptoms. In children, migraine may impede their ability to focus in class, maintain school routines and thrive academically. But there are simple accommodations that can have a significant impact on a child's ability to manage their migraine and maximize their learning.

This guide outlines how healthcare providers, parents and schools can work together to keep migraine from affecting a student's education and social life:

Migraine Emergency Kit

Parents can consider building a supply kit to leave at their child's school containing everything needed in the event a migraine attack occurs at school. Some examples of possible items to include are:

Important phone numbers	Sunglasses
Hydrating drink with electrolytes	Aromatherapy
Granola bar or preferred snack	Sickness bag
Water bottle	Medications
	Eye mask Hat

3 Things Educators Should Know About Migraine

1. Migraine is a disabling disease.

More than 37 million people in the United States live with migraine, and it's the third most common disease in the world.

2. Migraine is not just a headache.

It's often accompanied by symptoms such as dizziness, nausea, insomnia, and sensitivity to light and touch. For more than 90% of those affected, migraine interferes with education, career and social activities.

3. Migraine can be managed.

While there's no cure for migraine, patients can reduce the intensity and frequency of migraine with lifestyle changes and medications. Support from parents, teachers and friends is essential for a child living with migraine.

Back-to-School Checklist

While migraine can be just as severe in children as it is in adults, children often struggle to explain their symptoms and advocate for their health. This is especially true when they are in an unfamiliar environment, like school. This checklist walks parents and caregivers through key actions they can take to help set their children up for success in the school year.

Early Summer 4 weeks after school ends

- ☐ Schedule an appointment with your child's doctor to update treatment plans
- ☐ Send medication forms to the doctor's office for completion

Mid-Summer 6 weeks before school starts

- ☐ Schedule a meeting with the school nurse, teacher, and/or other representative to discuss treatment plan and accommodations
- ☐ Build Migraine Emergency Kit for School (create list below)

- ☐ Begin to coach your child on what to do if a migraine happens at school

3-4 Weeks before school starts

- ☐ Refill all medications and place bottles at school along with emergency kit
- ☐ Ensure school has received all required forms from doctor's office
- ☐ Begin to rehearse school routine with nervous children and discuss fears

2-3 Weeks before school starts

- ☐ Begin gradual return to school year sleep/wake schedule and resume bedtime routines
- ☐ Visit school to familiarize students with campus
- ☐ Familiarize yourself with the system to review school lunch menu
- ☐ Begin discussing lunch options with your child to have a plan in place for days that you need to send lunch to school

1 Week before school starts

- ☐ Check in with school one last time to ensure that all supplies needed are at school
- ☐ Continue to review headache plan with your child and reassure them that all is in place for a successful school year

A Student's Migraine Support Team

Potential Accommodations for Migraine Triggers

Trigger	Accommodation
Bright Light	Allow the student to wear sunglasses or a cap indoors. Switch out fluorescent bulbs for softer light.
Noisy Hallways	Allow the student to leave class five minutes early or arrive five minutes late so that they can regroup in a dark environment and avoid the noise and stress of a school hallway in-between classes. Let them wear earplugs for events where a high noise level, such as pep rallies, is anticipated.
Dehydration	Ensure that the student has a water bottle on their desk at all times and can leave class to fill it up whenever necessary.
Hunger	Allow the child to snack whenever necessary. Send home a school lunch menu so food can be sent on days that children are unlikely to eat the provided meal.
Computer Screens	Allow the student to lower their computer's brightness setting or take breaks from the work as needed, with extra time to make up the assignment.
Physical Exertion	Allow the student to take breaks from gym class, if needed. Explore less intense exercises and routines that the student can perform instead.

Health Care Provider

Your child's doctor or neurologist can help care for your child in school by writing a letter of support including their diagnosis and associated symptoms. This letter can help guide conversations with educators and give them something to refer to on a regular basis. If applicable, your doctor can outline several courses of action in case of a migraine attack—such as taking over-the-counter or prescribed medications—to help inform their care while on school grounds. Doctors can also help by requesting appropriate accommodations at school to help children manage their migraine symptoms.

