



Provincia Religiosa di San Pietro
dell'Ordine Ospedaliero di San Giovanni di Dio
Ospedale "Sacro Cuore di Gesù", Fatebenefratelli
UOC PEDIATRIA-NEONATOLOGIA-UTIN

JOURNAL CLUB of Pediatrics in Benevento

incontri monotematici
ospedale - territorio
per la elaborazione
di linee guida comuni

Febbraio
Dicembre **2015**



Centro Congressi
Ospedale Sacro Cuore di Gesù
Fatebenefratelli, Benevento

Responsabili Scientifici:
Iride Dello Iacono
Maria Carmen Verga



Neurologia

Pillola di EBM

**E' possibile prevenire la
cronicizzazione delle cefalee in età
pediatrica?**

Maria Carmen Verga

11 aprile 2015

In principio fu una domanda...

Quesito sulle cefalee

Posta in arrivo x

8 di 31



Maria Carmen Verga <mariacamenverga@gmail.com>

6 apr (4 giorni fa)

a vergasa, Agostinelli, Agresta, Alessandro, Andrea, Bianchi, Capacchione, Caruso, Casani, Cicchella, Crisci, D

Sì, lo so, siamo ancora a Pasquetta e non vi voglio rovinare queste ultime ore 😊

Sabato prossimo avremo una giornata sulle cefalee e non sulla nutrizione: la dr.ssa Caroli aveva un impegno ed ha cambiato con il dr Mauro Budetta per il 20 giugno.

Avete qualche quesito specifico sulle cefalee?

Se sì, fatemi sapere per domani.

Buone feste, buon riposo. Fino a domani mattina può ancora valere.

seguo

I messaggi meno recenti

Alla quale seguì una risposta...

Barbara Alessandro

7 apr (3 giorni fa)

a GIOVANNI, me, vergasa, Agostinelli, Agresta, Andrea, Bianchi, Capacchione, Caruso, Casani, Cicchella, Cris

Per carmen : se una cefalea primaria con predisposizione familiare non trattata cioe' non viene fatta una profilassi per un tempo definito ha piu possibilita ' di cronicizzarsi nel tempo?2) quali farmaci usati attualmente nella profilassi e in quali forme si usano e quando e' prevista?ciao barbara alessandro

Inviato da iPhone

Il giorno 06/apr/2015, alle ore 21:33, GIOVANNI SIMEONE <giovanni.simeone@gmail.com> ha scritto:

A quale bambino tipologia di bambino con cefalea, attuare la profilassi, con quale farmaco e per quanto tempo. Sempre che serva....beninteso :-))

Il giorno 6 aprile 2015 21:18, Maria Carmen Verga <mariacarmenverga@gmail.com> ha scritto:

In tempo reale!<360.gif>

E qualcosa di più specifico?



Grazie, Barbara!



Quesito Clinico Strutturato

Popolazione

Nei bambini con cefalea primaria ed anamnesi familiare positiva

Intervento

La profilassi

Confronto

Rispetto al solo trattamento degli episodi acuti

Outcome

Può ridurre il rischio di cronicizzazione?

**LINEE
GUIDA**

La Piramide delle evidenze



Giovanni Simeone

Come cercare le Linee Guida



There are more than one way to skin a cat!

Le Ferrara rules...



rgf/ GIMBE

Sperimentazioni Cliniche
Report Convention Nazionale per i Comitati Etici. Bologna, 7 novembre 2014

SALVIAMO IL NOSTRO SSN
www.salviamo-SSN.it

Sottoscrivi anche Tu

evidence

Linee guida per la diagnosi e il trattamento dello scompenso cardiaco acuto

Lo scompenso cardiaco (SC) acuto si può presentare ex novo in pazienti senza cardiopatia nota, oppure come aggravamento improvviso di uno SC cronico. Lo SC acuto è una causa frequente di ricovero ospedaliero e negli over 65 è la principale causa di ospedalizzazione nel Regno Unito. I dati europei mostrano che circa il 50% dei pazienti ricoverati per SC acuto vengono re-ospedalizzati entro 12 mesi e un terzo muore entro un anno ...
Leggi tutto

GIMBE Education


- Come ridurre gli sprechi in sanità Bologna, 5-6 marzo 2015
- Introduzione alla metodologia della ricerca clinica Bologna, 9-10-11 marzo 2015
- Dalle linee guida ai percorsi assistenziali Bologna, 16-17-18 marzo 2015
- Audit clinico e indicatori di qualità Bologna, 15-16-17 aprile 2015

GIMBE Library *presto online*

Biblioteca metodologica che copre le cinque aree del know-how GIMBE:

- Evidence-based Practice (Conoscere EBM)
- Clinical Governance
- Management e Policy Making
- Metodologia della Ricerca
- Formazione e Sviluppo Professionale

Accesso a riviste e banche dati biomediche (già Getting Evidence)

 Aderiamo allo standard HONcode per l'affidabilità dell'informazione medica. Verifica qui.

Pagina aggiornata il: 25/02/2015

Apriamo la pagina web «Già Getting Evidence» del GIMBE
Nella sezione **Searching** ci indirizziamo alle **Banche Dati di Linee Guida**

- ARIFF
- ATTRACT
- BestBETs
- FPIN Clinical Inquiries
- NLH's Primary Care Question Answering Service

Searching

- BD Generali
 - MEDLINE PubMed Strategie di ricerca
 - EMBASE
 - OVID (accesso a BD multiple)
- BD Specialistiche
 - ACUBASE Pro
 - CAM
 - CancerLit
 - CINAHL
 - CLIP Database
 - DIRLINE
 - Drug Promotion Database
 - ERIC
 - HerbMed
 - HSRR
 - LOCATORplus
 - OMIM
 - OTseeker
 - PEDro
 - POPLINE
 - TOXNET
- BD di Revisioni Sistematiche
 - Cochrane Library
 - CDSR - Cochrane Database of Systematic Reviews (abs)
 - DARE - Database of Abstract of Reviews of Effects
- BD di Linee Guida
 - Sistema Nazionale Linee Guida
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 - National Clinical Guideline Center
 - SIGN
 - Clinical Practice Guidelines Portal
 - NZ Guidelines Group
 - Altre banche dati
- BD di Health Technology Assessment reports
 - HTA database
- BD di Analisi Economiche
 - NHS Economic Evaluation Database
 - Health Economic Evaluations Database
- BD di Indicatori
 - National Quality Measures Clearinghouse
- Meta-database
 - BioMed Central Databases
 - NHS Evidence

- DARE - Database of Abstract of Reviews of Eff
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(migraine OR headache) AND (children OR child OR pediatric)

Operatori booleani:
AND, OR, NOT



U.S. Department of Health & Human Services
AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

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National Guideline Clearinghouse

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CMA Infobase: Clinical Practice Guidelines Database (CPGs)



SIGN Guidelines by Number - Guidelines - Home

CLINICAL GUIDELINES - NUMERICAL LIST

A subject table is also available.

