

PFearnon and MHotopf. BMJ. May (2001) #7295 p 1145

A prospective study of association between headache in childhood and symptoms in adulthood.

A cohort of 17414 live births in 1958 (UK) was recruited with a 98% participation rate. In 1991, 11407 (69%) members of the cohort were assessed (at age 33).

Assessments were also made at the ages of 7, 11 and 16, taking data from medical records, interviews with parents and detailed questionnaires. Among the variables of interest were reports of frequent and/or severe headaches.

Outcomes that were monitored at age 33 included: Backache, bad headaches, twitching of the face, head or shoulders, indigestion, upset stomach, heart racing, pains in the eyes, rheumatism or fibrositis (now known as Fibromyalgia), worries about health.

A 15 item psychological sub-scale of the malaise inventory was also applied.

The prevalence of headache in childhood at age 7 = 8.2%, at age 11 = 15.4%. Occurring more frequently in manual classes.

At age 33, 9.3% had multiple somatic complaints, 13.9% had evidence of psychiatric morbidity. Women and children of the manual classes were over-represented in this outcome set.

Multiple physical symptoms at age 33 were predicted by headache in childhood; OR = 1.75 (95% CI = 1.46, 2.1).

Psychiatric morbidity at 33 also predicted by headache in childhood; OR = 1.41 (95% CI = 1.2,1.66).

Headache in adulthood was associated with headache in childhood; OR = 2.3 (95% CI = 1.69,3.12).

The authors interpret these findings as evidence that children do not grow out of headache, but instead, grow in to a range of somatic conditions. They suggest that addressing psychosocial factors in childhood would prevent a very significant adult health problem, but they admit to being unsure of the mechanistic link between childhood and adult symptoms.

Comment

The recorded prevalence of headache in children of the developed world is increasing.

Somatic symptom syndromes are increasingly problematic for modern medicine and are often, perhaps mistakenly, linked to tortious events and other circumstances. However, there appears to be a significant proportion of the population that could be argued to be unusually susceptible to breaches of duty of care.

The above finding is not strong enough to show on the balance of probabilities, that adult problems are entirely due to factors that were also present in childhood, but the precision of the findings are strongly suggestive a definite link. If this argument were proposed in defence, it would seem reasonable to require that the history of symptoms should be a continuous feature of life, with periods of remission and periods of increased severity.

