

What **You** Should **Know** About Your
Tension-Type Headache

How would I know if my headaches are tension-type?

- If your headaches are not migraines (see the [migraine info sheet*](#)), are 'episodic' (occur some days and not others), do not come with nausea, and have 2 or more of the following features, you probably have tension-type headaches:
 - are on both sides of your head
 - are not pulsing or throbbing
 - are of mild to moderate intensity
 - are not worsened by physical activity
- Although the intensity of tension-type headaches are usually mild or moderate, they can be severe.
- Sometimes tension-type headaches occur more than 15 days a month and can come with mild nausea. These headaches are called 'chronic tension-type headaches'.

Facts about tension-type headaches

- They can often be managed without going to your doctor.
- They can often be treated with over-the-counter medications, and prevented with lifestyle changes.

When should I get professional help for my tension-type headaches?

- If you have a new severe headache, or if your usual headache changes and is more severe.
- If your headaches are not well-controlled by your current treatments.
- If you become pregnant or are breastfeeding and are taking headache medications.

Who can help me?

- Your family doctor is trained to assess and treat the common forms of headache, including tension-type.
- Neurologists are trained to assess the less common types of headache, and to help treat patients with more severe headache problems.
- Chiropractors and physiotherapists are trained to assess and treat headaches caused by neck muscle problems.

Do I need x-rays, an MRI, or laboratory tests?

- For most people, these tests are not needed to diagnose headaches.
- Your treating clinician will order tests only if the results could help you.

What should I do?

- Use a '[headache diary](#)' to monitor your headache patterns and learn what might be causing your headaches or making them worse ('triggers').
- Adjust your lifestyle to avoid headache triggers such as stress, poor sleep, missing meals, uncomfortable positions, poor posture, eyestrain, and taking pain medications too often.
- Learn and use stress management skills
- For more information on other 'self-management' strategies, see the [self-management info sheet](#) and/or the [full brochure](#).*

Should I take pain medications for my tension-type headaches?

- **Everyone is different.** You may need to try several medicines before you are satisfied with the results (pain intensity reduced to mild or no pain).
- Over-the-counter medications such as ASA (e.g., Aspirin[®]), acetaminophen (e.g., Tylenol[®]), ibuprofen (e.g., Advil[®] or Motrin[®]), and naproxen sodium can be effective, particularly for mild or moderate tension-type headaches, but should NOT be taken 15 or more days a month.
- Muscle relaxants, narcotics, and migraine-specific medications known as triptans are NOT recommended.
- **More is NOT necessarily better.** Using too many headache medications may cause a headache type called 'medication-overuse headache'.

Can tension-type headaches be prevented or cured?

- While there is no known cure for tension-type headaches, there are both medical and non-medical treatments that reduce how often they occur and how bad they are.
- If your headaches happen often and are interfering with your normal activities even though you are taking medications for individual headache attacks, discuss headache prevention with your doctor and review the self-management strategies in the [self-management info sheet](#) and/or the [full brochure](#).*

**For more information on the topics covered here, see the other info sheets and the full brochure at:*

www.ihe.ca/research-programs/hta/aagap/headache.