Current < 3 yrs	Current 3-7 yrs	> 7 yrs	Withdrawn	Recommendations being updated

No.	Guideline Title	Publication Date	Status
144	Stable chronic referral and safe discharge	March 2015	



NCGC National Clinical Guideline Centre

Using evidence to improve the quality of patient care

Welcome to the National Clinical Guideline Centre (NCGC)

Latest guidelines from NCGC



SINERGIA

Linee guida nazionali Consensus conference

Linee guida regionali

Altri documenti evidence based



CLINICAL PRACTICE GUIDELINES PORTAL

Guideline Register

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Welcome to the clinical practice guidelines portal

NICE National Institute for Health and Care Excellence

Search...

Find guidance

Choose a category to find guidance in your area:

MINISTRY OF HEALTH

New Zealand Guidelines Group

The New Zealand Guidelines Group (NZGG) was an independent, not-for-profit organisation, set up in 1999 to promote the use of evidence in the delivery of health and disability services. The NZGG went into voluntary liquidation in mid-2012.

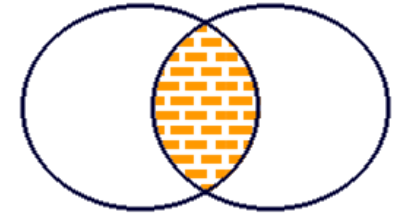


Definire una stringa di ricerca efficace

Gli operatori logici, **operatori booleani** (da George Boole), permettono di combinare in vario modo più concetti nella stessa ricerca

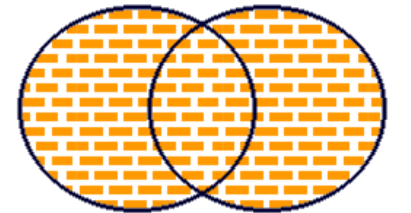
AND : esprime il prodotto logico, cioè l'intersezione tra due insiemi: si reperiscono articoli indicizzati con entrambi i termini di ricerca.

Es: La ricerca "Violence AND television AND children" fornirà come risultato l'elenco dei lavori contenente tutte le parole



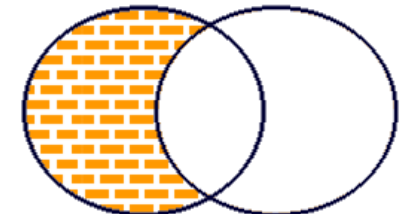
OR : esprime la somma logica : si reperiscono articoli indicizzati con almeno uno dei concetti indicati.

Es: La ricerca "Violence OR conflict OR aggression" fornirà come risultato l'elenco dei lavori contenenti almeno una delle tre parole:



NOT esprime la differenza logica, cioè l'esclusione di un concetto. Viene impiegato quando si voglia limitare la ricerca, eliminando gli articoli non pertinenti. Va usato con cautela, in quanto è possibile escludere citazioni potenzialmente pertinenti alla ricerca.

Es: La ricerca "Children **NOT** adolescents" fornirà come risultato l'elenco dei lavori contenuti solo la prima delle due parole, escludendo quelli che contengono la seconda. Attenzione: in questo caso perdiamo i lavori che contengono sia "children" che "adolescents"



"" virgolette

trova i termini compresi tra le virgolette nell'esatto ordine in cui sono digitati (frase esatta); questo significa che non si cercheranno occorrenze con un'inversione di termini

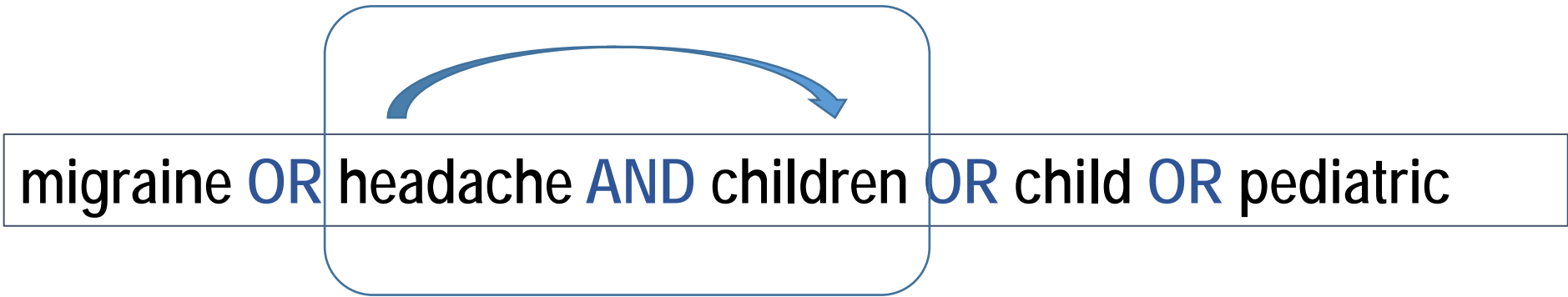
"**casa di famiglia**" non troverà "famiglia di casa" oppure "casa familiare" ma esattamente "casa di famiglia"

() parentesi tonde

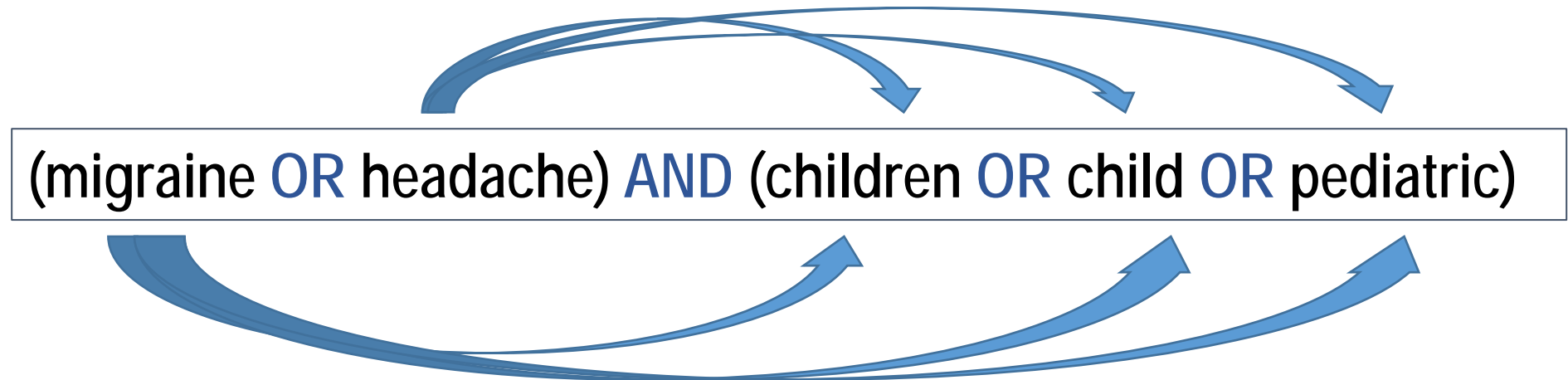
consentono la composizione di espressioni di ricerca complesse definendo le priorità nell'operazione di ricerca

