



HEADACHE: A PROBLEM-ORIENTED APPROACH IN PEDIATRICS

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Abstract: The article describes the main causes of headaches in children and adolescents. It covers the issues of treating headaches in childhood, in particular the importance of non-steroidal anti-inflammatory drugs. The central place in this is occupied by ibuprofen.

Keywords: Pediatrics, method, treatment.

INTRODUCTION

Headache (cephalgia) is any unpleasant sensation that occurs in the head area from the eyebrows to the back of the head. This is one of the most common complaints in medicine, which can be associated with a wide variety of diseases and is the main symptom of more than 50 diseases. The prevalence of cephalgia increases with age, reaching 80% by the age of 15, but even 2-3-year-old children can have "migraine equivalents," including episodes of vomiting. Considering that headache significantly reduces a person's quality of life, its early pathogenetic and differential diagnosis, and rational treatment are urgent tasks in the practice of a pediatrician and family doctor [1].

MATERIALS AND METHODS

Pain is always colored by emotional experiences, which gives it an individual character. At the same time, headaches vary in intensity, localization, it can be shooting, pressing, pulsating, cutting, constant or periodic, it can be bilaterally symmetrical, predominate on one side or be exclusively one-sided. The division of pain into acute and chronic is especially important. The sources of headache are areas of the dura mater, arteries of the base of the brain and intracranial arteries, tissues covering the skull, trigeminal, glossopharyngeal, vagus cranial nerves, as well as the first and second cervical spinal roots. Headache is divided into primary (migraine, tension pain, cluster pain) and secondary (with cranial, otolaryngological, dental and other problems), it can be caused by intracranial and extracranial causes. Particularly relevant in pediatric practice are the so-called common causes of headaches in acute respiratory infections, fever of various origins, hypoxia, hypercapnia, arterial hypertension, allergies, anemia, etc [2].

RESULTS AND DISCUSSION

Cephalgia may occur as a result of injuries, various intracranial processes (meningitis, encephalitis, abscess, stroke, hematoma, thrombosis, embolism, hemorrhage, tumor, etc.), with occlusive hydrocephalus, cranial neuralgia (trigeminal, lingual, auriculotemporal, nasociliary, glossopharyngeal, occipital and other nerves), infections (meningitis, encephalitis, osteomyelitis of the skull bones, various extracerebral infectious diseases), with systemic diseases of connective tissue (arteritis), cardiovascular diseases (arterial hypertension, etc.), metabolic, endocrine (hypoglycemia, etc.), ophthalmological, otolaryngological (otitis, sinusitis, etc.), dental problems, intoxications (lead, etc.), after lumbar puncture, with abuse of certain medications, damage to the temporomandibular joint, etc.

A group of headaches not associated with structural lesions is distinguished: pain from external pressure (prolonged irritation of the superficial nerves of the scalp when wearing tight, tightly squeezing hats, headbands, goggles for swimmers), when exposed to cold stimuli (cold weather, strong wind, swimming, diving in cold water, cold food, water with ice, ice cream - ice-cream

headache), against the background of coughing attacks, etc [3].

The International Headache Society distinguishes the following cephalgias: migraine, tension pain, cluster headache, chronic paroxysmal hemicrania, pain not associated with structural brain damage, pain due to head trauma, vascular diseases, intracranial nonvascular diseases, substance use or withdrawal, extracerebral infections, metabolic disorders, due to pathology of the skull, neck, eyes, ears, nose, paranasal sinuses, teeth, mouth, and other facial or cranial structures, cranial neuralgia, pain due to pathology of nerve trunks, unclassified headache. All these types of cephalgia can be observed in children, but tension pain and migraine are more common.

Tension headache accounts for 90% of all types of headache. It is defined as a headache that occurs in response to mental strain, which is the result of acute or chronic stress. Mental strain is accompanied by increased tone of the frontal, temporal, occipital, trapezius muscles, which spasm the vessels located in them, leading to ischemia and edema and increasing pain. The duration of the headache is from 30 minutes to 7 days. The headache can be constricting, squeezing, squeezing, monotonous, "helmet" or "hard hat" type, diffuse, bilateral, weak or moderate intensity. This pain does not exclude everyday activity, although the quality of study or work deteriorates, and with everyday physical activity the headache does not intensify. Nausea, anorexia, photo- and phonophobia at the height of the headache may occur [4].

Although tension headaches are most often caused by psychosocial stress, they can also be associated with prolonged muscle tension in antiphysiological positions (the so-called school headaches). Vertebrogenic causes are of great importance in the genesis of pain. Provoking factors can be a change in the weather, forced fasting, working in a stuffy room, physical and mental overstrain. Migraine, as a rule, begins in adolescence and young age, but can begin even at 2-3 years of age. It has a complex pathogenesis. The presence of genetically determined limbic-stem dysfunction and impaired metabolism of serotonin and tyramine is assumed. In the first phase of migraine development, vasospasm is noted in the pool of the external or internal carotid artery, there is an excessive release of serotonin from platelets, as well as norepinephrine as a derivative of tyramine. Subsequently, the second phase occurs - vasodilation, substance P, calcitonin, histamine are released, stimulating further expansion of blood vessels and increasing the permeability of the vascular wall, which leads to perivascular edema, neurogenic inflammation (third phase). The fourth phase is the reverse development of the process.

