

Psychological factors associated with headache syndromes

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The impact of psychological factors on Headache syndromes, particularly tension-type headache (TTH), has long been a focus of attention and research. Also, there are a lot of evidences regarding comorbidity between migraine and tension-type headache and psychiatric disorders.

Episodic tension-type headache can be an improper mode of communicating that is formed by disrupted relationships between personality profiles, psychiatric symptoms and life events of the sufferers. Based on the researches, psychological factors such as stress, mental tension and emotional disturbances have been demonstrating as risk factors for tension-type headache. Higher scores on measures of automatic thoughts and alexithymia, and lower scores on assertiveness are reported in patients with tension-type headache compared with healthy controls.

Longitudinal studies show neuroticism, perfectionism, and rigidity as other common psychological characteristics in patients with headaches particularly chronic daily headache. History of substance abuse, sedentary lifestyle, certain personality characteristics like borderline personality disorder also increase the risk of chronification of headache syndromes and triggering transition to medication overuse headache.

Headache is a chronic disease that occurs with varying frequency and chronicity resulting different levels of disability. So far, the research has emphasized, the role of biological factors in headache, and psychological factors are typically considered relevant, only in difficult patients with obvious psychopathology. However, even if we look at headache from the perspective of biology, many of the regions associated with pain processing are also involved with other psychological phenomena such as attention, concentration, stress and reward system, therefore, modulation of pain occurs through these shared processes.

Addressing psychological factors is a low priority for certain headache sufferers including headaches once a month or less, experiencing acute medications as fully efficacious at treating headache, and lack of headache-related disability. But patients with continuous or near-continuous headaches, high levels of medication overuse, and those with severe mood symptoms need proper attention.

There are various therapeutic interventions for addressing psychological issues in headache. Some strategies, likely enhance the efficacy of ongoing pharmacologic intervention. Stress-management methods are efficacious and easily administered interventions for patients with headache syndromes.

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Psychoeducation strategies (lifestyle modification, recognizing and managing triggers, enhancement of compliance) can also improve patient outcomes. Other recommended types of psychotherapy include cognitive behavioral therapy, meditation, and yoga. Finally, in patients who are diagnosed with psychiatric disorder, psychotropic medications can be helpful.

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