(casa OR famiglia) AND figli, cerca i documenti che contengono o solo casa o solo famiglia o entrambe e che comunque contengono anche la parola figli. In assenza di parentesi tonde l'operatore AND avrebbe priorità sull'operatore OR: ad esempio nella medesima ricerca ma senza parentesi **casa OR famiglia AND figli** vengono ricercati i documenti che contengono o solo casa o solo famiglia e figli assieme, o che contengono contemporaneamente tutte e tre le parole.

Senza le parentesi



Con le parentesi



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NGC is a public resource for evidence-based clinical practice guidelines.

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New This Week

February 23, 2015

Expert Commentary

- Reflections from the 2014 Guidelines International Network Conference

New Guideline Summaries

- AND and NICE
- [View All](#)

Announcements

Conference News

- The **Guidelines International Network North America (G-I-N/NA)** and the Section on Evidence Based Health Care (SEBHC) of **The New York Academy of Medicine** are co-sponsoring the second conference on "Evidence-based Guidelines Affecting Policy, Practice and Stakeholders" **March 2-3, 2015** in New York City, NY. Registration [is open](#).

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National Guideline Clearinghouse

(migraine or headache) and (child

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'(migraine or headache)' and '(child or children or pediatric)'

Run an advanced search on this term



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[Browse and Search](#)

Search within:

GO

Sort results by: Relevance (what's this?) Publication date

Filter results by:

All Years ▼

1-20 of 147 Next >

Compare
Guidelines

1. **ACR Appropriateness Criteria® headache – child.** 1999 (revised 2012). NGC:009226
American College of Radiology - Medical Specialty Society. [View all guidelines by the developer\(s\)](#)

2. **Appropriate use criteria: imaging of the head & neck.** 2014 May 14. NGC:010440

(migraine OR headache) AND (children OR child OR pedi

News About Get involved Commu

133 results for (migraine OR headache) AND (children OR child OR pediatric)

Share Print

sort by relevance / date

Filter by Date

Headaches (GG150)

...of Paediatrics and **Child Health** and the Neonatal and **Paediatric** Pharmacists Group...preferences. People with **headaches** should have the opportunity...consent: working with **children** Good communication...professionals and people with **headaches** is essential. It...of Paediatrics and **Child Health** and the Neonatal and **Paediatric** Pharmacists Group... Tension-type **headache**, **migraine** and cluster **headache**...

Guidelines Published September 2012

More


Non solo Linee Guida...Non solo RS Cochrane...



Per il National Health Service l'analisi delle evidenze scientifiche non è un hobby per intellettuali

Headaches: Diagnosis and management of headaches in young people and adults

 Guidance

 Tools and resources




 Download  Share  Pr

NICE guidelines [CG150] Published date: September 2012

 Headaches  Quality standard

Next >

Ne discutemmo con Monica Malventano



ATTENTION DEFICIT HYPERACTIVITY DISORDER

THE NICE GUIDELINE ON DIAGNOSIS AND
MANAGEMENT OF ADHD IN CHILDREN,
YOUNG PEOPLE AND ADULTS

March 2013: In treatment for children and young people footnote 14 has been updated. Recommendations 7.5.2.5, 7.5.2.7, 12.5.1.7 and 12.5.1.9 have been removed and replaced by recommendations 1.5.2 and 1.5.4 in 'Antisocial Behaviour and Conduct Disorders in Children and Young People' (NICE clinical guideline 158). Recommendations 7.5.2.8 and 12.5.1.7.10 have been removed.

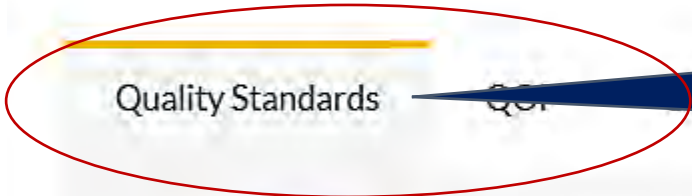
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MENTAL HEALTH

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Home

Standards and Indicators

I NICE Quality Standards sono asserzioni di priorità definite per ottenere miglioramenti misurabili in una particolare area di salute o di *care*. Coprono un ampio range di topics (sanità, servizi sociali, salute pubblica) e sono sviluppati indipendentemente dal NICE, in collaborazione con le categorie professionali e gli utilizzatori dei servizi



Quality Standards



NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users.

Quality standards cover a broad range of topics (healthcare, social care and public health) and are relevant to a variety of different audiences, which will vary across the topics. Audiences will include commissioners of health, public health and social care; staff working in primary care and local authorities; social care

View Quality Standards

- Complete list of topics covered by the quality standards programme
- How we develop NICE quality standards, and how your organisation can be involved.
- The uptake of NICE quality standards

[← Previous](#)

[Next →](#)

List of quality statements

Statement 1. People diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

Statement 2. People with a primary headache disorder are given information on the risk of medication overuse headache.

Statement 3. People with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

Statement 4. People with migraine are advised to take combination therapy with a triptan and either a non-steroidal anti-inflammatory drug (NSAID) or paracetamol.

Statement 5 (placeholder). Raising public and professional awareness.

[← Previous](#)

[Next →](#)

Review decision date: **October 2014**

Review decision:

Following the recent surveillance review, this guideline will be scheduled into the work programme. An update will be available on the guidelines in development webpage in due course. This guideline will be checked again for update at its scheduled time point according to the methods described here.

Next review date: **December 2016**

- Go straight to the recommendations
- Evidence used to create this guideline (full guideline)

This guideline offers evidence-based advice on the diagnosis and management of tension-type headache, migraine (including migraine with aura and menstrual-related migraine), cluster headache and medication overuse headache in young people (aged 12 years and older) and adults.

Recruitment to the Clinical Guideline Update Standing Committee on headaches is open from **6 November - 4 December 2014**. Please find the advert and details for health professionals here and lay members here.

