CONDITION

Tension-type headaches

Tension-type headaches cause pressing or tightening head pain without the typical features of migraine.

WHAT IT IS
A common type of primary headache

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Tight head pain, pressure, scalp tenderness, neck discomfort

WHAT CAUSES IT
Unclear, involving altered pain processing and triggers

HOW IT IS DIAGNOSED
Symptom pattern and examination; no confirmatory test

MAIN TREATMENT
Self-care, pain relief, and preventive treatment

CAN IT BE CURED?
No - treatment controls symptoms and frequency

IS IT AN EMERGENCY?
Sometimes - sudden severe pain or neurological symptoms

LONG-TERM OUTLOOK
Often manageable, though chronic headaches can remain disabling

Overview

A tension-type headache causes a pressing or tightening pain, often described as a band around the head. The pain is usually mild to moderate and affects both sides. It does not normally become much worse with routine movement, such as walking or climbing stairs.

Despite the name, these headaches are not simply caused by emotional tension. Stress can trigger them, but changes in how the nervous system processes pain may also be involved. Tight or tender muscles around the head and neck can contribute in some people.

Tension-type headaches are classed as primary headaches . This means the headache itself is the condition, rather than a symptom of another medical problem.

They may be:

A typical tension-type headache is not dangerous and does not damage the brain. However, frequent or persistent pain can affect sleep, concentration, work, relationships, and quality of life. A new, sudden, or unusual headache needs separate assessment because not every headache is tension-type.

- Infrequent episodic: occurring on fewer than one day a month
- Frequent episodic: occurring on 1 to 14 days a month for at least three months
- Chronic: occurring on 15 or more days a month for more than three months

Symptoms

The pain usually develops gradually. It may last from 30 minutes to several days.

Common features include:

Some people describe the feeling as wearing a tight hat or having a weight pressing down on the head.

Unlike migraine, tension-type headache does not usually cause vomiting. Mild nausea can occur in chronic cases, but prominent nausea or vomiting suggests another headache type. You might be sensitive to either light or sound, but having strong sensitivity to both is more typical of migraine.

Migraine and tension-type headache can occur in the same person. Individual headaches may not always fit neatly into one category, especially if symptoms have changed over time.

- Dull, pressing, or tightening pain
- Pain on both sides of the head
- Pressure across the forehead, temples, or back of the head
- Tenderness in the scalp, jaw, neck, or shoulders
- Mild or moderate pain that allows some normal activity
- Pain that does not usually worsen with ordinary movement

Causes and risk factors

The exact cause is not fully understood.

With occasional tension-type headaches, tenderness or pain signals from muscles and other tissues around the head and neck may play a part. In chronic tension-type headache, the

nervous system may become more sensitive to pain. This is called central sensitisation .

Possible triggers include:

These factors may trigger an episode, but they do not prove the cause. For example, poor posture may add to neck discomfort without being the only reason for the headache.

Depression, anxiety, chronic pain, and sleep problems are more common among people with frequent headaches. These conditions may intensify one another, so it can be helpful to address them together.

Frequent use of medicines for immediate headache relief can also lead to medication-overuse headache . This causes headaches to become more frequent or persistent, even though the medicine may still give temporary relief.

- Emotional stress or anxiety
- Poor or disrupted sleep
- Missing meals
- Long periods in one position
- Jaw clenching or teeth grinding
- Eye strain
- Neck or shoulder discomfort
- Fatigue
- Changes in caffeine use

Diagnosis

There is no blood test, scan, or other procedure that confirms tension-type headache. Diagnosis is based on the pattern of symptoms, your medical history, and a physical and neurological examination.

A clinician may ask about:

A neurological examination checks functions such as strength, sensation, reflexes, balance, eye movements, and speech.

Brain imaging is not routinely needed when symptoms have a typical pattern and the examination is normal. A CT or MRI scan may be considered if the headache is sudden, unusual, steadily worsening, linked to an abnormal examination, or accompanied by warning signs.

A headache diary can support diagnosis. Record when pain starts, how long it lasts, its main

features, possible triggers, medicines taken, and the effect on your activities. Menstrual periods may also be worth recording because hormone-related migraine can sometimes be mistaken for tension-type headache.

- Where the pain occurs and what it feels like
- How long each headache lasts
- How often headaches happen
- Nausea, vomiting, light sensitivity, or sound sensitivity
- Medicines used for headache relief
- Recent injuries or illnesses
- Whether the pattern is new or changing

Treatment and management

Treatment aims to relieve individual headaches, reduce how often they occur, and limit their effect on daily life.

For an occasional headache, rest, movement breaks, gentle stretching, relaxation, or a warm or cool pack may help. Regular meals, enough fluids, and a consistent sleep routine can reduce triggers for some people.

Non-prescription pain relievers, such as paracetamol or a non-steroidal anti-inflammatory drug like ibuprofen or naproxen , may be suitable for some adults. These medicines are not safe for everyone. Health conditions, pregnancy, allergies, and other medicines can affect what is appropriate. Follow the package directions and ask a pharmacist or clinician if you are uncertain.

Opioid pain medicines are generally avoided for tension-type headaches. They may cause dependence, side effects, and medication-overuse headache without providing good long-term control.

If you need pain medicine on many days, seek medical advice rather than continuing to increase its use. Withdrawal from overused headache medicine can temporarily make pain worse and may need a planned approach.

