

Chronic Tension-Type Headache

Chronic tension-type headache means that you have a tension-type headache on most days, or on every day. The cause is not clear in most cases. A medicine called amitriptyline may help to prevent the headaches from occurring.

What is chronic tension-type headache?

Chronic tension-type headache is a condition where you have a tension-type headache on at least 15 days every month. It is sometimes called chronic daily headache as many people have a headache every day. The word chronic means 'persistent'. (It does not mean severe as some people think. The severity of the headaches can vary from mild to severe.) Because of the persistent nature of the headaches, this condition can be quite disabling and distressing.

What causes chronic tension-type headache?

This condition tends to 'evolve' in people who start off with having tension-type headaches more often than usual, until they occur on most days. Tension-type headaches are the common sort of headaches that most people get from time to time. However, about 3 in 100 people have a tension-type headache on most days and this is called chronic tension-type headache.

What causes tension-type headaches?

Some, but not all, may be due to tension. The term 'tension-like headache' is now used rather than 'tension headache' as the cause is often not clear. Many tension-type headaches develop for no apparent reason. Other causes include the following.

- **Emotional tension, anxiety, or stress** may cause some headaches.
- **Physical tension** in the muscles of the scalp and neck may lead to a headache. 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.
- **Something may trigger a tension-type headache.** For example: a food, bright sunlight, illness, a side-effect of medication, depression, cold, heat, tiredness, noise, caffeine, etc.

Note: painkillers that you may take regularly can sometimes cause headaches similar to tension-type headaches. For example, you may take a lot of painkillers for a bad spell of headaches. You may end up using 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. This is called 'medication headache'. This is similar to chronic tension-type headache but the treatment is different. (See separate leaflet called 'medication headache' for details.)

What are the symptoms of 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.

The headaches you have with chronic tension-type headache are the same as described above, but occur frequently. In some cases, the headache seems to be permanent, and hardly ever goes, or only eases off but never goes completely.

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. 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 usually causes a one-sided headache, and many people with a migraine 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 and tension-type headaches at different times.

What are the treatments for chronic tension-type headache?

Painkillers

You may well be used to taking painkillers such as paracetamol, ibuprofen, etc. However, you should not take painkillers for headache for more than a few days at a time. Also, do not take them for more than 15 days in any month. If you take them more often, you may develop medication headaches (see above). Do not take painkillers all the time to *prevent* headaches. Take each day as it comes. Perhaps reserve painkillers for days which are particularly bad.

Diary

It may help to keep a diary if you have frequent headaches. Note when, where, how bad, 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 and depression

Stress is a common trigger for 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. Depression can also cause frequent headaches. See a doctor if you feel that you are depressed.

Regular exercise

On average, tension-type headaches are more common in people who do not take much exercise compared to those who do. If you do not do much exercise, it may be worth trying some regular exercise 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 helps. It may be that exercise helps to ease stress and tension which can have a knock-on effect of reducing headaches.

Medication

Amitriptyline is sometimes used to prevent frequent headaches. This is not a painkiller. It is an antidepressant medicine and you have to take it every day. (One effect of some antidepressants is to ease pain and prevent headaches even in people who are not depressed.) 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 is stopped.

Other

For some people, the above treatments do not help, or only partially help. If all else fails you may be referred to a pain clinic. Other medicines are sometimes tried, but there is little research evidence to clarify how well they might work. There is also a lack of evidence to say that any complimentary or alternative therapies are helpful for this condition.

© EMIS and PIP 2005 Updated: February 2005 Review Date: July 2006 CHIQ Accredited PRODIGY Validated

Comprehensive patient resources are available at www.patient.co.uk