Attenzione alla fruibilità della LG: si può andare alla sintesi delle raccomandazioni oppure alla più dettagliata consultazione delle evidenze

Next >



Headaches

Find guidance

Conditions and diseases

Neurological conditions

Headaches

Tools and resources

Costing

Local practice

Evidence

History

Timeline

Documents

Guidance

Tools and resources

Share Print

Si può trovare l'aggiornamento delle evidenze

NICE guidelines [CG150] Published date: 26 November 2012

Evidence

Review and download supporting evidence. Includes the full guideline if available

Evidence updates

CG150 Headaches: evidence update 01 October 2014 PDF 661.47 KB

Supporting evidence

Full Guideline

CG150 Headaches: full guideline 26 November 2012 PDF 4.9 MB

CG150 Headaches: appendices 19 September 2012 PDF 7.09 MB

Headaches

Diagnosis and management of headaches in young people and adults

Clinical Guideline 150

Methods, evidence and recommendations

September 2012

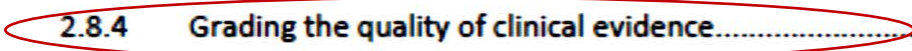
*Commissioned by the National Institute for
Health and Clinical Excellence*

ma...



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C'è il Grading della qualità delle evidenze



6.2.2 Recommendations and link to evidence

Recommendations	Consider using a headache diary to aid the diagnosis of primary headaches.
Relative values of different outcomes	Sensitivity, specificity, positive predictive value, negative predictive value, and number of people diagnosed were extracted. The GDG considered that number of people diagnosed was of least value. The other outcomes were considered important in evaluating use of diaries, but the large confidence intervals meant that it was difficult to draw conclusions.
Trade off between clinical benefits and harms	The GDG agreed clinical history should remain the basis for diagnosis of primary headaches and the diary used as an adjunct only. Some people may consider the diaries burdensome to complete and there may be some issues with compliance. This should be considered when deciding if a diary is an appropriate tool to use. Recall in a consultation may not be accurate so a diary can assist in diagnosis.
Economic considerations	Using headache diaries for the diagnosis of the headache type has a cost of £2.80 to £5.64 per person, which includes the cost of the diary and the additional time the GP or consultant spent during a consultation in order to evaluate the diary. The additional cost could be offset by the more accurate diagnosis of the correct type of headache, which is important to provide the most cost-effective treatment according to the recommendations in this guideline.
Quality of evidence	The quality of the evidence varied between low and very low. Outcomes were downgraded due to study limitations including small sample sizes, non-random methods of selection and all were conducted in tertiary care centre, therefore the evidence only relates to these specific populations. The economic evidence was based on a simple cost analysis.
Other considerations	The recommendation was based on GDG informal consensus due to the low quality of evidence available. Equality issues should be considered when developing and using headache diaries including; reading and writing skills, language and cultural differences. The diaries used in the studies were diagnostic headache diaries recording daily details of headache intensity, frequency, duration, location, associated symptoms and use of symptomatic medication. The GDG were aware of multiple diaries available both on line and from clinics which record the above information and may prove useful.

Manca il grading delle raccomandazioni

Eppure il Grading delle raccomandazioni è uno dei 3 requisiti minimi di validità di una LG

Criteri minimi di validità interna



Multidisciplinarieta'



Ricerca evidenze

Grading delle raccomandazioni

Level of Evidence	Grading Criteria	Grade of Recommendation
1a	Systematic review of RCTs including meta-analysis	A
1b	Individual RCT with narrow confidence interval	A
1c	All and none studies	B
2a	Systematic review of cohort studies	B
2b	Individual cohort study and low quality RCT	B
2c	Outcome research study	C
3a	Systematic review of case-control studies	C
3b	Individual case-control study	C
4	Case-series, poor quality cohort and case-control studies	C
5	Expert opinion	D



Da non credere!

Giovanni Simeone

Dove si possono reperire la RS Le Banche Dati Online.

Dal sito del **GIMBE** (Gruppo Italiano di Medicina Basata sull'Evidenza)

Database principali

Fanno capo alla Cochrane Collaboration:

Cochrane Library

DARE (Database of Abstract of Reviews of Effects) nel quale è possibile trovare anche le RS non-Cochrane.

