Adolescents and Headaches: Maintaining Control

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Migraine headaches, much like a chronic illness, are reported to negatively affect adolescents physically, mentally, and socially, further disturbing this already turbulent time of development. Prior migraine research is limited in adolescents, and no qualitative studies have examined the lived experience of adolescents with migraines. This interpretive phenomenological study explored the experience of living with migraines in six adolescents ranging in age from 12 to 17 years. After coding data and grouping into clusters, three themes emerged: 1) maintaining control by either pressing on and enduring the burden, or by dismantling and isolating self; 2) mind overload; and 3) unsettling manifestations. Adolescents approach migraine episodes by either continuing with their life as “normal,” or by removing themselves physically and/or emotionally. By understanding the potentially unique physical and psychological disruptions that adolescents with migraines experience, nurses can offer education, provide non-pharmacologic interventions, and conduct further research that will improve health outcomes.

Adolescence can be a time of turbulence and discord even under healthy physical and mental conditions. When an adolescent suffers from a chronic illness, this time of development can be disrupted even more (Taylor, Gibson, & Franck, 2008). Much like other adolescents with chronic illness, adolescents with migraines are affected physically, psychologically, and socially (Fearon & Hotopf, 2001; Fuh et al., 2010; Gilman, Palermo, Kabbouche, Hershey, & Powers, 2007; Kernick, Reinhold, & Campbell, 2009). Adolescents with migraines have been found to miss more days of school than those with general headaches (Karwautz et al., 1999), have a lower quality of life when compared to adolescents with diabetes mellitus or cancer (Kernick et al., 2009), and have higher suicidal ideation than those without migraine (Wang, Juang, Fuh, & Lu, 2007). Although there are studies regarding adults with migraines, many questions about this disorder still exist. Research regarding adolescents with migraines is limited, and even though some researchers report a few negative effects of migraines on adolescents, there is no research involving the lived experience of adolescents with migraines. The purpose of this interpretive phenomenological study was to investigate the meaning of the lived experience of migraines in the adolescent population. Understanding issues and concerns that are important to the adolescent with migraines can help to guide education and future research to improve these adolescents’ quality of life and reduce negative outcomes.

Review of Literature

Adolescents with headaches experience a multitude of adverse outcomes related to their disorder. A study of quality of life in adolescents with migraine (n = 937) reports that those with frequent headache (1 to 2 headaches per week) conveyed a “generic quality of life lower than that of children with asthma, diabetes, or cancer” (Kernick et al., 2009, p. 680). These researchers state that the reason for this finding is unknown because multiple co-morbidities (such as anxiety, depression) are associated with migraine. They postulate that lower quality of life is related to the frequency of headache but believe it could also be related to one or more co-morbidities.

Other researchers found that adolescents with migraine (n = 151) had a significant amount of school days lost as well as increased social isolation when compared to adolescents with tension-type headache (n = 94) and to adolescents without headache (n = 96) (Karwautz et al., 1999). Many adolescents with migraine suffer for multiple hours or days, with debilitating pain that reduces their ability to function or socialize with friends (Fuh et al., 2010), a critical developmental task for adolescents. Interruption of this developmental activity could cause psychological issues into adulthood, further diminishing quality of life (Fearon & Hotopf, 2001).

A study that examined co-morbidities associated with adolescents with migraines (n = 121) reports that 47% of the participants had at least one psychiatric co-morbidity, with depression as the most frequent (Wang et al., 2007). Furthermore, adolescents with migraine with aura had a stronger association with psychiatric illness (Wang et al., 2007).

The incidence of suicidal ideation is higher among adolescents with migraine than those who do not have migraine (Wang et al., 2007; Wang, Fuh, Juang, & Lu, 2009). A depression scale was used with adolescents (n = 3,963) to compare suicidal ideation (one specific question on the depression scale) in those with migraine and those without migraine (Wang et al., 2009). Approximately 16% of adolescents with migraine without aura reported suicidal ideation as compared to adolescents without migraine (approximately 6%). Additionally, approximately 24% of adolescents
with migraine with aura reported suicidal ideation.

