

of Medicine, Winston-Salem, NC. (Kandt RS, DeLong GR. Ann Neurol Sept 1994;36:516 [abstr]).

HEADACHE

PREVALENCE OF MIGRAINE IN SCHOOLCHILDREN

The prevalence of migraine in a random sample of the childhood population of the city of Aberdeen, Scotland, was evaluated in the Department of Medical Paediatrics, Royal Aberdeen Children's Hospital, employing the International Headache Society Diagnostic Criteria and validating questionnaire responses with clinical interviews. Among 206 children diagnosed at interview, the causes of severe headache and their prevalence rates (%) were as follows: migraine in 159 (10.6%), migraine-like headache (<2 hours) in 10 (0.7%), tension headache in 14 (0.9%), non-specific in 20 (1.3%), and sinusitis or other specific diagnosis in 3 (0.2%). The prevalence of migraine increased with age, with male preponderance in children <12 years, and female preponderance >12 years of age. Children with migraine lost a mean of 8 school days a year (3 due to headache) as compared to 3 lost by controls. (Abu-Arefeh I, Russell G. Prevalence of headache and migraine in schoolchildren. BMJ 24 Sept 1994;309:765-769). (Respond: Dr I Abu-Arefeh, Department of Child Health, University of Aberdeen, Aberdeen AB9 2ZD, UK).

COMMENT. Migraine is a common cause of headache among schoolchildren in Aberdeen, with a prevalence of about 11%. This is more than twice the prevalence reported in some previous pediatric studies, comparable to the cited increased prevalence of migraine from 25 to 40% in an adult population in the US in recent years. Environmental factors are thought to be responsible.

INTER-OBSERVER AGREEMENT IN HEADACHE DIAGNOSIS

Inter-observer agreement among 4 pediatric neurologists in the diagnosis of recurrent headaches in 40 children, ages 4 to 17 years (mean 10 years), was prospectively assessed at the University of Manitoba, Winnipeg, Canada. Referring to letters containing reports of the child's symptoms, history and examination, the headache diagnoses were checked off on a data sheet, listing up to 12 types. Agreement in headache diagnoses between pairs of neurologists ranged from 45% to 78%. Agreement was 76% when both neurologists in a pair diagnosed single headache types, but only 4% when multiple diagnoses were applied. (Wolstein JR, Seshia SS et al. Inter-observer agreement in the diagnosis of childhood headache. Headache Sept 1994;34:467-470). (Respond: SS Seshia MD, Section of Pediatric Neurosciences, AE-208 Children's Hospital, 840 Sherbrook St, Winnipeg, MB, R3A 1S1, Canada).

COMMENT. Agreement among pediatric neurologists was relatively good provided that a single headache type was diagnosed. The International Headache Society recommendations for classification of all headache types in a single patient may lower inter-observer agreement on diagnoses in children. For purpose of evaluation of pharmacological, dietary, or psychosocial treatment regimens, selection of patients with a single headache diagnosis is important. The validity of the classification criteria for childhood headache may need to be re-examined.