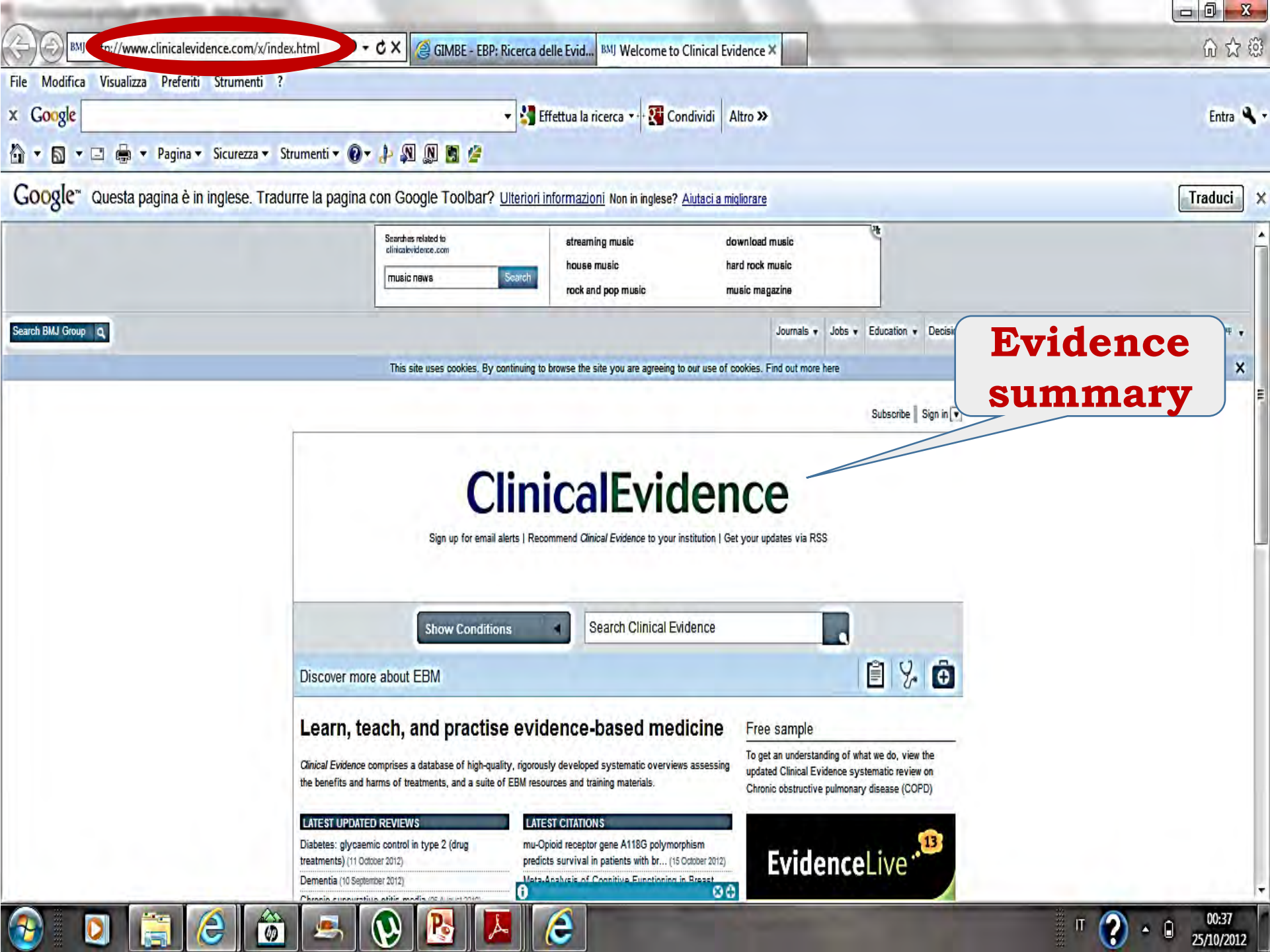
Marcello Bergamini

Dove trovare le Revisioni Sistematiche

The image shows a screenshot of a web browser window. The address bar contains the URL <http://www.gimbe.org/ebp/getting.html>. The browser's menu bar includes "File", "Modifica", "Visualizza", "Preferiti", and "Strumenti". The address bar and the browser tabs are circled in red. The browser tabs include "GIMBE - EBP: Ricerca delle ...". The main content area displays a list of databases and resources, organized into categories:

- BD di Revisioni Sistematiche**
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 - [PEDro](#)
 - [POPLINE](#)
 - [TOXNET](#)
 - [Cochrane Library](#)
 - [CDSR - Cochrane Database of Systematic Reviews \(abstract revisioni e titoli protocolli\)](#)
 - [DARE - Database of Abstract of Reviews of Effects](#)
- BD di Linee Guida**
 - [Sistema Nazionale Linee Guida](#)
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- BD di Health Technology Assessment reports**
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 - [NHS Economic Evaluation Database](#)
 - [Health Economic Evaluations Database](#)

Red arrows point from the text "BD di Revisioni Sistematiche" to the "Cochrane Library" and "DARE" links. Green arrows point from the text "BD di Revisioni Sistematiche" to the "Cochrane Library" and "DARE" links. A green box with the text ~~www.edott.it~~ is crossed out with a large blue 'X'.



http://www.clinicalevidence.com/x/index.html

File Modifica Visualizza Preferiti Strumenti ?

Google Effettua la ricerca Condividi Altro >>

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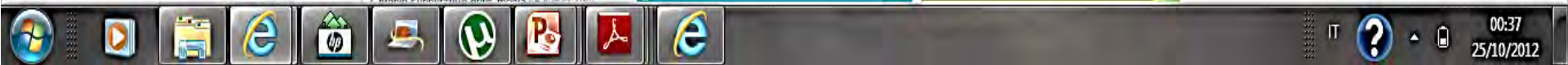
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(migraine OR headache) AND (children OR child OR pediatric)

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Clinical Study Categories

Category: Therapy

Scope: Broad

Systematic Reviews

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Topic: All

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Safety, immunogenicity, and lot-to-lot consistency of a quadrivalent inactivated influenza vaccine in children, adolescents, and adults: A randomized, controlled, phase III trial.

Cadorna-Carlos JB, Nolan T, Borja-Tabora CF, Santos J, Montalban MC, de Looze FJ, Eizenberg P, Hall S, Dupuy M, Hutagalung Y, et al. *Vaccine*. 2015 Apr 2; . Epub 2015 Apr 2.

Vagus nerve stimulation for partial seizures.

Panebianco M, Rigby A, Weston J, Marson AG. *Cochrane Database Syst Rev*. 2015 Apr 3; 4:CD002896. Epub 2015 Apr 3.

Fifteen minute consultation on children 'hearing voices': when to worry and when to refer.

Garraida ME. *Arch Dis Child Educ Pract Ed*. 2015 Mar 31; . Epub 2015 Mar 31.

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Vagus nerve stimulation for partial seizures.

Panebianco M, Rigby A, Weston J, Marson AG. *Cochrane Database Syst Rev*. 2015 Apr 3; 4:CD002896. Epub 2015 Apr 3.

Psychological therapies (remotely delivered) for the management of chronic and recurrent pain in children and adolescents.

Fisher E, Law E, Palermo TM, Eccleston C. *Cochrane Database Syst Rev*. 2015 Mar 23; 3:CD011118. Epub 2015 Mar 23.

Burden of bacterial meningitis: a retrospective review on laboratory parameters and factors associated with death in meningitis, Kelantan Malaysia.

Basri R, Zueler AR, Mohamed Z, Alam MK, Norsa'adah B, Hasan SA, Hasan H, Ahmad F.

Results: 5 of 761

Migraine mutations impair hippocampal long-term potentiation.

Dilekoz E, Houben T, Eikermann-Haerle S, Whalen MJ, Spijker S, Ferrari MD, van den Pol AN. *J Neurosci*. 2015 Feb 25; 35(8):3397-401. Epub 2015 Feb 25.

Paroxysmal tonic upward gaze as a mutation in CACNA1A.

Blumkin L, Leshinsky-Silver E, Michelsohn F, Lerman-Sagie T. *Eur J Paediatr Neurol*. 2015 May; 19(3):333-337. Epub 2015 May 15.

Migraine genetics: current findings and future directions.

Persico AM, Verdecchia M, Pinzone V, et al. *Eur J Neurogenet*. 2015 Apr; 16(2):77-95. Epub 2015 Apr 15.

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Comparative safety of anti-epileptic drugs among infants and children exposed in utero or during breastfeeding: protocol for a systematic review and network meta-analysis.

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Syst Rev. 2014 Jun 25;3:68. doi: 10.1186/2046-4053-3-68. Review.
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Acute cerebellitis in varicella: a ten year case series and systematic review of the literature.

