

## Tension-Type Headache

### Tension-Type Headaches – The Basics

Tension-type headaches (TTH) are the most common form of headache. According to the World Health Organization and International Headache Society, up to 78% of the population experiences this type of headache, and 60% of TTH sufferers experience reductions in social activity and work capacity.

Tension-type headaches have been called by various names over the years including Tension headache, muscle contraction headache, psychomyogenic headache, stress headache, ordinary headache, essential headache, idiopathic headache and psychogenic headache. Of those names, only "tension headaches" is still fairly frequently used.

As you can see from the names TTH have been know by, it was at one time thought that the cause of TTH was primarily psychological, caused by the mind or emotions. There have now been studies that strongly suggest a physical (neurobiological) cause.

#### Symptoms and diagnostic criteria

Tension-type headaches most commonly last from 30 minutes to seven days. The pain is commonly described as "a band around the head" or vise-like.

The headache has at least two of these characteristics:

- mild to moderate in intensity
- occurs on both sides of the head (bilateral)
- is not made worse by routine activity such as bending over or climbing stairs
- the pain has a pressing or tightening quality, not throbbing or pulsing

A tension-type headache is not accompanied by nausea or vomiting. It may be accompanied by increased sensitivity to light or sound, but not both.

#### Types of TTH

TTH is broken down into three types:

1. Infrequent episodic type TTH: one or fewer episodes per month
2. Frequent episodic type TTH: more than one, but fewer than 15 episodes per month for three or more months
3. Chronic TTH: more than 15 episodes per month for three or more months. There may be mild nausea with this type of TTH.

#### Diagnosing TTH

There are no diagnostic tests to confirm TTH. Diagnosis is accomplished by reviewing the patient's personal and family medical history, studying their symptoms, and conducting an examination. TTH is then diagnosed by ruling out other causes for the symptoms.

At times, it can be difficult to distinguish between tension-type headache and a migraine attack. TTH is not made worse by physical activity. It is not accompanied by vomiting, and if nausea is present, it is mild. A migraine attack may be accompanied by increased sensitivity to both light and sound; TTH is accompanied by one or neither. It is, however, possible for a TTH to trigger a migraine attack.

### **Treatment of tension-type headaches**

Infrequent episodic TTH needs only treatment for the individual episodes (acute treatment). If the number of episodes falls into the higher end of the frequent episodic range or into the chronic range, both episodic and preventive treatment is recommended.

Treatment for TTH episodes include:

- aspirin (for adults)
- acetaminophen
- ibuprofen
- aspirin/acetaminophen/caffeine combinations
- muscle relaxants
- combination prescription medications with codeine, hydrocodone, butalbital, caffeine

Commonly used preventive medications include:

- antidepressants such as amitriptyline
- muscle relaxants
- Botox

Complementary methods are often employed to treat TTH, including:

- physical therapy
- massage therapy
- biofeedback
- acupuncture
- relaxation exercises

### **Summary**

Unless they become chronic, tension-type headaches are usually more an annoyance than a big problem. They can often be treated with an over-the-counter medication and a bit of rest. Still, headaches should always be diagnosed by our doctors to be on the safe side and be sure we're treating them appropriately. More frequent TTH may require daily preventive medications or complementary therapies to restore health and quality of life.

### **Resources:**

"The International Classification of Headache Disorders, 2nd Edition." *Cephalalgia* 24 (s1). doi: 10.1111/j.1468-2982.2003.00824.x

Young, William B., MD; Silberstein, Stephen D., MD. "Migraine and Other Headaches." New York: AAN Press.

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