

Abdominal Migraine



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What Is Abdominal Migraine?

Abdominal migraine is a type of **functional abdominal pain disorder** seen in children.

Although the pain is in the belly—not the head—it is related to the **same biological pathways as migraine headaches**.

It causes **episodes of moderate to severe abdominal pain** that come and go, with children feeling completely well between attacks.

Abdominal migraine is **benign**, does **not damage organs**, and often improves with age. Some children later develop typical migraine headaches.

Typical Symptoms

Children may have some or all of the following during an episode:

- **Moderate to severe midline or periumbilical abdominal pain**
- **Nausea or vomiting**
- **Loss of appetite**
- **Pallor (looking pale)**
- **Sensitivity to light or sound**
- **Headache** (in some children)
- Episodes last **1–72 hours** and **children return to normal** between episodes

These symptoms follow the **Rome IV / ESPGHAN** diagnostic criteria for abdominal migraine.

What Causes It?

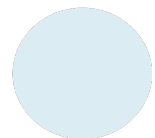
Abdominal migraine is thought to be caused by a combination of:

- **Genetic predisposition** to migraines
- **Changes to the gut–brain communication system**
- **Altered pain processing** in the nervous system
- **Triggers**, which vary by child (similar to migraine headaches)
- There is **no structural or surgical cause**.

Common Triggers

Identifying triggers can help reduce frequency. Common triggers include:

- **Stress or anxiety**
- **Irregular sleep** or fatigue
- **Skipping meals** or long fasting periods



- **Motion sickness**
- **Specific foods** (chocolate, processed meats, cheeses, MSG, caffeine)
- **Bright lights or overstimulation**
- **Illness** (viral infections can trigger episodes)

A symptom diary can help identify patterns.

How Is Abdominal Migraine Diagnosed?

Diagnosis is clinical (based on history + symptoms).

Doctors use the **Rome IV criteria**, which require:

1. **At least 2 episodes** in 6 months
2. **Severe** midline/periumbilical pain lasting 1–72 hours
3. Pain interferes with activities
4. Pain is **associated with at least 2** of:
 - Anorexia
 - Nausea
 - Vomiting
 - Pallor
5. **Complete return to baseline** between episodes
6. No other medical condition explains the symptoms

Routine testing is **not usually required** unless there are red flags.

Red Flags – When to Contact Your Doctor

Seek medical evaluation if your child has:

- Persistent or localized right-sided abdominal pain
- Weight loss or slowed growth
- Blood in stool or vomiting
- Persistent fever
- Night-time awakening due to pain
- Severe diarrhea
- Family history of inflammatory bowel disease or celiac disease

Management – What Helps?

1. During an Episode

- Rest in a **dark, quiet room**
- Try a warm compress or gentle belly pressure
- **Hydration** with small frequent sips
- If prescribed, use:
 - **Analgesics** (e.g., acetaminophen, ibuprofen)
 - **Antiemetics** for nausea
 - **Triptans** in select cases (usually for older children; specialist-guided)

2. Between Episodes: Goal: reduce frequency and severity.

- **Regular routines**

- Consistent sleep
- Structured meals; avoid skipping meals
- Hydration throughout the day
- **Stress management**
 - Deep breathing, relaxation, counselling as needed
- **Trigger avoidance**
 - Keep a diary to identify patterns

3. Preventive Medications: Used when episodes are frequent or disabling. Common options (per ESPGHAN/NASPGHAN guidance):

- **Cyproheptadine** (younger children; appetite-stimulating)
- **Propranolol**
- **Amitriptyline**
- **Topiramate** (less common; specialist-guided)
- Not all children need medication.

Prognosis

Most children **improve over time**.

About **50–60%** will later develop classic migraine headaches, but abdominal symptoms usually decrease with adolescence.

What Parents Can Do at Home

- Keep a **symptom & trigger diary**
- Build a stable routine: sleep–meals–hydration
- Teach your child simple **relaxation techniques**
- Inform the school about the diagnosis
- Encourage reassurance: *this condition is real but not dangerous*

If You Need Support Please contact your pediatrician if:

- Episodes are increasing
- Pain is affecting school or daily life
- You are unsure if it is abdominal migraine or something else
- You want to review options for preventive treatment