Headaches are reported to be the most common cause of chronic pain in children (Goodman & McGrath, 1991). Additionally, adolescents who experience migraines with associated sleep disturbances report higher intensity and frequency of pain (Gilman et al., 2007). Researchers examined adolescents with headache (n = 205), migraine, and non-migraine-type headache, and compared sleep habits and problems with a headache-free control group (Bruni et al., 2008). These researchers reported no differences in sleep duration among all groups; however, adolescents with headache had significantly higher scores on the Sleep-Wake Problems Behavior Scale (scores on the Sleep-Wake Problems Behavior Scale < 0.0001), which indicates difficulty in waking up and other sleep-related problems. Adolescents with migraine reported higher daytime sleepiness (p < 0.05) as compared to those with non-migraine-type headache and those without headache.

Researchers studied the use of non-pharmacologic treatments by examining different relaxation procedures and their effects on the reduction of headache frequency and intensity in adolescents (n = 288) (Larsson, Carlsson, Fichtel, & Melin, 2005). Among therapist-assisted relaxation, school nurse-administered relaxation, and self-administered relaxation, therapist-assisted relaxation was found to be the most effective (p < 0.05) in reducing headache frequency and intensity.

Only a few qualitative studies regarding migraine headache have been conducted, and those that have rarely include adolescents. An exception is a study that examined the stress experience of 31 female adolescents with migraines (Björling, 2007). Findings indicate that these adolescents experienced stress in all aspects of their lives and felt helpless regarding managing the stress. Although the stress of migraine was difficult to distinguish from the expected stress of adolescence, the level of stress on the days in which the adolescents experienced a migraine was higher when compared to the days without migraine. Further, girls with higher frequency of headache had a higher association between stress and headache.

Two qualitative studies examined the experiences of adult patients with migraine. Peters, Abu-Saad, Vydelingum, Dowson, and Murphy (2005) studied 15 adults and identified “pain and other symptoms” as a major theme (p. 42). Peters and colleagues (2005) reported that adults with migraine often describe how the other symptoms that accompany migraine (such as disorientation) are more upsetting than the pain itself. A second major theme was “headache impact” (Peters et al., 2005, p. 44). Participants most frequently described the effect of headache as disabling (for example, lost work days, decreased family time, decreased social activities). A second qualitative study discussed the physical, social, and emotional aspects of migraine that negatively altered quality of life in adults (Ruiz de Velasco, González, Etcheberia, & García-Monco, 2003).

Although studies have investigated different aspects and effects of migraine, there are still pieces missing from the literature, especially in the adolescent population. There is little qualitative research regarding migraines in this population, perhaps because researchers assume that adolescents’ experiences with migraines are similar to adults. Due to the differences in developmental levels of adults and adolescents, this is unlikely. This study addresses adolescents’ perceptions of what it is like to live with migraines. Understanding all of the factors associated with the migraine experience in adolescents may serve to improve care of these individuals.

Method

Design

Interpretive phenomenology was used to guide this study. Van Manen (1990) states, “Phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences” (p. 9). Using interpretive phenomenology to study the lived experience of adolescents with migraines allows the researcher to gain insight into this experience, drawing the researcher closer to the very essence of the phenomenon.

Participants

The purposive, convenience sample included adolescents between the ages of 12 and 17 years who have migraines (based on parental report). Participants were recruited by asking friends and co-workers if they knew of any adolescents with migraines. All participants were asked by people other than the researcher to participate in the study. Four participants were female. Two participants were African American, and four were Caucasian. Their ages ranged from 12 to 17 years (mean age 14.5). These adolescents reported a headache frequency of 1 to 5 per month (mean 2.2), a headache intensity of 7 to 10 (pain scale 0 to 10) with an average intensity of 7.3, and headache duration of 1 to 24 hours (mean 4.5 hours), with one participant’s headache duration lasting 14 to 21 days.

