

## CAUSES AND APPROACHES TO DIAGNOSING HEADACHES IN CHILDREN

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Currently, the causes, clinical features and diagnostic methods of headaches in children and adolescents have been widely studied and continue to be studied. The significance of this work is that headaches in children are quite common - 40-60%, their prevalence increases significantly with age, especially with the beginning of schooling, and reaches 75% in adolescence. Over the past 30 years, the incidence of primary headaches, including chronic forms: tension headaches, has increased 10 times, migraine - 5-8 times. Due to the vagueness of subjective sensations in childhood, determining the causes of cephalgia sometimes becomes a difficult diagnostic task. Many researchers note the difficulties in differentiating between different types of headaches in children, especially in young children, due to the insufficient sensitivity of the diagnostic criteria recommended in the 2003 International Classification of Headache Disorders - classification is impossible in 20-35% of cases. The work highlights the urgency of headache research, which is needed to optimize the lives of children with headaches.

Headaches tend to run in families, especially migraines. Children with migraines have at least one parent who has them. Children whose parents have migraines are four times more likely to develop them. Headaches can also be triggered by common household factors, such as: caffeine, alcohol, enzymes, certain foods or ingredients such as chocolate and cheese, secondhand smoke, exposure to allergens, and strong odors from perfumes or household chemicals.

Headaches can be caused by many factors, such as: Irritation or inflammation of the structures of the skull, including the system surrounding the brain, which can affect brain function. Changes in blood flow or circulation due to injury to the nose, including infections. Reactions to medications and changes in the chemical makeup of brain activity. Drug use and abuse. Environmental factors, such as exposure to strong odors from household chemicals or perfumes. Exposure to allergens.

Vigorous physical activity. Hormonal changes. Lack of sleep or sleep disorders. Other factors include stress, menopause or menstruation, and eating habits.

Diagnosis of a headache A headache is diagnosed only after taking a detailed history from the patient. The doctor may ask questions about this.

- How long and what is the quality of the pain?
- Is it accompanied by nausea or vomiting?
- Location of pain and other symptoms?

**Diagnosis of primary headache.** *Tension headache:* The diagnosis of tension headache is made by the patient's complaints of mild to moderate pain, worsening with activity, and pain located on both sides of the head. Typically, the pain is not throbbing and may not be associated with symptoms such as sensitivity to light, sound, smell, vomiting, or nausea. A neurological examination is usually performed and the results are often normal. Some tenderness may be noted when pressure is applied to the scalp or neck muscles.

*Cluster headache:* The diagnosis is made after obtaining the patient's history and description of the episodes of pain. During an attack of this headache, redness and swelling of the eye on the affected side may be observed. There may be a runny or stuffy nose on the affected side.

**Diagnosis of secondary headache.** Diagnosis is made based on the patient's history, followed by a physical examination. Laboratory and radiological tests may also be performed. If the headache is caused by an underlying infection or disease, the doctor may decide to start treatment even before confirming the diagnosis.

**Laboratory tests include.** *CBC (blood tests):* Elevated white blood cell count, erythrocyte sedimentation rate (ESR), or C-reactive protein (CRP) are seen when there is evidence of infection or inflammation in the body.

*Toxicology tests:* May be useful in patients suspected of abusing alcohol, other drugs of abuse, or prescription medications.

*CT scan (computed tomography):* Used to detect swelling, bleeding, and some tumors and aneurysms within the skull and brain. MRI (magnetic resonance imaging) of the head shows the anatomy of the brain and the layers that cover the brain and spinal cord. Lumbar spinal tap is performed in cases of suspected meningitis. EEG is only helpful if the patient is unconscious during the headache.

In general, it is advisable to stop headaches as much as possible, not with medications, but with natural products such as leafy vegetables and nuts.

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