

## Headache – management of tension type headaches

Verify diagnosis and exclude red flags – see '**Headache – diagnosis**' guideline (note TTH often overdiagnosed, always consider migraine if migrainous components)  
Look at triggers and consider medicine overuse headache  
Consider advising the patient to keep a headache diary  
Screen for depression, anxiety or stress



### **Non-pharmaceutical management**

Reassurance through a positive diagnosis, based on features of the headache  
Appropriate explanation and discussion; reassurance that the condition is self-limiting and not serious (imaging NOT to be used to reassure patients)  
Attention to any depression, anxiety or stress – lifestyle changes/counselling/medication  
Refer to physiotherapy if linked to cervical/neck problems or poor posture  
Advice on exercise and posture  
Advise to avoid opioid medication



### **Pharmaceutical management step 1-**

Simple analgesia and reassurance  
Paracetamol and/or ibuprofen



### **Pharmaceutical management step 2-**

consider alternative NSAID such as celecoxib.  
Maybe worthwhile taking regularly for 4-6 weeks if headaches are severe (with PPI cover). **Discuss with consultant first**



**Pharmaceutical management step 3** – if headaches are severe, frequent and persist, consider amitriptyline starting at a low dose of 12.5mg at night, slowly increasing to 75-100mg. **Discuss with consultant first**

Note: Beta-blockers not usually helpful and benzodiazepines should be avoided. SSRIs not helpful unless underlying depression

### **Consultant review if:**

Red flag  
Suspicion of > 1 type of headache present  
No response to simple treatment

### **References**

<https://patient.info/doctor/tension-type-headache-pro>  
Nottingham area prescribing committee, Adult headache guideline, January 2020