School Nurse

At school, the nurse is the most important medical point of contact for your child. Nurses can help children with migraine by setting up a cool, dark room to recover. This can also be accomplished by getting more familiar with the disease and its debilitating symptoms, as well as a child's specific diagnosis.

[The American Migraine Foundation's resource library](#) is a great place to start. School nurses are likely to be the person at the school helping to ensure that the treatment plan outlined by your child's doctor is being followed during a migraine attack.

Teachers

Since students spend most of their school day in the classroom, their teachers are most-able to make accommodations for children experiencing a migraine attack. Whether it's by letting them wear sunglasses or a cap indoors, or allowing them to take breaks from computer work, teachers should let students know that they're there for them—and willing to find ways to accommodate their triggers and help them learn.

Parents

Parents are key to educating teachers and school support staff about their child's diagnosis, but a lot can be done at home to help children better advocate for themselves. Whenever possible, validate their migraine, teach them how to describe their pain and advocate for the care they deserve.

While migraine can be debilitating, the goal should be for children to learn how to manage their pain and minimize disruptions to their education. Promoting healthy pain-coping behaviors from a young age is especially helpful since migraine can be a lifelong disease. For more information about pediatric migraine and treatments, visit the [American Migraine Foundation resource library](#). For help finding a specialist in your area, check out the [AMF Find a Doctor tool](#).

American Migraine Foundation

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Migraine's Contributing Factors

Think of migraine as a disease with a threshold, where a patient's position relative to the threshold determines how frequent, severe, and debilitating the attacks will be. There are many factors that can affect if a patient is above or below the threshold. Understanding these contributing factors not only reduces the chance of a migraine attack on a given day, but also helps doctors suggest effective migraine treatment plans tailored to their patients.

Different Types of Factors

Factors can be sorted into two categories: lifestyle factors and medical factors. Lifestyle factors include habits built into your routine, while medical factors are more physical factors require a close examination of your medical history to understand.

Lifestyle Factors	Medical Factors
Sleep Exercise Diet Hydration Caffeine Stress Triggers	Acute medication use Other pain disorders Psychiatric conditions History of abuse Obstructive sleep apnea Hypersensitive nerves



Addressing Your Lifestyle Factors

The best way to adjust your lifestyle factors to reduce your risk for migraine attack is to practice good migraine hygiene. Migraine hygiene is the practice of taking care of yourself in a way that will reduce the likelihood, frequency, intensity, and severity of attacks. Here are some tips from the American Migraine Foundation for practicing good migraine hygiene and keeping attacks at bay.

1. Make sure you're getting enough sleep and maintaining a regular sleep routine.
2. Consider including regular exercise as part of your healthy routine.
3. Try to eat a well-balanced diet and avoid skipping meals. Keep inventory of your known or suspected food triggers in a meal planner.
4. Stay hydrated by drinking plenty of water throughout the day.
5. Pay special attention to your caffeine intake and avoid fluctuations in your caffeine levels.
6. Learn how to manage stress in your everyday life. While stress is largely out of your control, stress management can keep it from affecting your migraine.
7. Identify your individual triggers for migraine by keeping a headache journal and take the appropriate steps to avoid them.

Migraine's Contributing Factors

Speaking to Your Doctor about Medical Factors

Before visiting a headache specialist, prepare to talk about your medical history as it could influence your treatment plan. An experienced doctor will screen you for common associated conditions, but it always helps to be prepared and ready to share this information. Here is a list of medical factors pertinent to migraine.

Acute medication use — Overuse of acute medications can be a significant issue and contributing medical factor for migraine.