Setting

The researcher contacted parents of the participants to discuss the study and set up an interview time to meet at a mutually agreed upon location. Five interviews were conducted in the participants’ private homes, while one interview was conducted over the phone per the preference of the participant’s parent. Each interview was conducted in a quiet environment with only the participant and the researcher.

Data Collection

Institutional Review Board (IRB) approval was obtained per the institution’s Office of Institutional Research. Once the potential participant agreed to allow the researcher to contact him or her, the researcher phoned the parents of the adolescent to discuss the project and the time and place of the interview. The investigator explained the parental permission to the participant’s parent, and the child assent form was explained (in private) to the participant. After all questions were answered, both forms were signed prior to the start of the interview. Parents were asked to provide the participant privacy for the interview. Rapport with the participant was established prior to the interview. Toward the end of the interviews, the participant was asked to complete a demographic form and choose a pseudonym. The pseudonyms were used to maintain anonymity.

The participant was interviewed and audio-taped on a single day lasting from 30 to 60 minutes, and was asked to describe his or her experience of living with migraines. Interview questions included the following: a) Tell me about the last time you experienced a migraine; b) Tell me about your worst migraine; c) Tell me about a time when you had a migraine that was not so bad; d) How does your most recent migraine compare with the one before that? e) Tell me about how your migraine affects your daily life; f) Tell me how you feel when you do not have a migraine; and g) What do other people think about your migraine?
Data Analysis

Data analysis included verbatim transcription of the interviews and verifying the accuracy of the transcripts by simultaneously reading the transcriptions and listening to the tapes. After the transcriptions were completed, each interview was summarized to gain a beginning understanding from each participant. The investigators met periodically to discuss and compare summaries. When interpretation differed, they returned to the original transcripts for clarification and reached a consensus about the meaning. Each interview was read and re-read to examine small pieces of data in comparison with the overall transcript and then comparing across all interviews. Ayres (2003) describes this process as the “hermeneutic spiral,” which forces the researcher to move between looking at the small components of the data to the entire interview and narratives over and over again. This process keeps the researcher more in-tune with the small meanings within the overall picture. Data were then coded to give a condensed meaning or description of each line of data, which allows data to be examined across interviews. Eventually, these codes were grouped into larger categories that were in turn grouped into themes. Using this process permits the researcher to identify “meaning that is implicit rather than explicit in the interview text” (Ayres, 2003, p. 876).

Findings

Three important themes were interpreted during the data analysis. Figure 1 presents a graphic representation of the relationship between themes and subthemes.

Theme One: Maintaining Control

Susan’s ability to cope with regular headaches lies with her ability to control the situation. Susan believes she is responsible for many of her headaches. “I guess I probably inflict a lot of it on myself...the headaches and stuff because I’m stressing myself out.” She blames herself for many of her headaches. Maybe this self-blame provides a sense of control over her life. If she would not stress herself, then fewer headaches would ensue.

Marco describes how he can create a headache by not eating carbohydrates or drinking enough water, and that it is very easy to reverse the pain by correcting his food and fluid intake. In his mind, if he would eat and drink properly, his headaches would be less frequent. He feels a sense of control over his headaches.

Three important themes were interpreted during the data analysis. Figure 1 presents a graphic representation of the relationship between themes and subthemes.

Theme Two: Mind Overload

Adolescents engaged in two types of activities while they had a migraine. They pressed on and continued despite the pain, or they isolated themselves as they sought relief.

Subtheme one: Press on and endure the burden. When adolescents talked about continuing their activities during the headache, their words were labeled as push through, fight it, or ignore it. Susan explains that even though headaches are a part of her, they cannot interfere with her life.

It’s [the migraine] just become a part of me. It’s just like my lifestyle. You know you can’t just take every other day off. You just keep going. You can’t stop. I’ve always had headaches. I’ve had headaches since elementary school, so I’ve just learned to live with it. I just keep going...some days, I can...just keep going and pretend it isn’t happening.

