Headache: History and examination is everything. In Abu-Arfah's cohort (ABCD 2009), 3 cases out of 815 children had active intracranial pathology and 2 were predictable from their histories. The 3rd was unexpected and presented later.

Important question: What happens between headaches?

<table>
<thead>
<tr>
<th>Primary headache</th>
<th>Secondary headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete recovery</td>
<td>Personality change, academic decline, loss of visual acuity, vomiting, faltering growth, neurological signs</td>
</tr>
</tbody>
</table>

Children's headache training from [http://www.bpna.org.uk/headache/](http://www.bpna.org.uk/headache/)

In April the MHRA warned that domperidone is associated with a small increased risk of serious cardiac side effects. The dosage and duration of use have been reduced and it is now contraindicated in those with underlying cardiac conditions. Risk is higher in patients > 60 years, adults taking daily oral doses > 30mg, and those taking QT-prolonging medicines or CYP3A4 inhibitors concomitantly. “Patients currently receiving long-term treatment with domperidone should be reassessed at a routine appointment to advise on treatment continuation, dose change, or cessation.”

**MRHA suggested doses:**
- For adults and adolescents > 12 years old and weighing ≥ 35kg, the recommended maximum dose in 24 hours is 30mg (dose interval: 10mg up to three times a day)
- In children < 12 years of age and < 35kg, recommended max dose in 24 hours is 0.75mg/kg body weight (dose interval 0.25mg/kg body weight up to 3 times a day)

The Neonatal and Paediatric Pharmacists Group (see [www.nppg.org.uk](http://www.nppg.org.uk) home page) have come up with a more balanced position statement on what we should do about prescribing domperidone in our young population whose risk of cardiac conditions is so much lower:
- In congenital heart disease – consider prescribing an alternative
- Others with nausea and vomiting or established GORD – consider reducing dose to 0.25mg/kg tds at next routine appointment.
- Newly diagnosed reflux – conservative measures first for at least 2 weeks. If domperidone is deemed necessary, consider ECG first to check QT interval then start at 0.25mg/kg tds. If symptoms refractory, can go up to 400mcg/kg (max 20mgs) tds but suggest regular cardiac monitoring.

**Functional constipation** – 2 or more of the following criteria in previous 1-2 months:
- 2 or more defecations per week
- ≥ 1 episode of faecal incontinence per week
- Retentive posturing (straining hard not to poo)
- Painful or hard bowel movements
- Presence of a large faecal mass in rectum (PRs not advised in children)
- Stools obstructing toilet

Further information: [NICU clinical pathway](http://www.chainofprotection.org) – good but requires a few clicks to read all the main points
- Barnet CCG’s 1 page guideline (including Movicol doses) and Bristol stool chart available from [www.pediatricpearls.co.uk](http://www.pediatricpearls.co.uk)/primary-care-guidelines/
- [www.eric.org.uk](http://www.eric.org.uk) for resources for parents and children on constipation and encopresis.

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Domestic violence (DV) and abuse: how health services, social care and the organisations they work with can respond effectively. February 2014. [www.guidance.nice.org.uk/ph50](http://www.guidance.nice.org.uk/ph50)

...is about identifying, preventing and reducing domestic violence and abuse and, while child abuse is not dealt with per se, the guideline does cover support for children who are affected by DV and abuse.

- In 2010/11 in England and Wales, 7.4% of women and 4.8% of men experienced DV and abuse, defined as: physical abuse, threats, non-physical abuse, sexual assault or stalking perpetrated by a partner, ex-partner or family member. At least 29.9% of women and 17.0% of men in England and Wales have, at some point, experienced DV.
- Each year since 1995, approximately half of all women (and 12% of men) aged 16 or older murdered in England and Wales were killed by their partner or ex-partner.
- There is a strong association between domestic violence and abuse and other forms of child maltreatment: it was a feature of family life in 63% of the serious case reviews carried out between 2009 and 2011. 24.8% of 18-24 year olds surveyed had experienced it during their childhood.
- All staff should be trained to ask about domestic violence and abuse in a way that makes it easier for people to disclose it. This involves an understanding of the epidemiology of domestic violence and abuse, how it affects people's lives and the role of professionals in intervening safely.

- Recommendation 6: Ensure trained staff ask people about DV and are able to point them towards suitable support groups
- Recommendation10: identify children and young people affected by DV and abuse and refer accordingly.

Click here for support groups and refuges in Waltham Forest including specific help for people in same sex relationships and those fleeing a forced marriage situation. Domestic violence one stop shop in Redbridge [http://www.raada.org/](http://www.raada.org/) for women and children in Redbridge affected by domestic abuse.