Primary headaches, particularly those that are recurrent or chronic, in childhood are increasingly being recognized as a significant neurologic health problem.

The high incidence and prevalence of headaches in the pediatric population has a significant impact on children and their families.

To improve the diagnosis of headache and to establish a standardized set of criteria to serve as a common basis for the additional scientific study of headaches, the International Classification of Headache Disorders (ICHD) was developed and is now in its third edition (ICHD-3b).

The ICHD-3b is divided into three major categories: primary headaches, those that are diseases by themselves; secondary headaches, those caused or exacerbated by a secondary factor, and the cranial neuropathies; and other facial pains and headaches.

One essential clarification that was noted in ICHD-3b is that all headache diagnoses that a patient meets should be included in the diagnostic list for that patient (e.g., migraine without aura, migraine with aura, chronic migraine, acute posttraumatic headache). In this way, the full phenotype of the patient can be recognized.

Migraine remains under-recognized, under-diagnosed, and ultimately under- or inappropriately treated in this population; this has potential long-term consequences with regards to disease progression.

The underlying pathophysiology is presumably the same as in adults, but the presenting symptoms in a developing brain are often different, especially in children. Early effective intervention may prevent progression and lifelong consequences, including the development of comorbidities. The prevalence of migraine in children age 11 to 13 is estimated to be between 6.1 and 13.6 per 100 and for tension-type headache between 9.8 and 24.7 per 100.

These common disorders are often accompanied by significant disability, impacting the child's life and school performance. Early diagnosis and an integrative treatment approach are essential to minimize the impact on a child's quality of life. In addition, differentiating primary headaches from those caused by underlying, perhaps life-threatening pathology is critical to expedient establishment of appropriate treatment and, potentially, cure.

Here we address the key issues of: using practical diagnostic criteria for clinical practice, which acute medication should be chosen, when to use preventive therapy in childhood, and which preventive therapies have the best therapeutic index.