

## Updates in tension type headaches diagnosis and treatment

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**Background:** Tension-type headache (TTH) is characterized by a bilateral, nonthrobbing headache of a mild to moderate intensity, typically without other associated features. TTH is very common, with a lifetime prevalence in the general population 30% to 78%. Over 2 billion people are suffering from this headache worldwide. TTH is more common in women (1.2:1).

**Methods:** TTH is divided into: Episodic: fewer than 15 days each month and the Chronic type more than 15 days each month with or without pericranial tenderness.

Symptoms include dull, nonpulsatile, bilateral, constricting pain; with pericranial tenderness (common) and duration (30 min to 7 days).

Unlike migraine there is no significant nausea, vomiting, and a lack of aggravation by routine physical activity.

**Results:** Tension type headache usually responds to simple analgesics; preventive treatments have less evidence for their effectiveness.

Amitriptyline is the treatment of choice for frequently recurring episodic TTH or chronic TTH.

It is important to beware of creating cases of medication-induced headache. Those at risk are patients using analgesics (or triptans) for more than 17 days a month.

**Conclusion:** When a new headache with the characteristics of tension-type headache occurs for the first time in closed time relation to another disorder known to cause headache, the new headache is coded as a secondary headache. When pre-existing tension-type headache becomes chronic or significantly worse, both the initial tension-type headache diagnosis and the secondary diagnosis should be given.