Tammy states her migraines can vary in intensity and that she is able to deal with the smaller ones fairly well. “I can fight through them...I cannot take something, and it’ll just go away.” She is able to endure the pain and continue with her day while she waits for her migraine pain to resolve.

Susan has learned how to incorporate every-other-day headaches into her life by ignoring the pain and pushing through her day to accomplish what she needs to do.

To endure the burden, these adolescents seem to make light of their situation by weakening the significance of the disorder in their lives. Susan describes how she has had headaches for several years. She has figured out how to handle her migraine by taking medicine discretely to where she does not emphasize her complaints in front of her friends. “I don’t make a big scene. I just reach in my purse and take some Tylenol®. I do it discretely, but I don’t try to hide it.” She does not want to make a big scene with her friends about having a headache. Diminishing the importance of the headache seems to help Susan live with the situation.

Tammy also lessens the magnitude of migraine in her life. She describes how it made her feel to know that she
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Many times when Susan removes herself from other people, she tries not to complain or bother anyone else with her burden. She describes how when she comes home from school with a headache, she will often not tell her family about how she is feeling.

Like if they [her family] have a long day or something, they don’t want to hear about if…you’ve had a bad day. You don’t want to hear about how everyone else has had a bad day. You want to start fresh.

While Susan is not physically disengaging herself from her family, she seems to be emotionally disengaging. She is afraid she will create more burden for her family. This could also be a way for Susan to diminish the importance of headache in her life because if she does not acknowledge her pain to her family, she can pretend it is not really there.

Disengagement and isolation of self leads to decreased socialization. While all six participants deny that their social lives were negatively affected, all six described times of decreased socialization with either family or friends or both. Greg states that he enjoys hanging out with his friends, but that when they are in a loud location (such as the mall), he will typically develop a migraine. “I can’t hang out with friends because sometimes I’m afraid I’ll get a headache when I go out.” Greg not only misses out on social activities when he is actually experiencing a migraine, he has also decreased socialization because he is worried he will develop a migraine.

Misty likes to go shopping with her mom, but when she has a migraine, she is not able to do so. She states that when she is with her family and a migraine develops, “I usually go to my room so that they can do whatever they want.” She does not want to disturb her family’s activities.

Susan also describes how having a lot on her mind makes her headaches worse. Sometimes she will wake up in the middle of the night, thinking about things, and she will actually write herself notes in order to avoid forgetting anything.

I’ll be thinking about all that I have to do. “I can’t forget this or that,” or “I’ve got a lot to do this day,” and in the morning I have to remember everything to do. Sometimes I’ll get up and write myself a note or something...Sometimes I’ll just wake up with a headache, I don’t know why. Like if I’m thinking about a lot.

Theme Two: Mind Overload

All of the participants describe how having a lot on their mind can either initiate or worsen a migraine. Marco describes how worry affects his headaches and how worry leads to “thinking” him into and out of a headache.

...I might have “thought” myself into a headache. Like, I feel one coming on, and I get worried about if it’s gonna be bad, and then it turns into being a bad headache...And I keep thinking about it, and it gets worse...If I worry about getting a headache, I’ll get a headache.

But Marco also states, “If I feel a headache coming on, I can usually think my way out of it.” He does not describe this as stress. Thinking his way out of a migraine also exhibits a piece of perceived control he has over his headaches (allowing him to press on and endure).

Tammy states that when she is thinking too hard, she gets a migraine. “Thinking too hard can give you a migraine or a headache. If something puts me under a lot of pressure, it gives me a headache; makes me think too hard.” Tammy does not describe this as stress, although feeling under pressure can cause stress. She explains that actually having to think hard causes her to have a migraine.

Susan relates thinking about a lot to her migraines. Thinking about a lot can either initiate or worsen her headaches.
Greg’s initial description of how his migraines typically feel begins by explaining how he has a lot on his mind. “Well, when you have a lot of stuff on your mind... It’s like a whole lot of stuff in my head... My head hurts.” He also states: “...it feels like too much on my brain at one time.” Having a lot on his mind seems to lead to a headache.

