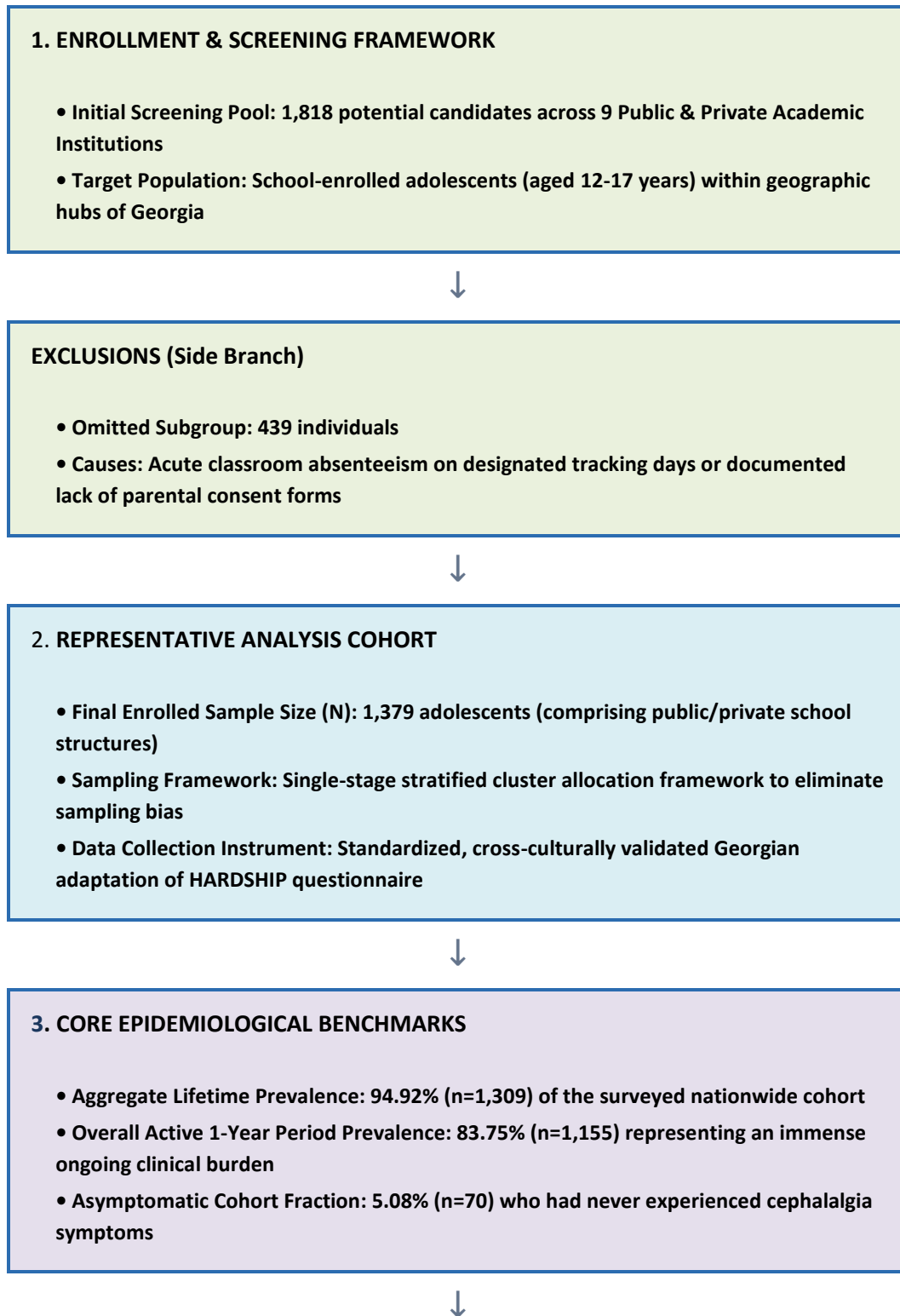


Participant Selection & Diagnostic Architecture Flowchart 1



4. PHENOTYPIC PROFILES & TEMPORAL DURATION ARCHITECTURE

- **Clinical Phenotypes:** Migraine features comprise 52.38% (n=605); Tension-Type Headache (TTH) formats comprise 47.53% (n=549); Mixed forms: 0.09% (n=1).
- **Qualitative Pain Attributes:** Throbbing/Pulsating: 43.90% (n=507); Sharp/Acute Stabbing: 39.83% (n=460); Other/Mixed: 16.28% (n=188).
- **Temporal Attack Duration:** <1 hour: 34.81%; 1-2 hours: 33.07%; 2-4 hours: 9.78% (n=113); >4 hours: 4.59% (n=53); >72 hours: 1.47% (n=17).
- **Diagnostic Insight:** Massive clustering under 2 hours underlines the necessity of pediatric-adapted duration thresholds.



5. DEMOGRAPHIC & NEURODEVELOPMENTAL STRATIFICATION

- **Powerful Gender Asymmetry:** Active cephalgia expression is profoundly elevated among female students relative to males (87.41% vs. 79.82%), driven by pubertal ovarian endocrine modulations.
- **Profound Clinical Volume Peak:** Mid-adolescent window of ages 13-15 concentrates 63.69% (n=701) of the absolute nationwide burden.
- **Limbic-Prefrontal Mismatch:** Accelerated subcortical limbic system maturation temporarily outpaces top-down executive regulatory prefrontal cortical control.
- **Strategic Clinical Direction:** Targeted implementation of specialized pediatric clinical pathways aligned with the European Headache Federation frameworks.