HEADACHE

ENVIRONMENTAL FACTORS IN HEADACHE

The environmental conditions related to headache in 38 children are reviewed from the Illinois Institute of Technology and the Franciscan Children's Hospital and Rehabilitation Center, Boston, MA. Parents filled out the Children's Headache Assessment Scale (CHAS) at an evaluation for behavioral medicine treatment and the parent rating questionnaire was completed again after therapy. The frequency of specific CHAS categories (stress antecedents, physical antecedents, attention consequences, escape consequences, coping responses, and medication use) varied widely and were changed by behavioral medicine treatment. There was less interference of headache with school attendance and improved coping responses after treatment. (Budd KS, Kedesdy JH. Investigation of environmental factors in pediatric headache. Headache October 1989; 29:569-573).

COMMENT. The Children's Headache Assessment Scale focuses on situations and events surrounding the headaches rather than questioning parents about the symptoms. This study shows that the parent rating questionnaire is of value in behavioral assessment of pediatric headache and in following responses to behavioral treatment.

NARCOLEPSY

SYMPTOMATIC NARCOLEPSY WITH DIENCEPHALIC LESIONS

Three patients with symptomatic narcolepsy are reported from the Departments of Neurology and Psychiatry, University of Michigan Medical Center, Ann Arbor, MI. One was a girl who developed polyphagia, weight gain, decreased growth, headaches with visual blurring, and excessive daytime sleepiness with frequent, irresistible brief naps at age 7½ years. At age nine, she developed hyperprolactinemia and galactorrhea. At age 11 she had diabetic ketoacidosis, temperature dysregulation, hypothalamic hypothyroidism, partial diabetes insipidus, and hepatitis. The CT was normal. MRI showed mild diffuse brain substance loss. Following treatment with methylphenidate, sleepiness and irresistible sleep attacks improved. Tissue typing was positive for HLA-DR2 and HLA-DQw1. The authors refer to ten additional cases of symptomatic narcolepsy with documented brain lesions reported in the literature. (Aldrich, MS, Naylor, MW. Narcolepsy associated with lesions of the diencephalon. Neurology November 1989; 39:1505-1508).

COMMENT. In these cases the REM sleep abnormalities and excessive daytime sleepiness were documented by polysomnography and Multiple Sleep Latency Tests. Two of the three patients were HLA-DR2 positive while the third was negative. In an addendum, the authors note an additional report of symptomatic narcolepsy in a nine year old HLA-DR2-positive boy following removal of a craniopharyngioma (Kowatch RA, et al. Sleep Res 1989; 18:250). Other brain lesions associated with narcolepsy have included