Not only does having a lot on his mind cause Greg to have a migraine, but having a migraine makes it difficult for him to think clearly. Greg talks about when he has a migraine and has to take tests in school, he is not able to write the correct answer. “It’s like I can’t think right. I can’t test right because of my migraines. Because it’s like everything is mixed up.” Migraines can cause Greg’s thinking to become jumbled up, which leads him to choose incorrect answers on his tests.

Mind overload seems to be a combination of the act of thinking too hard and having a lot on one’s mind. Having too much to think about and having too much to do may be associated with stress, which has been found to trigger headaches (Kelman, 2007).

Theme Three: Unsettling Manifestations

Unsettling manifestations were divided into two groups: physical and psychological.

Subtheme one: Physical. Adolescents report the pain severity as 7 to 10 on a 0 to 10 pain scale (0 = no pain and 10 = worst pain). Most participants illustrate their migraine pain with vivid imagery. Tammy states the pain is “…like someone’s pounding on your head.” Greg states his pain can feel like “…nails really poking in my head.” Susan’s pain feels like “…a knife in your head,” or sometimes like “…you have a headband around your head.” Marco states his pain “…feels like someone punched you in the head.” Sharon’s pain occurs over her eyes and throbs constantly. She also states “…it’s hard to forget the pain because it’s so bad.” These are intensely painful experiences.

Other physical manifestations are distressing. Marco describes a typical migraine. “They usually consist of my head pounding. I get tunnel vision, and I feel like I’m going to throw up. I’m completely disabled. I can’t do anything.” His pain and other symptoms sometimes prevent him from doing anything.

Sharon also describes visual disturbances. “It’s hard to focus...and my vision would be all blurry...” She also explains the time when she was taking multiple medicines. “My hands started to get all shaky and stuff because there’s so much stuff [medication] in my system. The medicine causes like a weird effect on my body too. So that was really hard.” Feeling these sensations is very distressing to Sharon. While the migraines are associated with distressing signs and symptoms, the side effects of the medications used to treat migraines are also unsettling.

Many participants describe nausea and vomiting. Two participants also describe moments of numbness. Misty explains she was at a dance recital practice when a migraine developed, and her fingers became numb. Greg describes sensations he encounters with some of his headaches. “I feel a lot of vibrations, and I can’t feel things very well sometimes... It’ll feel weird, like not the same when you touch stuff.” Some migraine pain induces numbness or strange vibrations in extremities.

A few participants describe a feeling of being drained of energy. Susan states, “It just kind of like, slows everything down...it drains you. A migraine drains you.” She describes a physical and an emotional draining. These physical sensations are very distressing to these adolescents, which adds to the psychological burden as well.

Subtheme two: Psychological. Many of the adolescents describe emotional distress, especially frustration, when they experience headaches. Sharon states during her migraine she feels “kind of helpless. Because at some point there’s nothing you can do...You just feel helpless.” Having migraine pain for an extended time period makes her feel helpless.

Tammy explains that when she had a headache for an entire week, she started to panic because she was very worried something else was wrong with her. She also describes how she feels when she does not get enough sleep. “I don’t get enough sleep. I’m stressed out because [when] I don’t get enough sleep, it brings on my headaches.” The stress of lack of sleep initiates headaches.

Greg tells how he feels when his headaches disrupt activities for his entire family. “It makes me feel bad because everybody else has to suffer. Because [when] I have a headache, they can’t go out and have fun.” It distresses him to interrupt family activities. When asked if he had anything else to tell us regarding his headaches, Greg states: “Well, it’s kind of horrible most of the time. And it makes me scared.” Having migraines is horrible.

