

# DELAYED DIAGNOSIS IN PAEDIATRIC HEADACHE IN INDIA: AN OUTPATIENT SURVEY



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## AIM

To study the factors associated with delayed diagnosis of primary headache among children attending a public hospital in India

## METHODS

**Site:** Paediatric outpatient department

**Duration:** 10-month period.

**Clearance:** Institutional Ethics Committee and Informed written consent from parents

**Subjects:** Consecutive children with a history of recurrent headache, Presenting to us for the first time  
Single interviewer made diagnosis as per ICHD-3; Secondary headaches were excluded.

**Disability:** Using PedMIDAS score

**Severity:** 10-Point Visual Analogue Scale

**Information collected:** Headache duration, Headache type, previous treatment, Complementary and Alternative Medicine (CAM) use, parental education, family history of headache, and distance from hospital.  
All analyses were done by Epi Info software.

## DELAYED HEADACHE DIAGNOSIS (*proposed definition*)

THE FIRST ICHD III-BASED DIAGNOSIS\* MADE

EITHER 12 MONTHS OR

A PERIOD (in months) = 6 x INTER-ATTACK INTERVAL,

WHICHEVER IS LONGER, AFTER THE FIRST EPISODE OF HEADACHE

(\*made by a healthcare provider)

## RESULTS

43 children aged (22 boys)

Median age, 10.7 (range, 5-17) years

26, Migraine and 11, Tension type headache

**Majority** (32, 74.4%): waited for 1-3 years after onset of headache to seek medical attention.

**Median time** from first episode of headache to definitive diagnosis: 14 (IQR 12-24) mth.

**Commonest** reason for delay: "no significant morbidity" (all PedMIDAS<50)

100% taking CAM and/or Over-the-Counter (OTC) medications

5 (11.6%) from areas with poor access to healthcare

### Median Time to Correct Diagnosis

**No association:**

- Gender (female vs male, 17.0 vs 17.5)
- Religion (Hindu vs Muslim, 17.7 vs 16.8)
- Family history (yes vs no, 14.8 vs 18.3;  $P=0.68$ )

### Headache type and Delayed diagnosis

- Migraine vs non-migraine headache,  $P=0.07$

**No correlation with Time to diagnosis and**

- Patient age ( $r=0.31$ )
- Distance from hospital ( $r=0.22$ ),
- Headache severity (VAS) ( $r = -0.28$ )
- PedMIDAS score ( $r = -0.01$ ).

## CONCLUSION

Headache is under-diagnosed in paediatric patients in our setting, commonly due to reliance on Over the Counter (OTC) and Complementary and Alternative Medications (CAM)