



Patient Education

Tension Headache

by: *NeuroCare.AI*

Overview

The most prevalent type of headache is **tension-type headache (TTH)**. Some people only have tension headaches once or twice a year, while others suffer from them on a daily basis. During times of stress, they **may appear more frequently than usual**. Despite their discomfort, most people can go about their daily routines despite a tension headache if left untreated.

People don't usually go to the doctor when they have a stress headache, making exact figures difficult to forecast. Research suggests that **one in every three adults** in the United States suffers from tension headaches. It is the most common type of headache experienced by children.



Tension-Type Headache Key Points

- It was found that **79% of patients had TTH** at some point in their lifetime, with 3% experiencing CTTH (i.e. headache occurring on more than 15% of the days per month). It seems that TTH occurs more in women than in men, and it declines with age for both sexes.
- With TTH, **women are only slightly more likely to suffer** (the female-to-male ratio is 5:4) and the onset period (25 to 30 years) is delayed compared to migraine.
- As one ages, there is a slight decrease in prevalence, which occurs most commonly between **ages 30 to 39**.

Types of TTH

It is classified into 2 main types based on the frequency of headaches according to the *2nd edition of the International Classification of Headache Disorders (ICHD-II)*.

Episodic tension-type headaches (ETTH)

Episodic tension-type headaches happen less often (**less than 15 days a month**). Your provider may call them “**infrequent**” if you have one or fewer headaches every month.

- *Can be an infrequent or frequent episodic headache.*
- *The infrequent type occurs once or twice a month.*
- *The frequent type occurs less than 15 days per month.*
- *At least 10 episodes occur more than 1 day and less than 15 days per month for at least 3 months.*
- *It usually starts slowly and progresses throughout the day.*
- *It can last from 30 minutes to a week.*

Chronic tension-type headaches (Chronic TTH)

Chronic tension-type describes when you have more headache days than headache-free days. Chronic tension headaches occur **15 or more days per month** for more than three consecutive months.

- *Occurs more than 15 days a month for at least 3 months consecutively.*
- *It starts slowly and lasts for days. The pain can exacerbate or ease as the day progresses, but it is always there.*
- *More than 180 days/year*

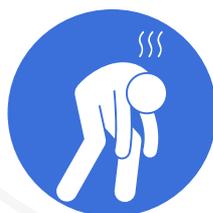
What Causes Tension-Type Headaches?

Several causes of headaches are known, but the exact cause is unknown. Emotional tension or stress may be a factor. Several causes of headaches are known, but the exact cause is unknown. Emotional tension or stress may be a factor. Tension headaches are believed to be caused by muscle tension in the scalp, forehead, and back of the neck.

Tension Headaches tend to occur in conjunction with:



Stress



Tiredness



Reading



Prolonged
Sitting



Clinical Features

General Symptoms

A tension headache is often described as a **headache in the "hat-band" area**. People sometimes feel a **"pinch" or "pressure"** in their heads. Usually, both sides of the head are affected, as well as the neck. Occasionally it affects just one side. There may occasionally be tenderness on the scalp and jaw pain. This **may last for 30 minutes to 7 days**. It usually lasts for a few hours. People with moderate or mild severity can also have severe cases. As opposed to migraine headaches, tension headaches are usually less severe and more constant than throbbing headaches. There are usually no other symptoms associated with tension headaches.



Pain - Most people describe TTH pain as dull, pressure-like, constricting, or giving them a feeling of fullness in the head.



Accompanying clinical features - Symptoms associated with nausea and vomiting rule out tension headache.



Precipitating factors - Lack of sleep, stress, and forgetting to eat are among the most common headache-triggering factors reported by both migraineurs and people with tension headaches.



Diurnal variations - Generally, TTH is reported to begin during the day and to increase slowly.



Physical Examinations - In the physical examination, tender points and trigger points should be identified by palpating pericranial muscles.