Discussion

Adolescents in this study attempted to gain control during migraines by either pressuring on and enduring the challenge or disengaging and self-isolating. Seeking to control the migraine in one of these two ways may help them seek independence, which is an important developmental milestone during adolescence (Hockenberry & Wilson, 2009). Most of these adolescents were able to diminish the importance of migraines in their lives, which allows them to feel more normal. One adolescent takes ownership of some of her migraine episodes by stating that she brings some of it on herself. Having this control may allow her to believe that she can reduce her migraine burden whenever she desires. Disengaging and self-isolation seem to occur when the challenge is too big to push through. Many times these adolescents get to the point when their pain and other symptoms are so bad, they have to remove themselves from friends, family, or activities to give them time enough to recover. Resting provides either partial or complete relief from pain or other symptoms. A desire to not bother others with their burden creates emotional disengagement, which can decrease socialization. Socialization with friends is a critical developmental task for
Adolescents (Hockenberry & Wilson, 2009). If this developmental task is not accomplished in adolescence, it could cause psychological issues into adulthood that may even further diminish quality of life (Fearon & Hotopf, 2001).

Mind overload is a common complaint among the participants. They described how thinking too much causes a migraine. Thinking about a lot also causes one adolescent to wake up with headaches. Not only having a lot on their mind is associated with migraines, but one participant describes how having migraines negatively affects his thought processes on tests.

These adolescents also experienced unsettling physical and psychological manifestations. Physical symptoms include gastric, visual, and neurosensory disturbances. These bodily sensations are also associated with emotional distress. Additionally, psychological manifestations are described as general feelings of distress related to the overall migraine experience, which includes frustration, fear, helplessness, and feeling drained of energy.

Preserving and enduring pain is found in the literature, although there are no studies regarding the experiences of adolescents with migraine. Woodgate (1998) reports that despite the barriers having a chronic illness presents, adolescents were able to “hang in there” and realize that even though there were bad days, there would also be good days to look forward to. Additionally, Woodgate (1998) found the adolescents did not want to make having a chronic illness their number-one priority. The participants did not want to dwell on their illnesses. Not dwelling on their illness differs from the theme of press on and endure. Adolescents who press on and endure seem to make less of the migraine than what it really is. A critical review of qualitative literature regarding the chronic illness experience of adolescents reports common themes that include “being normal and getting on with life” (Taylor et al., 2008). Adolescents desired not to dwell on the illness and make it a central aspect of their life, which allowed them to feel more “normal.” This theme is consistent with the current study’s theme of “press on and endure.”

Disengaging and isolation are also themes associated with adolescents with seizures. A qualitative study involving adolescents with epilepsy (n = 13) reported experiencing limitations of activities (Eklund & Sivberg, 2003). Another study of adolescents with epilepsy (n = 22) incorporated isolation into the theme of “peer acceptance” (McElwan, Espie, Metcalfe, Brodie, & Wilson, 2004). This is similar to the isolation described in the current study. Adolescents with epilepsy also reported feeling a need for control, which helped them cope with their disorder (Eklund & Sivberg, 2003). These feelings of control allowed some of the current study’s adolescents with migraine to press on and endure. Aaltonen, Hämäläinen, and Hoppu (2000) found that 16% of adolescents over 12 years of age (n = 47) used sleep as a pain relief measure. Bag and Karabulut (2005) reported in their study of adults with migraine or tension-type headache (n = 130) that 75.4% used isolation as a pain relief measure, and 65.2% used sleep as a pain relief measure. Although decreasing socialization, disengaging also helps with symptom control; therefore, disengagement and isolation may be necessary.

The theme of mind overload is a relatively unique finding that has not been found in the literature. Most studies report stress as a very important factor in triggering migraines. For example, school stress is reported as a trigger for migraine in children 7 to 15 years of age (n = 200) (Chakravarty, Mukherjee, & Roy, 2009). General stress is reported to be a big trigger factor of migraine in adolescents (n = 2,387) (Karli, Akgoz, Zarfoglu, Akis, & Erer, 2006). However, neither of these studies provides a clear definition of what stress entails. Lascelles, Cunningham, McGrath, and Sullivan (1989) developed a cognitive behavioral treatment for adolescents with migraine that included “thought stopping.” The idea behind thought stopping is that the adolescent will get their mind off the “stressful situation or worries that can’t be changed” (p. 140). The difference between thought stopping and mind overload is thought stopping seems to include only stressful thoughts. The data analysis from the current study found mind overload often involved too many thoughts or thinking too hard—the act of thinking itself. Sometimes these participants equated having too much on their mind as stress (having too much to do) or thinking of stressful things (multiple tests and projects). Because the concept of thought stopping as an intervention for adolescents with migraine is consistent to the current findings of mind overload, this type of intervention could be beneficial to those who experience mind overload.

