

Tension-type headache

Non-pharmacological and pharmacological treatment

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EFNS treatment guideline

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EFNS GUIDELINES/CME ARTICLE

EFNS guideline on the treatment of tension-type headache – Report of an EFNS task force

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Bendtsen et al., EJM 2010

Non-pharmacological management

- Information and reassurance
- Avoidance of trigger factors (stress, sleep disorders, irregular meals, caffeine, reduced physical exercise)
- Identification and treatment of co-morbid disorders, e.g., migraine, depression and anxiety
- Detoxification if medication overuse!!!

Non-pharmacological therapies

- Physical therapies, probably effective
 - Relaxation and exercise programs
 - Improvement of posture
- Physical therapies, probably not effective
 - Hot and cold packs
 - Ultrasound
 - Spinal manipulation
 - Greater occipital nerve blocks
- Muscle trigger point therapy?
- Oromandibular treatment (occlusal splints)?
- Acupuncture, possibly effective

Non-pharmacological therapies

- Psychological therapies (stress and pain management)
 - Biofeedback
 - Relaxation training
 - Cognitive-behavioral therapy - increased efficacy when combined with TCA (Holroyd)

Non-pharmacological management

EFNS guideline conclusions

- Non-drug management should always be considered
- Information, reassurance and identification of trigger factors may be rewarding
- EMG biofeedback has a documented effect
- Cognitive-behavioral therapy and relaxation training are most likely effective
- Physical therapy and acupuncture may be valuable

Acute drug treatment

- Drugs with documented effect, recommended doses
 - Ibuprofen 200-800 mg
 - Ketoprofen 25 mg
 - Aspirin 500-1000 mg
 - Naproxen 375-550 mg
 - Diclofenac 12.5-100 mg
 - Paracetamol 500-1000 mg
 - Caffeine combinations 65-200 mg

Acute drug treatment

EFNS guideline conclusions

- Simple analgesics and NSAIDs are drugs of first choice
- Combination analgesics containing caffeine are drugs of second choice
- Triptans, muscle relaxants and opioids should not be used
- Avoid frequent use of analgesics to prevent medication-overuse headache

Prophylactic drug treatment

- Should be considered in frequent episodic and chronic TTH

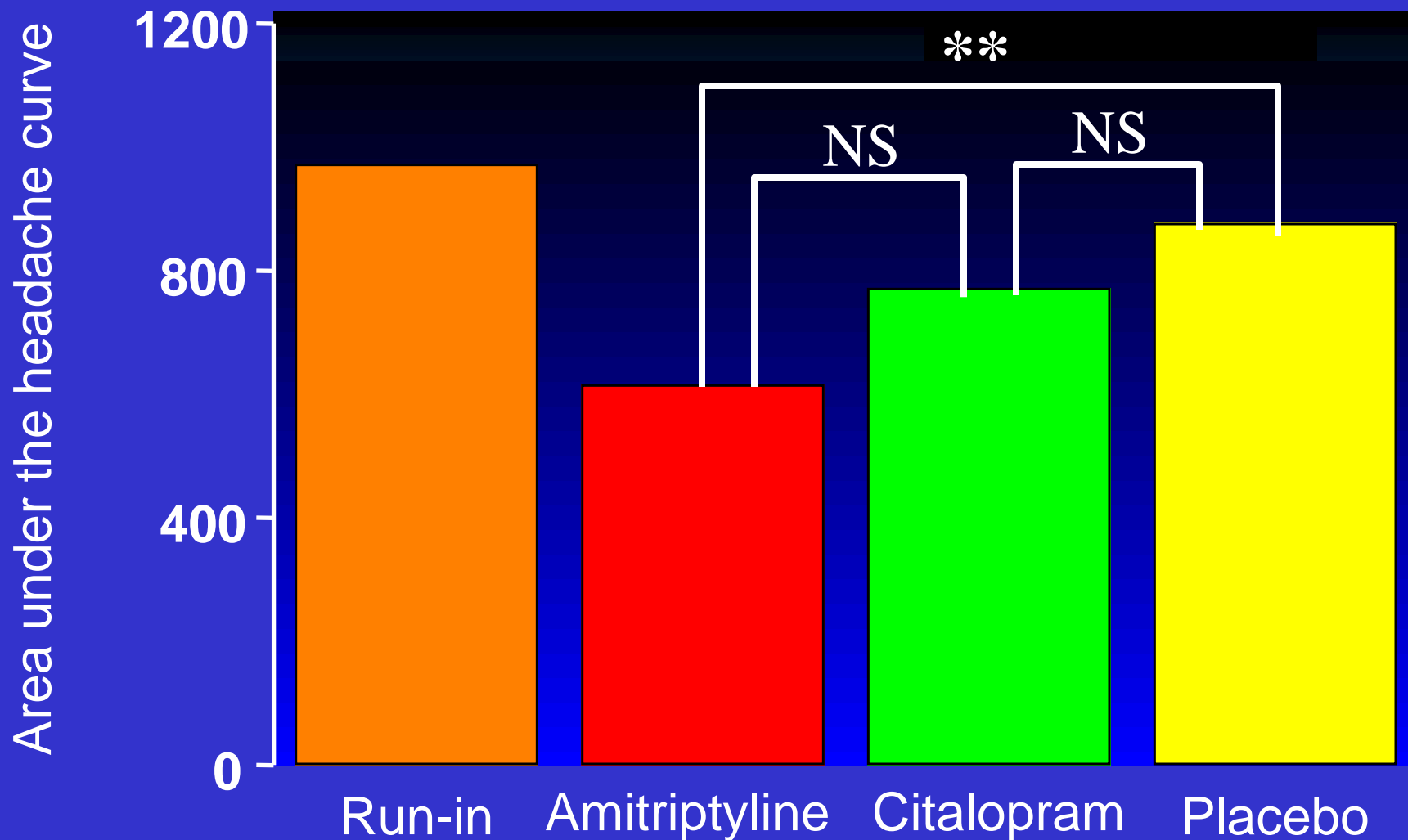
Drugs with documented effect, recommended doses

