

Simple guidelines for the management of tension type headache

Despite its high community prevalence, no one really understands what is going on with tension type headache. There is no good evidence that it arises from muscle tension although this explanation does offer a useful model to explain to patients. It can be intermittent or chronic.

The pain is bilateral, dull with no nausea, photophobia or phonophobia. From a clinical perspective tension headache is not migraine. See figure 1.

Migraine	Tension type headache
Usually Unilateral	Usually bilateral
Moderate to severe headache	Mild to moderate headache
Throbbing/stabbing nature of pain	Pressure or band-like pain
Associated symptoms include nausea, vomiting, photophobia and phonophobia	No associated symptoms
Maybe associated with a prodrome or aura	No prodrome or aura
Prevents normal activity	Sufferer usually able to continue with normal activities

Figure 1 - Difference between tension type headache and migraine.

However, from a pathophysiological perspective much of tension type headache probably is migraine and it has been suggested that migraine and tension type headache lie on the same spectrum.

The sensory nerve supplying the back of the head, neck and shoulders terminate in the brain in the same area that is responsible for the migraine attack. For this reason there is a complex interplay between pain in these areas and migraine.

Tension type headache can respond to a Triptan particularly when it exists in a migraine sufferer.

Reassurance, the exclusion of any underlying anxiety and depression and Amitriptyline are the main stays of treatment. Exclude medication overuse headache which is likely to be prominent in this population.