

## Tension-type Headache

Tension-type headache is the most common form of headache. Painkillers taken as required work well in most cases. Attention to lifestyle factors such as stress, posture, and exercise may help to prevent headaches. Medication to prevent headaches may help if you have frequent tension-type headaches.

### What is tension-type headache and whom does it affect?

Tension-type headache is the common type of headache that most people have at some time. One study found that, on average:

- About half of adults have a tension-type headache every now and then - less than one a month. This is called infrequent episodic tension-type headache.
- About a third of adults have two or more tension-type headaches per month, but fewer than 15 a month. This is called frequent episodic tension-type headache.
- About 3 in 100 adults have a tension-type headache 15 or more times per month - that is, on most days. This is called chronic tension-type headache (sometimes called chronic daily headache).

### What are the symptoms of a tension-type headache?

- Typically, the pain is like a tightness around the hat-band area. Some people feel a squeezing or pressure on their head. It usually occurs on both sides of your head, and often spreads down your neck, or seems to come from your neck. Sometimes it is just on one side. The pain is usually moderate or mild, but sometimes it can be severe.
- A tension-type headache can last from 30 minutes to 7 days. Most last a few hours or so.
- The headache normally comes on during the day, and gets worse as the day goes on.
- There are usually no other symptoms. Some people don't like bright lights or loud noises, and don't feel like eating much when they have a tension-type headache.

### What causes tension-type headaches?

The cause is not clear. Some, but probably not most, may be due to tension. This is why the term tension-type headache is now used rather than tension headache. Many tension-type headaches develop for no apparent reason. Some may be triggered by things such as:

- **Emotional tension, anxiety, tiredness or stress.**
- **Physical tension** in the muscles of the scalp and neck. For example, poor posture at a desk may cause the neck and scalp muscles to tense. If you squint to read because you cannot see well, this may tense your scalp muscles too.
- **Physical factors** such as bright sunlight, cold, heat, noise, etc.

Some research suggests that your genetic make-up may be a factor. So, some people may inherit a tendency to be more prone to develop tension-type headaches more easily than others when stressed or anxious.

By definition, tension-type headache is not caused by other conditions. So, if you have a tension-type headache, a doctor's examination will be normal apart from the muscles around the head perhaps being a little tender when a doctor presses on them. Also, any tests that may be done will be normal.

However, some common conditions can cause a headache similar to a tension-type headache. For example, a fever (high temperature) may cause a similar headache. Also, a similar type of headache sometimes occurs as a side-effect of some medicines. A similar headache is also common if you don't have caffeine for a while and were used to drinking lots of caffeine-rich drinks, such as a lot of coffee - a caffeine withdrawal headache.

#### **A note of caution - medication-overuse headache can be similar**

Medication-overuse headache is caused by taking painkillers (or triptan medicines) too often for tension-type headaches or migraine attacks. For example, you may take a lot of painkillers for a bad spell of headaches. You may end up taking painkillers every day, or on most days. Your body then becomes used to

painkillers. A withdrawal headache then develops if you do not take painkillers each day. You think this is just another tension-type headache, and so you take a further dose of painkiller. When the effect of each dose of painkiller wears off, a further withdrawal headache develops, and so on. This is how medication-overuse headache develops. It is a common cause of headaches that occur daily, or on most days. If you find that you are getting headaches on most days then this may be a cause. See a doctor for advice. A separate leaflet called '*Headache - Medication Overuse*' gives more details.

### **How can I be sure it is not a more serious type of headache?**

With tension-type headaches, you are normally well between headaches, and have no other ongoing symptoms. A doctor diagnoses that headaches are tension-type by their description. Also, there is nothing abnormal to find if a doctor examines you (apart from some tenderness of the muscles around the head when a headache is present). Tests are not needed unless you have unusual symptoms, or something other than tension-type headaches is suspected.

Compared to migraine (the other common type of headache that comes and goes), a tension-type headache is usually less severe, and is constant rather than throbbing. Also, migraine attacks usually cause a one-sided headache, and many people with a migraine attack feel sick or vomit. In general, unlike migraine, you are usually able to continue with normal activities if you have a tension-type headache. Some people have both migraine attacks and tension-type headaches at different times.

### **What are the treatments for tension-type headache?**

#### **Relaxation**

A walk, some exercise, or simply taking a break from the normal routine may help. A neck and shoulder massage may help. A hot flannel on your neck or a warm bath may also help.

#### **Painkillers**

Painkillers often work well to ease a tension-type headache. But note: you should not take painkillers for headache for more than a couple of days at a time. Also, on average, do not take them for more than two days in any week for headaches. See a doctor if you need painkillers for headaches more often than this. If you take them more often, you may develop medication-overuse headache (see above). Do not take painkillers all the time to *prevent* headaches. Take each day as it comes. Painkillers that are used include the following:

#### *Paracetamol*

This often works well. It is best to take a full dose as soon as a headache starts. This may ward off the headache better than treating it after it has fully developed. You can take a second dose after four hours if necessary.

