



Global Year Against  
**HEADACHE**  
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## Tension-Type Headache

### Definition

Tension-type headache (TTH) is the most common form of headache. It can be categorized into three subtypes according to the International Classification of Headache Disorders based on headache frequency: (1) infrequent episodic TTH (<12 headache days/year), (2) frequent episodic TTH (12-180 days/year), and (3) chronic TTH (>180 days/year).

### Epidemiology

The lifetime prevalence of episodic TTH is almost 80%, and that of chronic TTH is 3%. Women are slightly more affected than men. The age of onset peaks between 35 and 40 years, and prevalence declines with age in both sexes.

### Clinical Features

TTH comprises headache attacks with mild to moderate pain intensity and is often described as having a pressing or tightening (nonpulsating) quality that is not aggravated by routine physical activity, such as walking or climbing stairs. The pain lasts for at least several hours to days and is predominantly felt bilaterally.

### Pathophysiology

TTH originates from a combination of myofascial dysfunctions and a central nociceptive imbalance. Development from episodic to chronic TTH is thought to be accompanied by increasing central nociceptive dysfunction.

### Diagnosis/Differential Diagnosis

Diagnosis of TTH is based on anamnestic description of a “featureless” headache and normal results in a neurological examination. Manual palpation of pericranial muscles may reveal abnormal tenderness, the most common finding in TTH. Additional diagnostic workup is especially important in patients with additional symptoms other than headache. As chronic TTH is often associated with medication overuse, this possibility should be examined closely in all patients with an increasing number of headache days (for details, refer to the Medication Overuse Headache fact sheet).

### Therapy

Treatment consists of acute pharmacological, preventive pharmacological, and nonpharmacological interventions, used alone or in combination depending on headache frequency and individual preferences. Simple analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs) are effective in treating acute headache. Tricyclic antidepressants (especially amitriptyline) should be the primary choice in preventive medication for patients with frequent or chronic TTH. Nonpharmacological interventions such as muscle relaxation training and electromyographic biofeedback have solid clinical support in treating TTH and have a success rate comparable to medical preventive treatment. Treatment strategies should be adapted accordingly, based on patient self-report and a headache diary.

### References

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