For frequent or chronic tension-type headache, a clinician may discuss preventive medicine. Amitriptyline is commonly considered, even when a person does not have depression. It changes pain signalling but can cause effects such as sleepiness, dry mouth, or constipation. Preventive medicines usually need time to assess and should be reviewed for benefit and side

effects.

Non-medicine approaches may include:

These approaches do not imply that the pain is imaginary. Stress and pain affect the nervous system through real physical pathways.

- Relaxation training or biofeedback
- Cognitive behavioural therapy to improve responses to pain and stress
- Physical therapy when neck movement or muscle problems contribute
- Acupuncture, which may help some people
- Treatment for sleep problems, anxiety, depression, or jaw clenching

Complications

Tension-type headache does not usually cause stroke, brain damage, or another progressive neurological condition.

Its main complications come from repeated pain and its treatment. Frequent headaches may interfere with work, school, sleep, exercise, family life, and mood. Chronic headache can be disabling even when each episode is not severe.

Medication-overuse headache is an important possible complication. It should be considered when headaches become more frequent while immediate-relief medicines are being used regularly.

Medicines can also cause side effects. Anti-inflammatory pain relievers may affect the stomach, kidneys, or circulation in some people. Paracetamol can seriously harm the liver if too much is taken. Preventive medicines have their own possible effects and need periodic review.

Another risk is assuming that every future headache is tension-type. A major change in your usual pattern should be assessed rather than managed automatically as the same condition.

Prevention

Tension-type headaches cannot always be prevented because their underlying cause is unclear. However, identifying personal triggers and reducing medication overuse may lower their frequency.

A headache diary can show patterns that are otherwise difficult to notice. Useful details include sleep, meals, stress, caffeine, physical activity, menstrual periods, screen use, and pain

medicine.

Helpful habits may include:

No particular diet or supplement has been proven to prevent every tension-type headache. Be cautious with products that promise a cure.

- Keeping sleep and wake times reasonably consistent
- Eating regular meals and drinking enough fluid
- Taking movement breaks during prolonged sitting or screen work
- Exercising regularly at a comfortable level
- Using relaxation skills during stressful periods
- Addressing jaw clenching, poor sleep, anxiety, or low mood
- Limiting headache medicines according to professional advice

Living with it and what to expect

Occasional tension-type headaches may come and go for years, often around periods of stress, poor sleep, illness, or disrupted routines. Some people have long periods with few or no headaches.

Frequent episodic headaches can become less common, remain stable, or progress to a chronic pattern. Chronic tension-type headache may fluctuate over months or years. It can improve, but improvement may be gradual rather than immediate.

The condition does not normally lead to neurological decline. The main long-term challenge is controlling pain without relying too heavily on immediate-relief medicine.

Keeping track of headache days can be more useful than judging treatment by a single episode. Changes in frequency, duration, medicine use, and ability to carry out normal activities all help show whether a management plan is working.

Routine follow-up is appropriate if headaches are frequent, treatment is not helping, side effects are troublesome, or the pattern is slowly changing. Review is also useful if headaches are affecting sleep, mood, attendance at work or school, or normal activities.

When to get medical help

Arrange a routine medical appointment if:

Seek urgent medical assessment for a new headache during pregnancy or after giving birth, after a recent head injury, or with cancer, a weakened immune system, or a blood-clotting disorder. A new headache after age 50 or one that steadily worsens also needs prompt assessment.

Call emergency services for:

These features do not necessarily mean that a dangerous cause is present, but they need urgent evaluation.

- Headaches are happening regularly or becoming more frequent
- You need pain medicine on many days
- Your usual treatment has stopped helping
- The pain is affecting sleep, work, study, or daily activities
- You are unsure whether the headaches are migraine or tension-type
- Your headache pattern has changed without emergency symptoms
- A headache that reaches maximum intensity within seconds or minutes
- New weakness, numbness, facial drooping, confusion, or trouble speaking
- Fainting, a seizure, severe drowsiness, or loss of coordination
- Fever with a stiff neck, marked light sensitivity, or a new rash
- Sudden headache with loss of vision
- Severe headache after a significant head injury

Common questions

What does a tension-type headache feel like?

It usually feels like pressure, tightness, or a band around the head. The pain is commonly on both sides and may come with tenderness in the scalp, neck, or shoulders.

How can I tell a tension headache from a migraine?

Tension-type headache is usually pressing rather than throbbing, does not worsen much with normal movement, and does not usually cause vomiting. Migraine is more likely to cause throbbing pain, nausea, and strong sensitivity to both light and sound. Symptoms can overlap, so a clinician may need to review the pattern.

How long can a tension-type headache last?

An episode may last from about 30 minutes to several days. Chronic tension-type headache can be present for much of the day on many days, although its intensity may rise and fall.

Can neck tension cause these headaches?

Neck and shoulder tenderness can contribute to or accompany a tension-type headache. However, the condition is not always caused by tight muscles. Pain processing within the nervous system is especially important in chronic cases.

Are daily tension-type headaches dangerous?

Daily headaches are not automatically dangerous, but they should be assessed. Frequent pain may represent chronic tension-type headache, medication-overuse headache, migraine, or another cause. A sudden or major change needs more urgent attention.

Will a brain scan show a tension-type headache?

No. Tension-type headache does not produce a specific finding on CT or MRI. Scans are used when the history or examination suggests that another cause needs to be excluded.

Sources

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