#### *Anti-inflammatory painkillers*

These are alternatives to paracetamol. For example, ibuprofen which you can buy at pharmacies. You need a prescription for other types, such as diclofenac, naproxen, etc. On average, anti-inflammatory painkillers, rather than paracetamol, probably ease the pain in more people with headaches. However, some people develop side-effects such as stomach problems, and paracetamol does work in a lot of people. So, it is probably best to see how you get on with paracetamol first before trying an anti-inflammatory painkiller. Always read the leaflet which comes with the medicine packet for a list of possible side-effects and cautions. For example, if you are pregnant or breast-feeding, there are some restrictions on the use of anti-inflammatory painkillers.

#### *Aspirin*

Research trials suggest that aspirin, at full dose, is probably the most effective drug for easing a tension-like headache. In one study, 3 in 4 people reported relief of headache two hours after aspirin, and relief was not affected by pain intensity at the time of treatment. However, some doctors do not recommend aspirin, as it has an even higher risk of causing stomach side-effects than anti-inflammatory painkillers have. Bearing this in mind, you may wish to try aspirin if you do not tend to get much relief from paracetamol or anti-inflammatory painkillers. Read the leaflet which comes with the medicine packet for a list of possible side-effects and cautions. **Note:** teenagers and children under the age of 16 should not take

aspirin.

#### *Other painkillers*

Opiate painkillers such as codeine, dihydrocodeine and morphine are not normally recommended for tension-type headaches. This includes combination tablets that contain paracetamol and codeine, such as co-codamol. The reason is because opiate painkillers can make you drowsy. They are also the most likely type of painkiller to cause medication-overuse headache if used regularly (described earlier). People who take opiate painkillers are also at increased risk of developing chronic tension-type headache.

### **How can I prevent frequent/chronic tension-type headaches?**

#### **Diary**

It may help to keep a diary if you have frequent headaches. Note when, where, how bad each headache is, and how long each headache lasts. Also note anything that may have caused it. A pattern may emerge and you may find a trigger to avoid. For example, hunger, eye strain, bad posture, stress, anger, etc.

#### **Stress**

Stress is a trigger for some people who develop tension-type headaches. Avoid stressful situations whenever possible. Sometimes a stressful job or situation cannot be avoided. Learning to cope with stress and to relax may help. Breathing and relaxation exercises, or coping strategies, may ease anxiety in stressful situations and prevent a possible headache. There are books and tapes which can teach you how to relax. Sometimes a referral to a counsellor or psychologist may be advised.

#### **Regular exercise**

Some people with frequent headaches say that they have fewer headaches if they exercise regularly. If you do not do much exercise, it may be worth trying some regular activities like brisk walking, jogging, cycling, swimming, etc. (This will have other health benefits too apart from helping with headaches.) It is not clear how exercise may help. It may be that exercise helps to ease stress and tension, which can have a knock-on effect of reducing tension-type headaches.

#### **Medication**

Amitriptyline is the medicine most commonly used to prevent tension-type headaches. This is not a painkiller and so does not take away a headache if a headache develops. It is an antidepressant medicine and you have to take it every day with the aim of *preventing* headaches. (One effect of some antidepressants is to ease pain and prevent headaches even in people who are not depressed. So, although amitriptyline is classed as an antidepressant, it is not used here to treat depression.) A low dose is started at first and may need to be increased over time. Once the headaches have been reduced for 4-6 months, the amitriptyline can be stopped. Treatment can be resumed if headaches recur. Other medicines are sometimes tried if amitriptyline is not suitable or does not help.

The time to consider taking medication to prevent headaches is not clear-cut. As a general rule, if you are regularly having tension-type headaches more than four times a month then it is best to discuss things with a doctor. It is thought that preventative treatment sooner rather than later is best before headaches become very frequent. This may prevent frequent episodic tension-type headaches from becoming chronic tension-type headaches.

The goals of preventative treatment are to reduce the frequency and intensity of headaches. So, with treatment, the headaches may not go completely, but they will often develop less often and be less severe. Any headache that does occur whilst taking preventative medication may also be eased better than previously by a painkiller.

It is often difficult in retrospect to say how well a preventative treatment has worked. Therefore, it is best to keep a headache diary for a couple of weeks or so before starting preventative medication. This is to record when and how severe each headache was, and also how well it was eased by a painkiller. Then, keep the diary going as you take the preventative medicine to see how well things improve. The headaches are unlikely to go completely, but the diary may show a marked improvement.

#### **References**

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