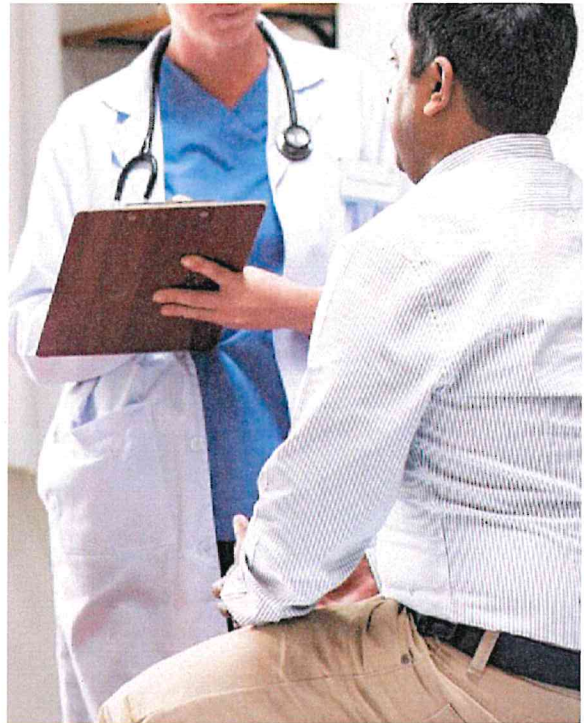
Pain disorders — Treatment for pain disorders other than migraine may significantly influence migraine outcome.

Psychiatric conditions — Mood and anxiety disorders are often comorbid with migraine, meaning that they often appear together although they do not cause one another. Addressing one can often help address the other.

History of abuse — There's a high correlation between abuse and chronic headache disorders, so it's important to identify if it is at play in someone's current state.

Obstructive sleep apnea — Sleep apnea can be a trigger in its own right also contributes to poor sleep routines. Teeth grinding and jaw clenching also contribute to sleep routines and should be checked out by a dentist.

Hypersensitive nerves — Identifying whether the nerves on your scalp area are hypersensitive could help your doctor suggest more effective treatment options.



Creating a Holistic Treatment Plan

Migraine varies patient to patient due to these individual factors, meaning that there's no one-size-fits-all treatment plan. An effective treatment plan accounts for the type of migraine, your lifestyle and your unique medical history. It's important to note that treatment plans aren't just limited to medication, and can also include lifestyle changes or alternative treatments like acupuncture or cognitive behavioral therapy. Work closely with a headache specialist to come up with a treatment plan that suits your needs.



The Next Step

Visit americanmigrainefoundation.org to find a headache specialist who can look at all the factors and suggest a migraine treatment plan for you.

The mission of the American Migraine Foundation is to mobilize a community for patient support and advocacy, as well as drive and support impactful research that translates into advances for patients with migraine and other disabling diseases that cause severe head pain.

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What Type of Headache Do You Have?

Understanding the different types of migraine and headaches

Migraine is more than a headache, but it can be difficult to compare symptoms and figure out if you're dealing with migraine or another headache disorder. For example, migraine is different from headache because attacks are accompanied by other symptoms such as nausea and light sensitivity. It's important to have a clear diagnosis so you can get the care you need and learn how to manage your disease.

In general, headaches are divided into two main categories; primary and secondary. In simple terms, a primary headache means that the headache itself is the problem. These are "benign" headaches with no serious underlying issues causing the pain and associated symptoms. This does not mean that the pain and disability experienced with these conditions are not serious, but rather that there is no major illness that's causing them to occur. Secondary headaches, on the other hand, are the result of an underlying cause, such as a tumor, infection, stroke, medication or injury.

Recognizing what type of headache you have is important for determining treatment and ongoing care. The disorders described below are all primary headaches.

Migraine With Aura

About a quarter of people who experience migraine also experience aura. Auras can take the form of changes in vision that range from seeing sparkling lights, bright dots or zig zag lines, sometimes with areas of blindness, or they may involve tingling on one side of the body or the inability to speak and understand clearly. Aura usually sets in before the headache phase of a migraine attack and can last anywhere from five to 60 minutes. Aura is the second of migraine's four stages, and anyone who experiences it will confirm it is an unmistakable warning sign that severe head pain is on its way.

Migraine Without Aura

About 70-75% of patients with migraine do not experience aura. Instead, their symptoms include pulsing or throbbing pain (like a heartbeat) on one or both sides of the head, together with sensitivity to light and sound (photophobia and phonophobia) and/or nausea and vomiting. Untreated, or incorrectly treated, an attack of migraine can last from four hours to three days. A diagnosis is reached by reviewing a patient's personal and family medical history, studying symptoms and conducting a general and neurological examination.

