# Treatment and Prevention of Migraine

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## Editorial Note

Children Migraine may be a frequent disease with some extent prevalence of 20% in women and eight in men. Therefore, guidelines for the treatment of migraine attacks and therefore the prevention by drug treatment or behavioral therapy have great practical importance. The aim of this guideline is to optimize the treatment of acute migraine attacks and therefore the prevention of migraine. The rule is evidence-based, takes into account the clinical experience of the rule authors and is a further development of the subsequent guidelines and recommendations. In migraine, there are attacks of moderate to severe, frequently one-sided pulsating-throbbing headache which increase in intensity on physical activity.

One-third of the patients suffer holocranial headache. The individual attacks are amid lack of appetite (almost always), nausea (80%), and vomiting (40–50%), and photophobia (60%), sensitivity to noise (50%) and hypersensitivity to certain odors (10%). Signs of activation of the parasympathetic system are observed in up to 82% of the patients, most frequently mild watering eyes. When the top pains are one-sided, they may change sides during an attack or from one attack to a different. The intensity of the attacks may vary markedly from attack to attack. The duration of the attacks, consistent with the definition of the International Headache Society (IHS), is between 4 hours and 72 hours. In children, the attacks are shorter and should manifest without headache, with only severe nausea, vomiting. Hormone levels and neurotransmitters are affected by adverse childhood events and psychological stress, affecting essential mechanisms such like neurogenesis, synaptic excess supply, pruning, and maturation, as well as generating alterations in brain morphology and performance. Attention, learning and memory, language etc. are all areas of the brain where fragile kids show physical and operational deficits. Highly susceptible kids received psychotropic drugs more frequently than other children. For example, psychiatric medicine usages amongst adopted kids are 2–4.5 times greater than among all Medicaid-eligible children. Children are part of a complex and dynamic system that includes their caretakers, relatives, school, and many cultural settings.

To truly assess the situation, clinicians require the viewpoints of caregivers, children, and teachers. As a result of the existing research basis, treatment options include behavioral and, if necessary, pharmaceutical interventions recommendations. If psychotropic medicines are utilized, physicians should only use them for a limited period of time, make one modification at a time, and set specific treatment objectives. Clinicians must use the medications to minimize polypharmacy and long-term therapy due to the unclear benefit Because of their clear side effects, antipsychotics should only be given to children when absolutely required otherwise these will leads to negative consequences. Without any of the advantages of comprehensive psychological therapies and generalized research, children are vulnerable to the risks associated with the use of various psychotropic to regulate behavior. The causes of this issue are complicated. Potential solutions will necessitate a comprehensive approach as well as a significant investment of effort and cost.

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