

3rd International Conference and Exhibition on NUTRITION & FOOD SCIENCES September 23-25, 2014 Valencia Convention Centre, Spain

Difficulties in obtaining riboflavin in the prophylactic treatment of pediatric migraines

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Background: Riboflavin has been shown to be a effective prophylactic treatment in adults with migraines. The cost of riboflavin is less than two dollars per month and side effect potential is minimal. Limited data is available in its use in pediatrics. Prescribed treatment is typically obtained through a pharmacy. Vitamin and supplement therapy is often obtained outside the pharmacy.

Objective: The aim of phase I of this study was to determine if families were able to obtain riboflavin to be used as a prophylactic treatment. The aim of phase II was to evaluate whether an educational program increased families' ability to obtain riboflavin.

Design/Methods: In Phase I a retrospective chart review was performed on patients prophylactically treated with Riboflavin between 2009-2012. Follow up visits were reviewed to ascertain whether families were able to obtain riboflavin. In Phase II, an educational program was provided to families, which included a patient handout and prescription. A second retrospective chart review was performed from 2012 to 2013 to evaluate whether the educational program was effective.

Results: In Phase 1, 200 clinic visits were reviewed in 100 patients with an average age of 13.5 years and an age range of 8-17 years. The female to male ratio was 1.6:1. 78% of families were able to obtain Riboflavin before their follow up visit. 34% of these families reported that Riboflavin was hard to find. 78% families reported that the use of Riboflavin was helpful in improving headache control. Riboflavin was obtained from the following sites: Vitamin/health food stores 56%, grocery store 20%, internet 10%; pharmacy 10%; other sites 4%. 22% of families were not able to get riboflavin by their follow up visit. In Phase II, 100 clinic visits were reviewed in 50 patients. 96% of families were able to obtain Riboflavin was helpful in improving headache control. 4% of families were not able to obtain Riboflavin was helpful in improving headache control. 4% of families were not able to obtain Riboflavin was helpful in improving headache control. 4% of families were not able to obtain Riboflavin was helpful in improving headache control. 4% of families were not able to obtain Riboflavin was helpful in improving headache control. 4% of families were not able to obtain Riboflavin was helpful in improving headache control. 4% of families were not able to obtain Riboflavin by their follow up visit.

Conclusions: 56% families who chose Riboflavin for prophylactic treatment of migraines were either unable to obtain Riboflavin or reported that it was difficult to find. Family education improved these concerns significantly. Similar educational prograMS should be consider when families choose other vitamin and supplement therapies. Over two-thirds of families found riboflavin helpful in improving headache control.

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