Typical Aura Without Headache

Aura is a recurrent attack that features temporary visual, sensory and/or speech/language symptoms that last between 5 and 60 minutes. Typical aura without headache, also called silent migraine, is a migraine aura that lacks the accompanying headache. The aura symptoms also usually happen before migraine symptoms, like nausea and sensitivity to light and sound, appear.

Retinal Migraine

Patients with retinal migraine experience visual symptoms ranging from kaleidoscope-like changes and areas of greyed out vision to complete loss of vision. The symptoms typically evolve over minutes and last 5-60 minutes. Unlike visual symptoms with migraine with aura, retinal migraine symptoms are only in one eye. Because they are rare, and because similar symptoms may accompany a more serious illness, if you experience these one-sided vision changes, you should have your eyes checked as soon as possible.

Chronic Migraine

More than four million American adults live with chronic migraine—meaning they experience 15 or more headache days per month for more than three months with at least eight of those headache days being a typical migraine attack. Chronic migraine often appears in people whose less frequent episodic migraine has worsened, so addressing risk factors early can help prevent a patient's migraine transforming into chronic.

Hemiplegic Migraine

Hemiplegic migraine is an extremely rare form of migraine that typically, but not always, runs in families. Patients will experience weakness on one side of their body in addition to other migraine symptoms such as aura and a "pins-and-needles" feeling. Hemiplegic migraine doesn't always include severe head pain.

Tension-type Headache

Tension-type headaches occur in about three-quarters of the general population. They commonly last from 30 minutes to seven days, and can range from the occasional mild headache to daily disabling headaches. The pain is commonly felt on both sides of the head and is often described as "a band around the head" or vice-like. In contrast to common migraine symptoms, a tension-type headache is not accompanied by nausea or vomiting. However, it may occur with increased either sensitivity to light or sound. Some people experience tenderness of the head and muscles.

The pain is generally mild to moderate and is not worse with routine physical activity, which means that most people with tension-type headache continue their normal daily activities despite their headache.

Hemicrania continua

Hemicrania continua always involves pain on only one side of the head, although it (very rarely) can switch sides. This type of headache is accompanied by a variety of symptoms including tearing, redness of the eye, eyelid drooping, sweating or a runny nose or congestion on the side of the head pain. For those with hemicrania continua, the pain is present 24 hours per day, seven days per week and continuously for at least three months, although the severity of the pain varies over the course of the day.



Cervicogenic Headache

Cervicogenic headache is referred pain (pain that feels like it's occurring in a part of the body other than its true source). For example, the pain comes from a source in the neck and is typically felt on one side of the head. People with cervicogenic headache often have a limited motion in their neck and worsening of their headache with certain neck movements or pressure.

Pinpointing the type of headache you're experiencing can be complicated. To ensure an accurate diagnosis, it is best to talk to a healthcare professional, whether your primary care doctor, a neurologist or a headache specialist. One of these providers should be able to prescribe the most appropriate treatment for your headache.

