

Davide Moscato

Changes in lifestyle and therapeutic strategy

Abstract Since it is extremely important to fully evaluate the psychological characteristics of young headache sufferers and their family circle, we have implemented a diagnostic therapeutic protocol arranged in a number of day hospital (D.H.) sessions. These include a series of specialist examinations and dialogues with child and parent together, in addition to projective, drawing, Rorschach and psychometric tests. It has been found that the more frequent elements triggering headache in a child arise in the family: from competition between the child and the family figure (sibling, either parent, etc.), and the lack of the same. Once the causative link has been identified, a process must be initiated that gives rise to a doubt, without demonising the parents. A way must be found for parents and child to better communi-

cate each other. We strongly trust the D.H. treatment and we have presented a paper at the HIS conference in Rome about this subject, in order to prove that it is successful in most cases. Several clinical cases have been included in our study, to show how the D.H. works and the successful results achieved. In synthesis, a young headache sufferer is a subject who is very sensitive to the external environment surrounding him/her, therefore, it is of paramount importance to deeply examine his behavior and find the causes that trigger headache, in order to help him/her to avoid them, through pharmacological treatment, behavioral therapy, biofeedback, relaxation and finally therapy with the assistance of animals.

Key words Lifestyle • Day hospital • Biofeedback • Pet therapy

D. Moscato (✉)
Childhood Headache Center,
Ospedale San Carlo IDI,
Via Aurelia 275, Rome, Italy
e-mail: d.moscato@idi.it
Tel.: +39-06-39706391
Fax: +39-06-6371264

When a family approaches a childhood headache center, it means that their child's headache has reached important levels that disturb the family's regular life. In most cases, the family wants the headache to cease as soon as possible. The headache center inverts this message: the headache exists and is real but it is a symptom or sign, representing a real pathology.

A careful study is therefore necessary, evaluating the characteristics of the child's headache and his/her interactions

with the family group. These psychological interaction possibilities between the young headache sufferer and their surrounding environment have led researchers to try and identify a personality type of the headache sufferer, which has been assessed more as features or psychiatric comorbidities. This issue is so important that, for example, at the last International Headache Society (IHS) conference in September 2003, five works that explored this issue were presented [1–5].

Considering it extremely important to fully evaluate the psychological characteristics of the young headache sufferer and his family circle, over the last few years we have been implementing a diagnostic therapeutic protocol, arranged in a series of day hospital (D.H.) sessions, since we believe that the D.H. set-up allows for a more complete exploration of these environmental characteristics.

1. A child lives in a reality of relationships that are hardly identifiable with only an examination in the clinic, regardless of the accuracy of the examination.
2. Natural defenses toward an unrelated person easily break down when living together.
3. During D.H. sessions, both a total check-up as well as a series of interviews and tests are conducted, involving most of the family members. From an organicistic standpoint, a series of specialist examinations are undertaken by an otolaryngologist, ophthalmologist, neurologist, and dentist in addition to hematological check-ups, X-rays, ECGs, echo color Doppler studies, EEGs as well as, if necessary, RMN examinations. From a neuropsychological standpoint, there are conversations with the child and his/her parents together and separately, in addition to projective, drawing, Rorschach, and psychometric tests.
4. During D.H. sessions, the causation links of the crisis may be studied, as well as its implementation mechanism and the possible treatment strategies.
5. Living together with other children who have the same problem gives security both to parents and children to confront, understand, and associate with each other.
6. Trained personnel, both medical and paramedical, observe immediately whether any alterations occur in the family relationship.
7. Of course, the D.H. loses its valence if it is attended only by the child, since the constant presence of at least one parent is needed, with periods when the session is open to both parents and to siblings, if any.
8. It is clear that what is being recreated in the D.H. is not the real family environment, because in hospital the role of the child is undoubtedly more important than the role he has at home, since he is the principal actor and all the attention of the family group is on him. Therefore, "miracle" healings during D.H. have no important valence, unless such healings remain constant when the child goes back home, signifying that the D.H. has had the

effect of remodeling the interactions among family members and that the child or adolescent has found a better way to cope with and avoid daily problems. However, we do not wish to reduce the childhood headache to a mere psychic discomfort, since in that case it would be a characteristic typical of almost all children. We wish to point out that a child suffering from headache is a psychosomatic character, a subject in which family, genetic, neurochemical, and environmental influences have triggered a mechanism whereby a series of socioenvironmental events lead to a psychosomatic event. In the natural development of the child, this psychosomatic event leads him/her from newborn hyperactivity to gaseous colics, motion sickness, sleep disturbances, recurring abdominal ache/gripes, as well as migrant aches, arriving at headache, an event that often becomes exclusive, but which often remains also associated to some of the above disturbances.