CONCLUSION

Thus, headaches are one of the most common complaints with which patients seek medical attention, and they are relevant for children and adolescents. When treating a patient with cephalgia in pediatrics, there should be a multidisciplinary approach; in therapy, it is important to take into account the underlying disease and modern approaches to pain pharmacotherapy, among which the central place belongs to ibuprofen.

REFERENCES

1. Badalyan L.O., Berestov A.I., Dvornikov A.V. Headaches in children and adolescents. - M., 2011.
2. Bryazgunov I.P., Mitin M.D., Kozhevnikova O.V. On the pathogenesis of tension cephalgia in children // Russian Pediatric Journal. - 2014. - No. 2.
3. Goryunova A.V., Pak L.A. Modern classification, epidemiology and pathogenesis of headaches in children // Russian Pediatric Journal. - 2016. - No. 4.
4. Secrets of Pediatrics / Polin R.A., Ditmar M.F.: Transl. from English - M.; SPb.: BINOM, 2019.
5. Якубова, Р.М., 2024. ФАРМАКОЛОГИЧЕСКИЕ АСПЕКТЫ ИСПОЛЬЗОВАНИЯ РАСТИТЕЛЬНЫХ ПРЕПАРАТОВ В ЛЕЧЕНИИ ОСТРЫХ РЕСПИРАТОРНЫХ ВИРУСНЫХ ИНФЕКЦИЙ (ОРВИ). Экономика и социум, (3-1 (118)), pp.1121-1124.
6. Bahadyrovna, N.N., 2024. THE SIGNIFICANCE OF PSORIASIS AT PRESENT. Ethiopian International Journal of Multidisciplinary Research, 11(03), pp.202-204.

5. Mukhamedova, M., Orziev, D. Z., Uzokov, J. K., & Abdullaev, A. X. (2023). Optimization of antiplatelet therapy in patients with coronary artery disease and type 2 diabetes mellitus after percutaneous coronary interventions. *European Journal of Cardiovascular Nursing*, 22(Supplement_1), zvad064-111.
6. Nasirova, G. A., & Mukhamedova, M. G. (2023). Chronic heart failure and COVID-19. *International Journal of Scientific Research Updates*, 5(1), 138-42.
7. Фозилов, Х. Г., Шек, А. Б., Бекметова, Ф. М., Алиева, Р. Б., Мухамедова, М. Г., Муллабаева, Г. У., ... & Хотамова, М. Н. (2021). Особенности деформационных свойств левого желудочка у больных с поражением коронарных артерий. *Клиническая и экспериментальная хирургия*, 9(3), 118-124.
8. Karimov, B., Abidova, D., Muyassar, M., Uzakova, M., Orziev, D., Ubaydullaev, S., & Naezulloeva, D. (2022, June). Plasma B-type natriuretic peptide in patients with coronary artery disease and metabolic syndrome. In *EUROPEAN JOURNAL OF CLINICAL INVESTIGATION* (Vol. 52). 111 RIVER ST, HOBOKEN 07030-5774, NJ USA: WILEY.
9. Qizi, B. O. S., Qizi, X. D. A., & Yusupovich, M. I. (2022). IJTIMOIIY SIYOSAT: ROSSIIYADA INKLYUZIV TA? LIM HAQIDA. *FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI*, 922-930.
10. Yusup o'g'li, M. I. (2022). Mustaqil ta'limni blended learning texnologiyasi asosida tashkil etish. *FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI*, 126-131.
11. Taxirovich, A. S. (2025). TEACHING THE TOPIC OF INTESTINAL INFECTIONS USING THE EXAMPLE OF ACL (ACTIVE COLLABORATIVE LEARNING). *Ethiopian International Journal of Multidisciplinary Research*, 12(01), 557-559.
12. Kuzieva, S. U., Imomova, D. A., & Duschanova, G. M. (2019). Structural features of vegetative organs *Spiraea hypericifolia* L., growing in Uzbekistan. *American Journal of Plant Sciences*, 10(11), 2086-2095.
13. Yusup o'g'li, M. I. (2024). OLIY TA'LIM MUASSALARIDA INKLYUZIV TA'LIMNI RIVOJLANTIRISH: MUAMMO VA YECHIMLAR. *FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI*, 5(1), 1-10.
14. Бозоров, Ш. Т., Гафуров, А. А., Юлдашев, М. А., Абдукодиров, Ш. Т., & Розимаматова, Г. С. (2022). КОЛОСТОМИЯ ПРИ ОСЛОЖНЕНИЯХ ХИРУРГИЧЕСКОЙ КОРРЕКЦИИ АНОРЕКТАЛЬНОЙ МАЛЬФОРМАЦИЙ У ДЕТЕЙ. *Экономика и социум*, (8 (99)), 139-144.
15. Кузиева, С. У., & Ишонкулова, Д. У. (2018). ВЫДЕЛЕНИЕ И ЭЛЕКТРОФОРЕТИЧЕСКИЕ СВОЙСТВА МАЛАТДЕГИДРОГЕНАЗЫ ХЛОПЧАТНИКА. In *INTERNATIONAL SCIENTIFIC REVIEW OF THE PROBLEMS AND PROSPECTS OF MODERN SCIENCE AND EDUCATION* (pp. 14-16).