Ice Pick Headache

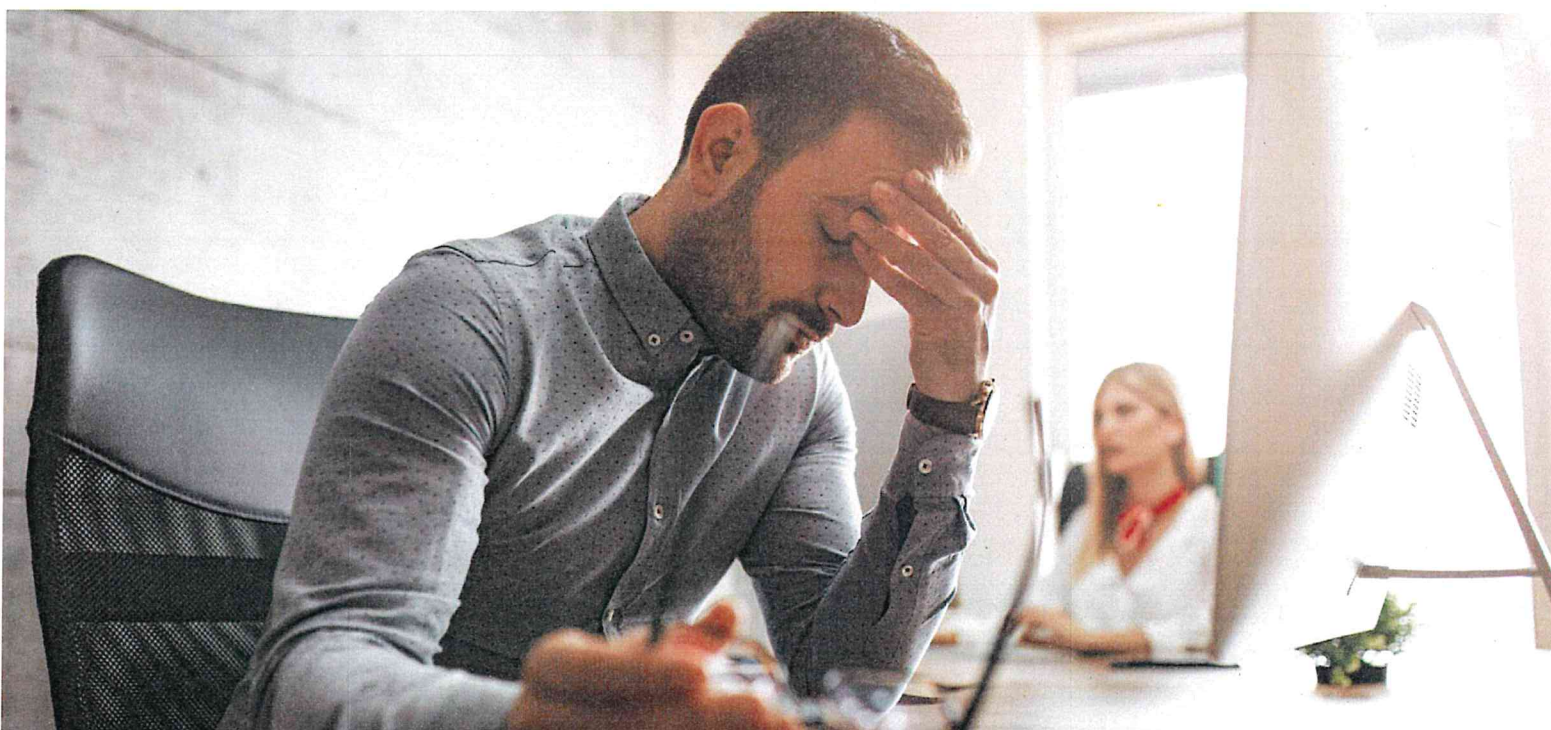
Ice pick headaches, also known as primary stabbing headaches, come on suddenly and deliver intense, sharp pain. They're short—usually lasting five to 30 seconds—but incredibly painful and can recur multiple times in a day. These stabbing pains are not accompanied by other

symptoms. Stabbing headaches can be primary (they can occur on their own, or in patients who also have migraine or cluster headaches) or secondary. If ice pick headaches develop for the first time after age 50, you should be evaluated by your doctor.

Cluster Headache

Cluster headaches are the most severe of all the headache disorders. They cause excruciatingly severe attacks of one-sided head pain, typically in, around or behind one eye. The pain can spread into the neck or upper teeth at times. During these painful episodes, which last 15 minutes to three hours each, the eyelid on the side of the pain may droop, the eye may become red or tear and that nostril may become stuffed or run uncontrollably. Patients experiencing a cluster attack usually feel restless or agitated and often feel the need to rock or pace with an attack.

The term cluster is given to this disorder because headaches occur in a group or cluster of attacks that recur up to eight times per day for several months at a time.



AMERICAN MIGRAINE FOUNDATION

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