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Wahlund K, Nilsson IM, Larsson B.
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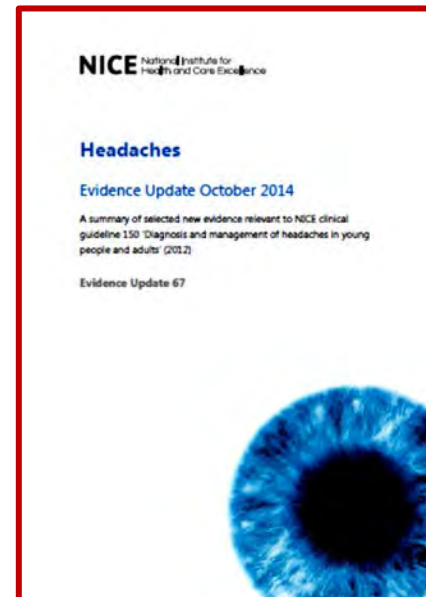
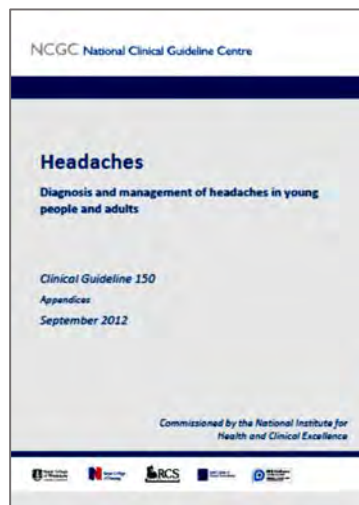
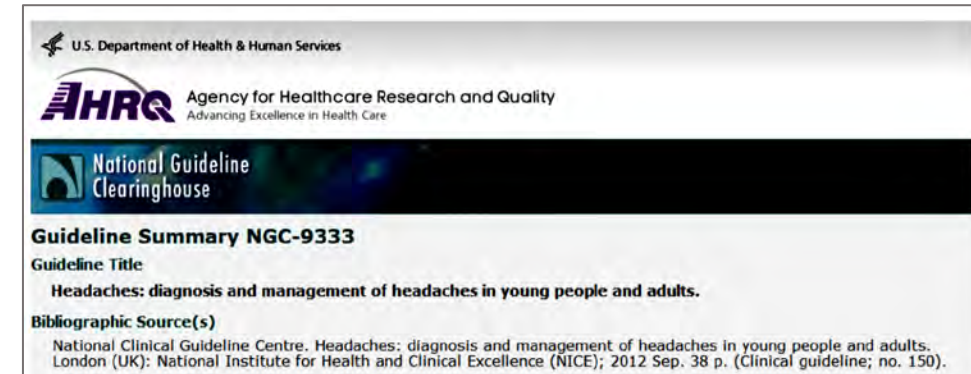
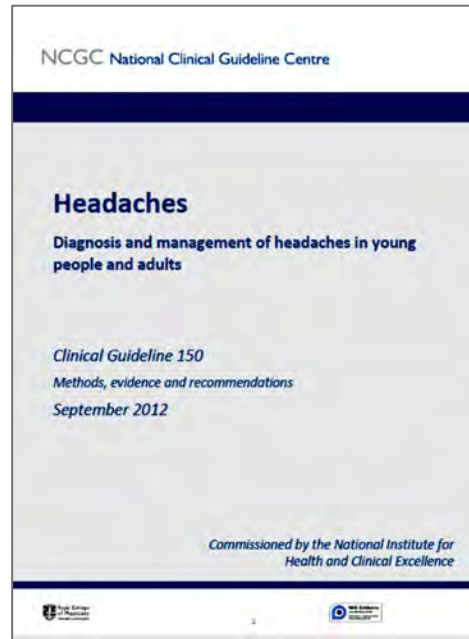
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- migraine prevention AND (chronic OR chronicity OR persistent)
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1 Linea guida e 1 update di evidenze su pazienti pediatrici



4 revisioni in fulltext e 6 abstracts

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Evidence summary: unlicensed or off-label medicine

Migraine prophylaxis: flunarizine

Published: 30 September 2014

Key points from the evidence

JOURNAL CLUB

Pharmacologic Treatment of Pediatric Headaches

A Meta-analysis

Khalil El-Chammas, MD; Jill Keyes, MD; Nathan Thompson, MD; Jayanthi Vijayakumar, MBBS; Dorothy Becher, MPH; Jeffrey L. Jackson, MD, MPH

J Headache Pain (2009) 10:227–233
DOI 10.1007/s10194-009-0133-3

REVIEW ARTICLE

Favorable outcome of early treatment of new onset child and adolescent migraine-implications for disease modification

James A. Charles · B. L. Peterlin ·
Alan M. Rapoport · Steven L. Linder ·
Marielle A. Kabbouche · Fred D. Sheftell



➤ Editorial Group: [Cochrane Pain, Palliative and Supportive Care Group](#)

Intervention Review Drugs for preventing migraine headaches in children

Suresh Victor¹, Steven Ryan² Published Online: 11 JUL 2014

➤ [J Child Neurol](#). 2013 Oct;28(10):1320-41. doi: 10.1177/0883073813488659. Epub 2013 Jun 10.

Episodic migraines in children: limited evidence on preventive pharmacological treatments.

[Shamliyan TA](#)¹, [Kane RL](#), [Ramakrishnan R](#), [Taylor FR](#).

➤ [Neuropediatrics](#). 2013 Feb;44(1):25-33. doi: 10.1055/s-0032-1333435. Epub 2013 Jan 11.

Headache in children: update on complementary treatments.

[Schetzek S](#)¹, [Heinen F](#), [Kruse S](#), [Borggraefe I](#), [Bonfert M](#), [Gaul C](#), [Gottschling S](#), [Ebinger F](#)

➤ [Cephalalgia](#). 2013 Jan;33(2):112-22. doi: 10.1177/0333102412468386. Epub 2012 Nov 30.

Psychopathological symptoms in child and adolescent migraine and tension-type headache: a meta-analysis.

[Balottin U](#)¹, [Fusar Poli P](#), [Termine C](#), [Molteni S](#), [Galli F](#)

➤ [J Manipulative Physiol Ther](#). 2011 Jun;34(5):297-305. doi: 10.1016/j.jmpt.2011.04.007. Epub 2011 May 19.

Headache: the placebo effects in the control groups in randomized clinical trials; an analysis of systematic reviews.

[de Groot FM](#)¹, [Voogt-Bode A](#), [Passchier J](#), [Berger MY](#), [Koes BW](#), [Verhagen AP](#)

➤ [Expert Rev Neurother](#). 2011 Mar;11(3):395-401. doi: 10.1586/ern.10.147.

Triptans other than sumatriptan in child and adolescent migraine: literature review.

[Vollono C](#)¹, [Vigevano F](#), [Tarantino S](#), [Valeriani M](#).

RESEARCH

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Psychotherapy versus usual care in pediatric migraine and tension-type headache: a single-blind controlled pilot study

Umberto Balottin¹, Matteo Ferri², Michela Racca², Maura Rossi³, Giorgio Rossi², Ettore Beghi⁴, Matteo Chiappedi^{3*} and Cristiano Termine²

6 studi sulla prevenzione in età pediatrica,



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Headache. Author manuscript, available in PMC 2014 May 01

Published in final edited form as:

Headache. 2013 May ; 53(5): 799–816. doi:10.1111/head.12105.

