

* *Hypsarrhythmia* was originally spelled with one ‘r’ by the Drs Gibbs who coined the term in 1952 [6]. They wished to emphasize that “the term applied to a *specific* type of electroencephalographic abnormality” [7], and feared that their definition would be confused by a literal translation of the two ‘r’ Greek root, “mountainous arrhythmia” [8]. The one ‘r’ spelling was the rule in the 1950s-60s [9]. The two ‘r’ spelling became convention in the literature by the mid 1970s [10], with the Gibbs’ intended meaning faithfully maintained and accepted for both spellings today.

References.

1. Kramer U, et al. *Neurology*. 1997 Jan;48(1):197-203.
2. Mytinger JR, Heyer GL. *Pediatr Neurol*. 2014 Jul;51(1):13-4.
3. Jones K, et al. *J Child Neurol*. 2014 Jun 25.
4. Malbora B, et al. *Pediatr Neurol*. 2014 Jul;51(1):144-6.
5. Erol I, et al. *Dev Med Child Neurol*. 2007 Oct;49(10):774-6.
6. Gibbs FA, Gibbs EL. *Atlas of Electroencephalography*. Vol 2. Reading, MA: Addison-Wesley; 1952.
7. Gibbs FA. *Infantile Spasms and Hypsarrhythmia or Hypsarhythmia*. *DMCN*. 1965 Jun;7(3):329.
8. Mac Keith R. *Dev Med Child Neurol*. 1965 Apr;7(2):204.
9. Millichap JG, Bickford RG. *JAMA*. 1962;182(5):523-527.
10. Google Books: Ngram [Internet]. Incidence of ‘hypsarrhythmia’ and ‘hypsarhythmia’. [cited 8/1/14].

HEADACHE DISORDERS

LONG-TERM PROGNOSIS OF PEDIATRIC HEADACHES

Investigators from Dalhousie University, Halifax, Canada, conducted a follow-up telephone interview of patients with a history of headaches diagnosed in 1983. Of 60 patients in the study, follow-up was achieved for 28 (47%). Over the 30 years since diagnosis, 8 (29%) patients reported a complete resolution. The type of headache varied between migraine and tension-type over the 30-year time interval, only 3 patients maintaining the same headache type at all four time periods between 1983 and 2013. Prescription medication to control the headache was the primary treatment (a triptan) in only one patient, and nonprescription analgesia, self-relaxation and/or hypnosis, and precipitant avoidance were the most commonly used interventions. (Dooley JM, Augustine HF, Brna PM, Digby AM. The prognosis of pediatric headaches-a 30-year follow-up study. *Pediatr Neurol* 2014 Jul;51(1):85-7).

COMMENTARY. Headaches persist for up to 30 years in 70% of children monitored at four 10-year time periods since diagnosis in 1983. Simple analgesia and avoidance of precipitants are the most effective methods of management of pediatric headaches. The goal of treatment is prevention or control, not cure. These results are similar to those obtained in a previous long-term follow-up study of 73 children with migraine; only 23% were migraine-free at 23 years and more than 50% continued to have migraine headaches at 50 year follow-up [1]. In children, diet is a factor in the etiology of migraine often difficult to control [2].

References.

1. Bille BA. *Cephalalgia*. 1997 Jun;17(4):488-91.
2. Millichap JG, Yee MM. *Pediatr Neurol*. 2003 Jan;28(1):9-15.