The literature also describes physical and psychological manifestations related to the overall illness experience in the adolescent. Woodgate’s (1998) qualitative study of adolescents’ (n = 23) perspective of their chronic illness had the overall theme of “it’s hard.” She describes the participants’ difficulties and obstacles in everyday life, such as worry, pain, restraints, and increased effort. These obstacles had to be lessened or removed for the adolescent to live a somewhat normal life. The adolescents in Woodgate’s study had chronic illnesses other than migraine; therefore, this is a limitation in comparing data from Woodgate’s (1998) study to the current study.

Application of Findings In Nursing

Although these findings are limited by sample size and selection, experiences of the participants may be of help in specific situations. Nurses have prime opportunities to reach out and help adolescents who experience migraines. Nurses see this population in pediatric clinics, specialty clinics, hospitals, and schools.

Relaxation therapies (for example, meditation, progressive relaxation) can be used with adolescents who are experiencing an acute episode, such as during the school day (Larsson et al., 2005). Researchers reported that relaxation techniques were able to significantly reduce headache frequency in children 7 to 17 years of age (n = 21) and were almost as efficacious as pharmacological intervention with amitriptyline, which is commonly used to treat headaches (Andrasik, Grazzi, Usai, & Bussone, 2007). Relaxation techniques were taught to these children and were practiced at home.

Another study, a meta-analytic review of 25 randomized control trials that examined the effects of psychological therapies in treatment of pain in children and adolescents, reported that relaxation therapy significantly reduced headache pain in this population (Palermo, Eccleston, Lewandowski, Williams, & Morley, 2010).

Nurses could teach adolescents with headaches to use relaxation techniques to reduce headache burden and to prevent potential stressors from initiating a headache. These techniques can momentarily aid the adolescent to disengage from course work and school activities by diminishing their negative physical and psychological experiences, and then
once symptoms are improved, the adolescent is able to press on and endure.

Education is also important in helping the adolescent to press on and endure. Instructions on appropriate medication schedule and adherence are vital in symptom relief to be able to endure the burden of migraine pain and accompanying symptoms. Further, teaching the adolescent the importance of removing him or herself from activities that worsen symptoms is imperative to allow the body to recover from the stressor (Lewis, 2002) and continue with activities. Coaching adolescents to avoid triggers could help increase these adolescents’ sense of control over their migraines. Additionally, educating the adolescent regarding appropriate coping and stress-reducing mechanisms may potentially reduce the burden of mind overload and negative psychological manifestations.

Adolescents who come up against the challenge of migraine chose either to press on and endure the burden, or they chose to disengage and self-isolate. Nurses can help adolescents tackle these two divergent responses to migraines by reducing the negative effect of choosing one path or the other. Nurses can also reduce the burden of physical and psychological manifestations with education of pharmacologic and non-pharmacologic interventions, as well as aide in coping with these potential stressors.

Recommendations For Future Research

There are very few quantitative studies with adolescents with migraine and to our knowledge, no qualitative studies regarding their lived experience. More qualitative data are needed to further explore mind overload. This concept seems to be somewhat different than stress because the adolescents in this study rarely mentioned stress. They explained how thinking too much caused them to have a migraine or make the pain worse. Research questions could explore what is happening with the adolescent during the time around when they feel they have too much to think about. Further, if mind overload is a type of stress, quantitative data could explore stress and coping in these adolescents. Future studies could also seek ways to lessen the physical and psychological effects experienced before, during, and after migraine attacks.

References