Childhood and Adolescent Migraine Prevention (CHAMP) Study: A Double-blinded, Placebo-controlled, Comparative Effectiveness Study of Amitriptyline, Topiramate and Placebo in the Prevention of Childhood and Adolescent Migraine

Andrew D. Hershey, MD, PhD, FAHS^{1,2,*}, Scott W. Powers, PhD, FAHS^{1,3,*}, Christopher S. Coffey, PhD^{4,*}, Dixie D. Eklund, RN, MSN, MBA⁴, Leigh Ann Chamberlin, RD, Med³, Leslie L. Korbee, BS, and on behalf of the CHAMP Study Group[#]



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J Child Neurol. Author manuscript, available in PMC 2013 September 19.

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J Child Neurol. 2012 May ; 27(5): 577–580. doi:10.1177/0883073811420869.

Chronic Daily Headache, Medication Overuse, and Obesity in Children and Adolescents

Ann Pakalnis, MD^{1,2} and Donna Kring, MS, CNP²

¹Departments of Pediatrics and Neurology, College of Medicine, The Ohio State University, Columbus, OH, USA

²Section of Pediatric Neurology, Nationwide Children's Hospital, Columbus, OH, USA

ORIGINAL ARTICLE

Cinnarizine versus Topiramate in Prophylaxis of Migraines among Children and Adolescents: A Randomized, Double-Blind Clinical Trial

How to Cite This Article: Ashrafi MR, Najafi Z, Shafiei M, Heidari K, Togha M. Cinnarizine versus Topiramate in Prophylaxis of Migraines among Children and Adolescents: A Randomized, Double-Blind Clinical Trial. *Iran J Child Neurol*. 2014 Autumn;8(4): 18-27.

Rates, predictors, and consequences of remission from chronic migraine to episodic migraine



A. Manack, PhD
D.C. Buse, PhD
D. Serrano, PhD
C.C. Turkel, PharmD,
PhD
R.B. Lipton, MD

ABSTRACT

Objectives: This study has 3 objectives: 1) to estimate remission rates in a population-based sample of subjects with chronic migraine (CM); 2) to identify potential predictors of CM remission; and 3) to assess the influence of CM remission on headache-related disability.

Methods: The American Migraine Prevalence and Prevention study is a prospective, population-based, mailed questionnaire survey, which included questions regarding headache frequency, symp-

di cui 2 pertinenti

Headache
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ISSN 0017-8748
doi: 10.1111/j.1526-4610.2007.00648.x
Published by Blackwell Publishing

Research Submission

Topiramate in Patients With Episodic Migraine: Reducing the Risk for Chronic Forms of Headache

Volker Limmroth, MD; David Biondi, DO; Joop Pfeil, MSc; Susanne Schwalen, MD

LG e revisioni: valutazione metodologica

La **LG NICE 2012** non soddisfa i criteri minimi di validità, mancando il grading delle raccomandazioni

Le **Revisioni** di cui si dispone del full text non soddisfano 2 o più criteri della check list AMSTAR (manca l'elenco degli studi esclusi, lo stato della pubblicazione (ad es. letteratura grigia) costituiva un criterio di inclusione, manca il funnel plot).

Quella pertinente al nostro quesito

**Favorable outcome of early treatment of new onset child and adolescent migraine-
implications for disease modification**

James A. Charles Æ B. L. Peterlin

è una revisione narrativa e non sistematica

Risultati

La LG NICE 2012,
e la review dell' Agency for Healthcare Research and Quality - U.S. Department of Health and Human Services,
non riportano raccomandazioni relative al quesito

Fattori di rischio correlati alla cronicizzazione di cefalea ed emicrania

Le reviews riportano dati da studi osservazionali senza gruppo controllo o traggono conclusioni da dati fisiopatologici

- Storia familiare di emicrania ([Monastero 2006](#))
- Abuso di farmaci, obesità ([Bigal 2008](#))
- Maltrattamenti ([Tietjen 2010](#))
- Neck muscle pain, chronic stress, alcohol consumption, smoking, coffee consumption, and physical inactivity ([Albers 2013](#))
- Stress ed insufficiente riposo ([Visudtibhan 2010](#))
- Frequenza di base degli episodi e presenza di allodinia ([Manack 2011](#))

Charles 2009

The child and adolescent who is treated early in the disease with targeted, appropriate, therapy, responds more readily to treatment and will have a better prognosis with less disability. A window of opportunity seems to exist... (Kabbouche 2005)

Indipendentemente dalla significatività statistica, ampio IC, ampio overlapping dei valori

Manca il confronto con chi non ha fatto terapia (gruppo controllo), in un'età in cui il 30-50% dei casi migliora spontaneamente
Il dato NON è confermato da Manack 2011

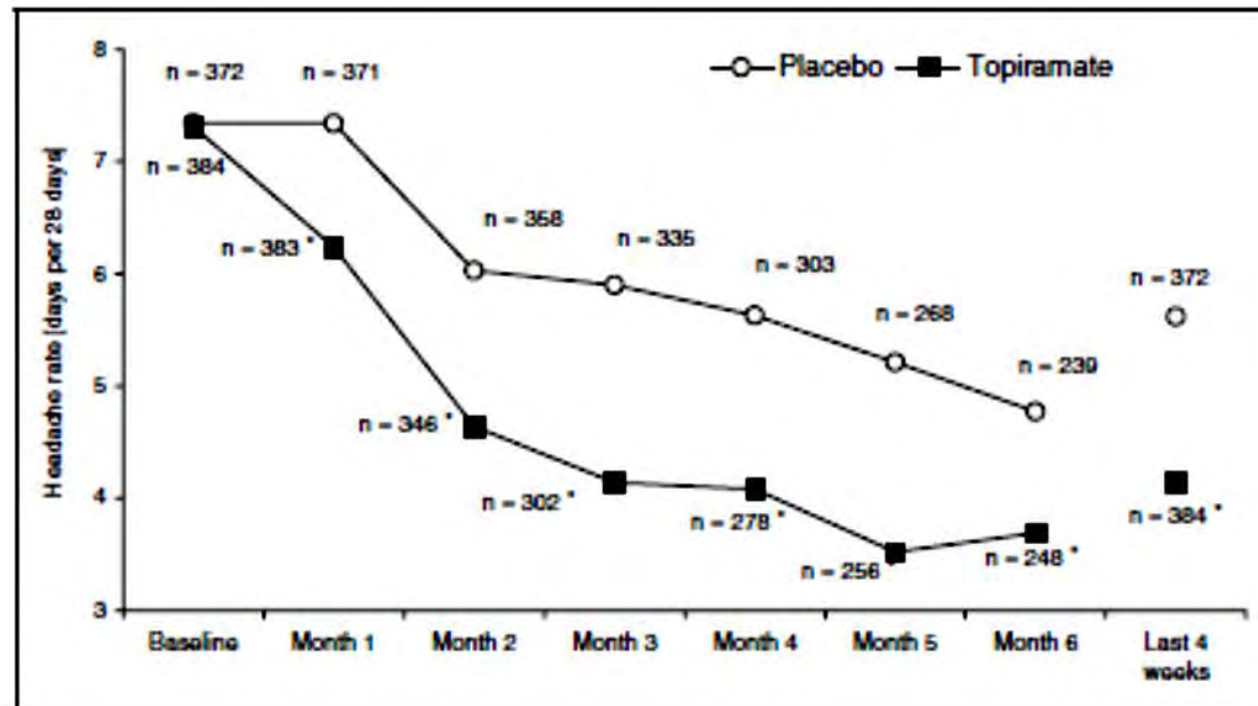
Table 1 Headache characteristics at initial visit and at follow-up after comprehensive treatment