- Drug of first choice
 - Amitriptyline 30-75 mg
- Drugs of second choice
 - Mirtazapine 30 mg
 - Venlafaxine 150 mg
- Drugs of third choice
 - Clomipramine 75-150 mg
 - Maprotriline 75 mg
 - Mianserin 30-60 mg

How to use amitriptyline

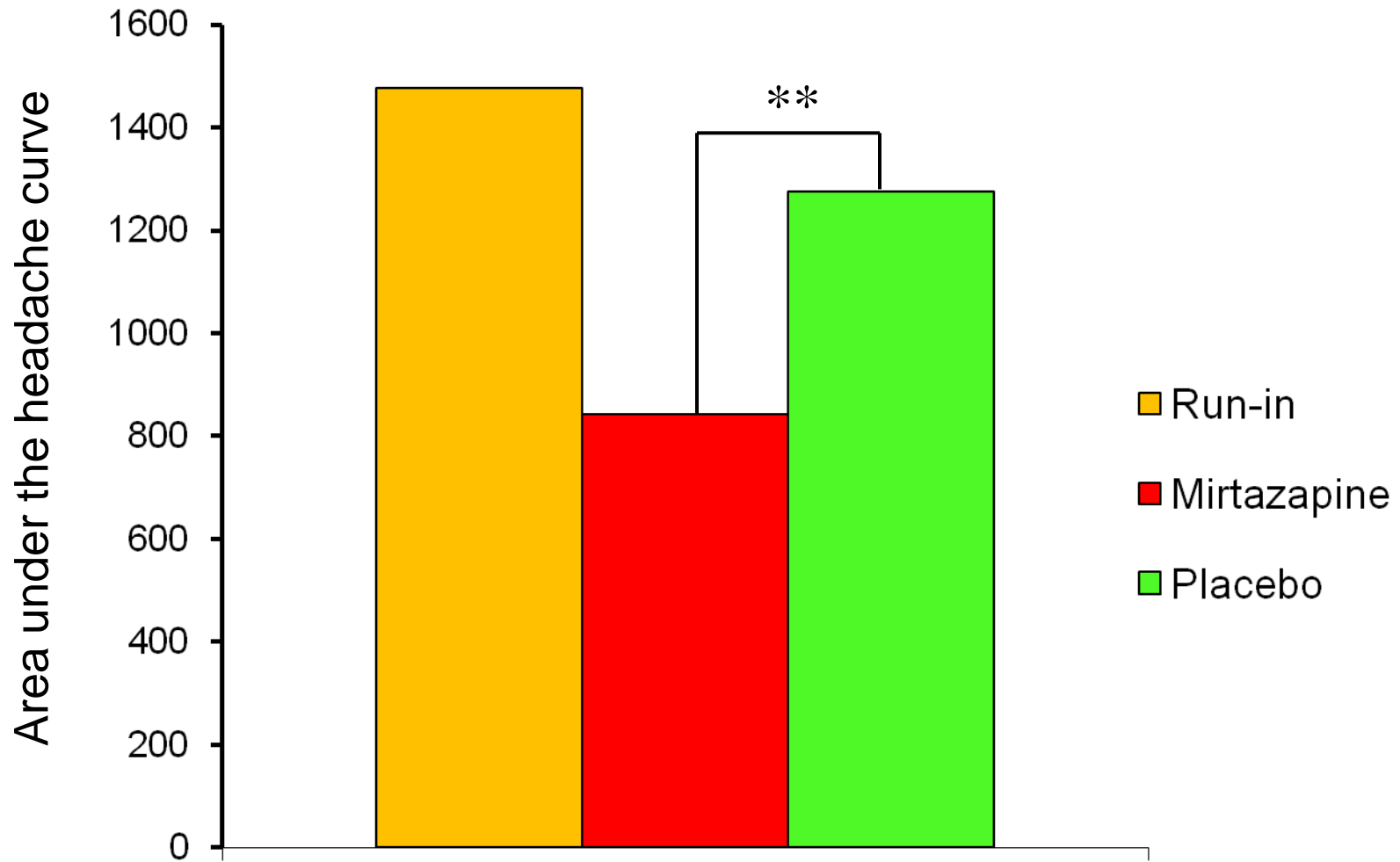
- Inform about mechanisms and side effects (effect is not related to depression)
- Start low, go slow
- Start with 10-25 mg before bedtime
- Increase with 10-25 mg per week to 10-100 mg daily
- Usual maintenance dose 30-75 mg daily
- Whole dose should be taken before bedtime
- Assess efficacy with calendar
- Discontinue after 1 month if ineffective
- Consider mirtazapine or venlafaxine
- If effective consider to taper off every 6-12 months

Prophylactic treatment of chronic tension-type headache



Bendtsen et al., JNNP 1996

Mirtazapine in chronic tension-type headache



Prophylactic drug treatment

EFNS guideline conclusions

- Amitriptyline is drug of first choice
- Mirtazapine and venlafaxine are drugs of second choice

Treatment of Tension-Type Headache

Take home messages

- Correct diagnosis (TTH, migraine, MOH, depression)
- Non-pharmacological
 - Avoidance of trigger factors
 - EMG biofeedback, cognitive-behavioral therapy, relaxation training
 - Physical therapy
- Pharmacological treatment
 - Acute - simple analgesics and NSAIDs
 - Prophylactic - antidepressants (TCA, SN)
- Does it help?

Treatment outcome, Danish Headache Center

