

## **Presentation Topic:** TENSION-TYPE HEADACHE: TREATMENT

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**Abstract:** Treatment of Tension-Type Headache (TTH) can be discussed under the following headings-(i) General approach to the patient, (ii) Pharmacological treatment including acute pharmacotherapy and prophylactic treatment and (iii) Non-pharmacological treatment covering psychological and physical therapies.

General approach includes taking the patient's complaint empathetically and seriously along with excluding secondary causes like brain tumours. Importance is given on finding out co-morbidities (especially depression in chronic TTH), trigger factors (e.g. stress) and co-existent Migraine and Medication Overuse Headache (MOH). Patient education, consisting of explanation of the pathology and prognosis of TTH, is crucial.

Acute pharmacotherapy includes using Paracetamol 1000 mg or other NSAIDS (e.g. Naproxen 500 mg) for an acute attack of episodic TTH. Combination analgesics (like paracetamol and caffeine) are effective but may induce MOH. Triptans are only effective if episodic TTH is associated with migraine.

Prophylactic treatment is indicated for patients with very frequent episodic and chronic TTH. Amitriptyline with a dose of 30-75 mg administered 12 hours before waking time is a recommended prophylaxis in chronic TTH resulting in more than 50% improvement in over 65% patients. It is an antidepressant but also works on pain modulation. Other recommended drugs for prophylaxis are Mirtazapine & Venlafaxin (drugs of 2<sup>nd</sup> choice) and Clomipramine, Maprotiline and Mianserin (drugs of 3<sup>rd</sup> choice). Several other drugs are being used in different parts of world which includes sodium valproate, topiramate, propranolol and a fixed-dose combination containing melitracen 10 mg and flupentixol 0.5 mg. Notably, none of the prophylaxis may work until medication overuse is correctly addressed.

Of the psycho-behavioural treatments, EMG biofeedback has a documented effect in TTH, whilst cognitive-behavioural therapy and relaxation training most likely are effective, but there is no convincing evidence. Physical therapy and acupuncture may be valuable options for patients with frequent TTH. Improvement of posture, massage, spinal manipulation, oromandibular treatment, exercise programs, hot and cold packs, ultrasound and electrical stimulation etc. are the various physical treatment approaches for chronic TTH. Quantum Molecular Resonance (QMR) is another technique which is able to decrease local inflammatory reaction and consequently pain level.

Chronic TTH is difficult to treat. Sometimes both pharmacological and non-pharmacological modalities may be required. Cure of headaches is rare, but control is possible if both the physician and patient can do their parts. Lack of sufficient controlled trials compels the physicians to rely on trial-and-error method, individual experience and locally available drugs.