The first problem arises in the family: from competition between the child/adolescent with a family figure (brother or sister, either parent) as well as from the lack of the same, or the need of the child/adolescent to prove that he/she is better, thus introjecting the tensions on himself/herself. Once the causative link has been identified, our intervention must not demonize the parents or lead them to believe that their behavior has been completely wrong, since the last thing we should do is create a crisis for the parents. In fact, even if they do it in the wrong way, the parents have tried to meet their children's requests, and guilt feelings fully disorganize the family. Moreover, in criticizing the parents, the child would lose those values that he/she had seen in the family until then.

Therefore, we must initiate a process that only triggers a doubt. Thus, a targeted approach to the family is necessary, but at the same time particular attention must be paid to helping the family change their behavior without changing their individual roles. Parents must learn to evaluate their actions when changing their response to the child's demands. Therefore, one must help the parents find the best way to mutually communicate, since all relationship problems are often linked to a breakdown in communication. In our study [6] we have shown a population of headache sufferers divided into two homogeneous subpopulations (Table 1), one following treatment in the clinic and the other in the D.H., and succeeding controls without

Table 1 Treatment of headache sufferers in a day hospital (D.H.) or clinic (Clin) setting

| | Sex | | Age (years) | Diagnosis | | | |
|---------|------|------|-------------|-----------|-------|---------|---------|
| 60 D.H. | 27 M | 33 F | Range 3–17 | MwoA 27 | MwA 3 | ETTH 19 | CTTH 11 |
| 58 Clin | 28 M | 30 F | Range 3–16 | MwoA 24 | MwA 4 | ETTH 21 | CTTH 8 |

M, male; *F*, female; *MwoA*, migraine without aura; *MwA*, migraine with aura; *ETTH*, episodic tension-type headache; *CTTH*, chronic tension-type headache

therapy except the one for acute crisis. In the case of subjects followed up in the D.H., a significant reduction in headache was noted ($p < 0.01$).

Clinical cases

On the basis of our experience, we report some clinical cases.

Case 1. An 11-year-old boy affected by ETTH which makes life difficult. He is an only child and lives in a village near Rome. His mother is a 31-year-old housewife, with education completed up to secondary school level, insecure by character. His father is 45 years old, and works as a pump attendant. The child's headache is triggered by unease at school, because he does not feel he is adequate to attend secondary school, since his family does not have the intellectual abilities to support him. After the problem was brought to light, general reassurance and brief support at school were sufficient to cure the headache.

Case 2. A 13-year-old boy suffering from chronic tension-type headache (CTTH). He lives in a rigid environment, where there is professional competition between his 52-year-old mother, an anxious researcher, and his 51-year-old father, an industrial executive with a degree in physics. The headache is caused both by his great sense of obedience to family rules and his inability to confront with figures considered "perfect." In addition, there is competition with his 16-year-old brother, who excels in sports. Interventional readjustment of the family roles has improved the headache considerably.

Case 3. A 10-year-old boy suffering from MwOA, who feels depressed and insecure. He is the son of his mother's

first marriage, who is now living with a 50-year-old financial broker, from whom she has a 6-year-old girl, and is 7 months pregnant with a third child, also a girl. The headache is caused by family tension, due to a feeling of poor role identity, competition with his sister, and a feeling of being further replaced by the new baby. A psychotherapeutic intervention of support for the child has almost solved the problem.

Conclusions

The young headache sufferer is a subject who is more sensitive to the events involving him and, therefore, his psychic unease may be the triggering element of the headache. It is therefore important to pay particular attention to all the possible causes of this unease, in order to help the subject gain awareness of these causes and thus avoid them.

If this is not possible, a nonpharmacological therapeutic intervention should be undertaken, such as behavioral, therapy, biofeedback, relaxation.

The last intervention is a psychotherapeutic one, with the assistance of the animal world [7, 8]. Some psychotherapists have included animals in their treatment strategy for a group of young patients suffering from psychic discomfort: the animals thus become therapists themselves [9].

We have been using this therapeutic intervention for approximately 1 year with more than 50 children suffering from various headache pathologies, and have obtained significant and noteworthy results.

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