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COMMENT. The risk of febrile seizures may be increased in children exposed to moderate nicotine levels in utero. In some previous studies, prenatal smoking was associated with a 2-fold increased risk of febrile seizures, and the risk was increased with the number of cigarettes smoked daily (Berg AT et al. **Epilepsia** 1995;36:334-341).

## **HEADACHE DISORDERS**

### **ICHD-II CRITERIA IN DIAGNOSIS OF PEDIATRIC MIGRAINE**

The sensitivity of the new International Classification of Headache Disorders-2<sup>nd</sup> edition (ICHD-II) criteria in the diagnosis of childhood migraine was evaluated in 260 patients, ages 18 and under, seen at 2 large pediatric headache centers, and reported from Children's Hospital Medical Center, Cincinnati, OH; The Cleveland Clinic, OH; and other centers. Each headache characteristic in ICHD-II was analyzed individually. ICHD-II criteria were met in 183 (70.4%) of 260 patients. When headache duration was included, the sensitivity was 71.9% for short duration (2 hours) and 73.9% for 1-hour duration headaches. When data were reanalyzed using more relaxed criteria, sensitivity improved to 84.4%. These modified criteria included bilateral headache, duration of 1 to 72 hours, and nausea and/or vomiting plus 2 of 5 other associated symptoms (photophobia, phonophobia, difficulty thinking, lightheadedness, or fatigue), in addition to moderate to severe, throbbing or pulsating pain worsening or limiting physical activity. (Hershey AD, Winner P, Kabbouche MA et al. Use of the ICHD-II criteria in the diagnosis of pediatric migraine. **Headache** Nov 2005;45:1288-1297). (Respond: Dr Andrew D Hershey, Headache Center, Department of Neurology, Children's Hospital Medical Center, 3333 Burnet Ave, MLC 2015, Cincinnati, OH 45229).

COMMENT. Childhood migraine has unique characteristics, including bilateral location, shorter duration, and difficulty with description of headache quality and associated symptoms. Specificity of a migraine diagnosis is required to separate headaches of a secondary type. The separation of tension type headaches (TTH) is debatable, since some regard TTH and migraine as a continuum, from mild to severe. More inclusiveness in diagnosis could lead to a greater sensitivity than the 85% obtained using the ICHD-II criteria, and improvement in treatment and outcome.

In a comparison of ICHD-I-1988 and ICHD-II-2004 criteria in diagnosis of migraine in 496 children studied from 1992-2002, the current (ICHD-II) classification criteria showed greater sensitivity (71% cf 27%) without affecting specificity, but sensitivity was still poor (Lima MMF et al. **Cephalalgia** Nov 2005;25:1042-1047).