

MULTICENTER STUDY ON THE THERAPEUTIC MANAGEMENT OF PEDIATRIC MIGRAINE IN SISC PEDIATRIC HEADACHE CENTERS

B. Baldo[1], A. Versace[2], L. Papetti[3], E. Parolin[1], A. Bonuccelli[4], E. Correnti[5], A. Passarini[6], A. Ferretti[7], M. Morelli[8], C. Termine[9], P. Diana[10], V. Sciruicchio[11], I. Toldo[1]

[1]Juvenile Headache Center, Department of Woman's and Child's Health, University of Padua, Italy; [2]Pediatric Headache Center, Department of Pediatric Emergency, Regina Margherita Children's Hospital, Turin, Italy; [3]Developmental Neurology Unit, Bambino Gesù Children's Hospital, IRCCS, Rome, Italy; [4]Pediatric Neurology, Azienda Ospedaliero-Universitaria Pisana, Pisa, Italy; [5]Child Neuropsychiatry Unit, Civico Di Cristina Benfratelli Hospital, Palermo, Italy; [6]Child Neuropsychiatry Unit, ASST Grande Ospedale Metropolitano Niguarda, Milano, Italy; [7]Pediatrics Unit, Neuroscience, Mental Health and Sense Organs (NESMOS) Department, Faculty of Medicine and Psychology, Sapienza University of Rome, Italy; [8]Institute for Maternal and Child Health Burlo Garofolo (IRCCS), Trieste, Italy; [9]Child Neuropsychiatry Unit, Department of Medicine and Technological Innovation, University of Insubria, Varese, Italy; [10]Department of Neuropsychiatry of Childhood and Adolescence, S. Marta and S. Venera Hospital, ASP Catania, Italy; [11]Children Epilepsy and EEG Center, San Paolo Hospital, ASL Bari, Italy

Background. Migraine in childhood and adolescence is a common clinical condition with a significant impact on the quality of life of patients and their families. Currently, there are no internationally shared therapeutic guidelines.

Methods. The aim of this survey was to describe the prescribing practices of the representatives of the Italian Society for the Study of Headaches (SISC) pediatric headache centers in the management of migraine during childhood and adolescence. An observational, multicenter, cross-sectional study was conducted using a questionnaire divided into two sections: (1) acute and preventive treatment (drugs, timing, selection criteria, and treatment duration); (2) management of seven clinical scenarios.

Results. The survey was completed by all representatives of the Italian pediatric headache centers (N=11). Acute treatment in children (6–11 years) and adolescents (>12 years) was mainly based (9/11) on paracetamol and ibuprofen or, after treatment failure, other NSAIDs, mainly ketoprofen (7/9) or naproxen (6/11). Triptans were infrequently prescribed in children (5/11) but more commonly in adolescents (8/11). For nausea and vomiting, most respondents prescribed antiemetics (9/11), mainly ondansetron (7/9). Preventive treatment was initiated according to shared criteria (10/11: >4 attacks/month for ≥3 months) and symptom severity (8/11), with homogeneous efficacy assessment (reduction in attack frequency and acute medication use, 11/11; pain intensity, 8/11). Differences persisted in treatment duration (3 months, 6/11; 6 months, 3/11; variable, 2/11) and reassessment timing. Across the seven clinical scenarios, management of high-frequency migraine and indication for preventive treatment were largely uniform (9–11/11), with a preference for nutraceuticals (7/11) in children. In adolescents with chronic migraine, greater heterogeneity emerged in preventive treatment, with amitriptyline (6/11), flunarizine (5/11), and topiramate (5/11) most frequently selected. In medication-overuse headache (MOH), withdrawal strategies differed (abrupt discontinuation 4/11; gradual withdrawal 5/11). In menstrual migraine, continuous preventive treatment was initiated by 2/11 centers, whereas perimenstrual mini-prophylaxis was adopted by 5/11.

Conclusions. The greatest differences emerged in the most complex clinical scenarios, where limited pediatric evidence and the lack of uniform recommendations lead to different therapeutic approaches. These findings identify the main areas of uncertainty in clinical practice and provide a basis for shared recommendations.