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Taking care of the challenging tension headache patient.

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Abstract

Tension type headache (TTH) is the most common primary headache disorder, but it is a diagnosis for which patients infrequently present for evaluation in the outpatient setting. Performing a thorough evaluation and establishing the correct diagnosis is essential in formulating an effective treatment plan. There are many complex issues that, although not causative, may play an exacerbating role in TTH. This article reviews the epidemiology, diagnosis, and pharmacologic treatment of TTH. In addition, nonpharmacologic treatment approaches, sleep dysfunction, and temporomandibular dysfunction are reviewed.
Taking Care of the Challenging Tension Headache Patient

Paul G. Mathew and Treasa Mathew
Taking Care of the Challenging Tension Headache Patient

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Keywords Tension-type headache · Migraine · Probable migraine · Care · Patient · Prevention · Epidemiology · Diagnosis · Pain intensity · ICHD classification · Pharmacologic treatment · Triptans · Nonsteroidal anti-inflammatory drugs · Abortive treatment · Tricyclic antidepressants · Injectable

Introduction Tension-type headache (TTH) is the most common of the primary headache disorders. Due to the mild to moderate intensity of the headaches, patients infrequently present with TTH as a chief complaint. Once secondary causes have been ruled out and TTH is established as a diagnosis, the effective treatment of TTH can be difficult even for the seasoned neurologist. In formulating a treatment plan, decisions regarding abortive medication, preventative medication, and nonpharmacological approaches should be considered.
Treating tension-type headache -- an expert opinion.

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Abstract

INTRODUCTION: Tension-type headache (TTH) is a highly prevalent disorder with enormous costs to society. AREAS COVERED: Nonpharmacological and pharmacological treatments are reviewed. The last decade has seen an increased awareness of the role of physical therapy and biofeedback in TTH, while cognitive-behavioral therapy has also gained a renewed interest. Physical therapy and acupuncture may be valuable options for patients with frequent TTH. Nonsteroidal anti-inflammatory drugs are recommended for treatment of episodic TTH. Combination analgesics containing caffeine are drugs of second choice. Triptans, muscle relaxants and opioids should not be used. It is crucial to avoid frequent and excessive use of analgesics to prevent the development of medication-overuse headache. The tricyclic antidepressant amitriptyline is the drug of first choice for the prophylactic treatment of chronic TTH. Mirtazapine and venlafaxine are second-choice drugs. EXPERT OPINION: There is an urgent need for more research in nonpharmacological as well as pharmacological treatment possibilities of TTH. Future studies should examine the relative efficacy of the various treatment modalities and clarify how treatment programs can be optimized and combined to best suit the individual patient. Frequent TTH may be difficult to treat, but an acceptable result can usually be obtained by a combination of nonpharmacological and pharmacological treatments.

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Taking care

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Abstract

Tension type headache is a highly prevalent disorder for which correct diagnosis is crucial. Performing a thorough history and formulating an effective and causative, may play an exact role in diagnosis, and pharmacological treatment of TTH. This article reviews nonpharmacological and pharmacological treatments are reviewed. Electromyographic (EMG) biofeedback has a documented effect in TTH, while cognitive-behavioral therapy and relaxation training are most likely to be effective. Physiotherapy and acupuncture may be valuable options for patients with frequent TTH. Simple analgesics and nonsteroidal anti-inflammatory drugs are recommended for treatment of episodic TTH. Combination analgesics containing caffeine are drugs of second choice. Triptans, muscle relaxants and opioids should not be used. It is crucial to avoid frequent and excessive use of analgesics to prevent the development of medication-overuse headache. The tricyclic antidepressant amitriptyline is the drug of first choice for the prophylactic treatment of chronic TTH. There are also nonpharmacological as well as pharmacological treatment options. Further studies should examine the relative efficacy of the various treatment options. How treatment programs can be optimized and compounded by the patient’s participation is important. Frequent TTH may be difficult to treat, but an acceptance of frequent treatment as a combination of nonpharmacological and pharmacological care is also important.

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