	Initial visit	Year	2 Years	5 Years
Frequency	13.4 ± 10.8	4.9 ± 7 (<i>P</i> < 0.001)	4.7 ± 7.6 (<i>P</i> < 0.001)	4.6 ± 7.6 (<i>P</i> < 0.001)
Severity	6.8 ± 1.8	5.2 ± 2.3 (<i>P</i> < 0.001)	5.0 ± 2.4 (<i>P</i> < 0.001)	4.6 ± 2.5 (<i>P</i> < 0.001)
Duration	17.3 ± 9.5	12.2 ± 18.6 (<i>P</i> < 0.01)	9.4 ± 15.1 (<i>P</i> < 0.001)	11.5 ± 16.5 (<i>P</i> = 0.02)
School days missed	4.5 ± 9.5	5 ± 12.2 (<i>P</i> = 0.35)	2.7 ± 6 (<i>P</i> = 0.01)	1.5 ± 2.8 (<i>P</i> < 0.001)

Limmroth 2007

Dati da 3 RCT in doppio cieco contro placebo su pazienti adulti.

- Non sono specificati la generazione ed il nascondimento della lista di randomizzazione.
- Breve durata del follow-up (6 mesi)
- Dichiarato un conflitto d'interesse



CONFLICT OF INTEREST:
Conflict of Interest: Volker Limmroth received honoraria as speaker from Jansen-Cilag, Germany. Susanne Schwalen is an employee of Jansen-Cilag, Germany.

Fig 1.—Monthly headache rate. Displayed is the mean number of headache days per month (28 days) during the study (efficacy analysis, n = 756). *P < .001.

Manack 2011

Studio prospettico osservazionale. Follow-up di 3 anni. Nessun conflitto d'interesse sembra influenzare i risultati.

- Campione di 387 /24.000 con mal di testa cronico nel 2005. Non è specificata la modalità di selezione (consecutiva, randomizzata?)
- Dati rilevati con questionario.

Fattori di rischio correlati alla cronicizzazione di cefalea ed emicrania

Frequenza di base degli episodi e presenza di allodinia (ma con ampio IC)

Efficacia della terapia preventiva non significativa

(Modello 4: integrato fattori demografici del mod.1 + $p > 0.1$)

Predictive factors	Model 1, OR (95% CI)	Model 2, OR (95% CI)	Model 3, OR (95% CI)	Model 4, OR (95% CI)
Age	0.99 (0.97 to 1.01)	1.00 (0.98 to 1.03)	1.00 (0.97 to 1.03)	0.99 (0.97 to 1.02)
Female	1.12 (0.54 to 2.32)	1.19 (0.44 to 3.18)	0.91 (0.35 to 2.35)	0.90 (0.37 to 2.18)
Race (white vs nonwhite)	0.83 (0.34 to 2.06)	0.89 (0.31 to 2.54)	1.08 (0.65 to 1.79)	1.14 (0.69 to 1.87)
Headache frequency (1) ^b		0.70 (0.26 to 1.85)	0.66 (0.25 to 1.74)	0.63 (0.24 to 1.64)
Headache frequency (2) ^c		0.28 (0.11 to 0.75) ^d	0.30 (0.12 to 0.79) ^d	0.29 (0.11 to 0.75) ^d
Dichotomous allodynia		0.49 (0.24 to 0.97) ^d	0.53 (0.27 to 1.06)	0.45 (0.23 to 0.89) ^d
Depression		0.97 (0.93 to 1.03)		
Age at headache onset		0.98 (0.96 to 1.01)	0.99 (0.96 to 1.01)	
Current preventive use			0.51 (0.27 to 0.96) ^d	0.58 (0.32 to 1.06) ^e
Prescription overuse ^f			1.23 (0.60 to 2.52)	
OTC overuse ^g			0.76 (0.39 to 1.47)	

Abbreviations: CI = confidence interval; CM = chronic migraine; OTC = over-the-counter medication; OR = odds ratio.

^a Model 1: adjusted for demographics. Model 2: adjusted for model 1 and headache characteristics and depression. Model 3: adjusted for model 1, trimmed effect based on p values ≤ 0.1 and medication utilization variable. Model 4: adjusted for model 1 and trimmed effect based on p values ≤ 0.1 .

^b Headache frequency (1) indicates the comparison between those patients with CM with 15–19 headache days/month and those with 20–24 headache days/month.

^c Headache frequency (2) indicates the comparison between those patients with CM with 15–19 headache days/month and those with 25–31 headache days/month.

^d Data are significant at the $p < 0.05$ level or below.

^e Current preventive use in the absence of headache frequency is significant in model 4.

^f Prescription overuse is defined as 10 or more days of use in the past month for one of the following acute medications: triptans, ergotamines, Midrin, barbiturates, or opiates.

^g OTC overuse is defined as ≥ 10 days of use in the past month for at least one of the following groups: nonsteroidal anti-inflammatory drugs, OTCs, and combined OTCs (like Excedrin).

Conclusioni

- 2 studi (Kabbouche 2005 - Manack 2011), con adeguato follow-up di 3-5 anni, hanno dato risultati contrastanti.
- Sono entrambi gravati da importanti debolezze metodologiche (es. mancanza di gruppo controllo, dati rilevati con questionario)
- Un 3° studio (Limmroth 2007) ha una durata del follow-up inadeguata (6 mesi).
- Attualmente non ci sono dati per confermare l'efficacia preventiva a lungo termine sulla cronicizzazione del mal di testa.
- E' dimostrata l'efficacia di alcuni farmaci nella prevenzione degli episodi acuti, per cui rimane valida la raccomandazione alla loro prescrizione nei casi indicati.

Grazie