Complications of TTH

- Over-reliance on non-prescription caffeine-containing analgesics
- Dependence on/addiction to narcotic analgesics
- GI bleed from the use of NSAIDs
- Risk of epilepsy 4 times greater than that of the general population
- Medication overuse headache
- The overall quality of life is compromised
- Absence from school and work
- Decreased productivity at work
- Inability to take part in physical activities



Pharmacological Treatment

1.Acute (Abortive) Pharmacotherapy

Studies have been conducted on anti-inflammatory drugs and simple analgesics for treating TTH, using headache attacks as models for acute pain. According to the International Headache Society, NSAIDs are the first-line drugs of choice in studies of TTH.



Note: Painkillers for headaches should not be taken for more than a few days at a time. They should not be used more than 15 days per month. More than that can lead to the drug-induced headaches described above.

2.Pharmacological Prophylactic Pharmacotherapy

Prophylactic therapy is recommended for patients who suffer from frequent episodes of tension headaches or do not respond adequately to acute treatment. It is especially important to initiate prophylactic therapy promptly in patients with frequent headaches.



Non-Pharmacological Treatment



Relaxation

Different people find different things helpful. For example, walking, exercising, or taking a break from your normal routine can help. Massaging the shoulder and neck muscles is often helpful. Applying a warm flannel to your neck or taking a warm bath may help.



Prophylactic Non-pharmacotherapy

It is the aim of prophylactic non-pharmacotherapy to reduce headaches by combining several different modalities such as electromyographic biofeedback, physical therapy, acupuncture, and exercise therapy (exercise that relaxes the neck muscles and occipital muscles), psychotherapy, and lifestyle counseling in order to reduce headaches.



Biofeedback

These are just some of the behavioral medicine techniques proven to relieve headaches and improve functioning, including biofeedback and progressive muscle relaxation.



Lifestyle

Living a healthy lifestyle can help you feel better in general and may even prevent headaches. Here are some tips to help you get started.



Get Enough Sleep

Research has shown that getting enough sleep can reduce the frequency and severity of headaches, while too little or too much sleep can increase them.



Don't Smoke.

Smoking has been linked to many different health problems, including heart disease and cancer, but it also contributes to headaches in smokers and non-smokers alike. If you smoke, it's time to quit!



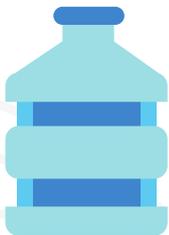
Exercise regularly.

Getting regular exercise helps reduce stress levels and maintain blood pressure within normal limits, which means less risk for headaches!



Shift to a regular, balanced meal.

Eating right is key when it comes to staying healthy—and eating regularly throughout the day will help keep your blood sugar levels steady so that cravings don't drive you crazy (or send your head into overdrive).



Rehydrate.

Drink plenty of water. Water helps flush toxins out of your system and keeps your organs functioning properly, which will help prevent headaches too!



Prevention



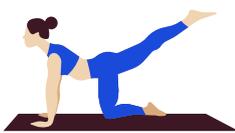
Diary/Journaling

A headache journal can be helpful if headaches are frequent. Note when, where, how severe the headache occurs, and for how long. Also, be aware of anything that may have caused it. A trend can emerge and a trigger can be identified.



Avoid stressful situations whenever possible.

Stress is a common cause of headaches. Sometimes a stressful job or situation cannot be avoided. Learning to deal with stress and relax with relaxation exercises can help.



Regular exercise can reduce stress and tension.

This can work to relieve occasional headaches. Moderate exercise for 30 minutes at least 3 times a week is best. However, any increase in exercise can be beneficial.



Preventive medicine may be consulted.

These are different from pain relievers and must be taken daily. These include some antidepressants and beta-blockers. They work best for migraines, but may also help some people with frequent tension headaches.



Depression

It can lead to frequent headaches, and if you suspect this, talk to your doctor.

When to see a doctor?

See your local doctor or return to the local 911 Emergency Department if:

- You get a headache that is severe and 'out of the blue' (a sudden onset).
- The pain is worse when you cough, sneeze or strain.
- The pain is getting worse, despite taking pain relief.
- The pain is worse when you lie down.
- You become drowsy, or confused.
- Your vision becomes blurred, or you have any visual disturbance.
- You are generally unwell, including vomiting.

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