

TENSION HEADACHE

Overview	Most common primary headache disorder, consists of bilateral head pain of mild-moderate intensity with a pressing or tightening quality. It may be described as a "band around the head".
ABORTIVE	
Pharmacotherapy	Limit use of drugs to treat acute headache to 2-3 days/week to avoid Medication Overuse Headache ("rebound headache")
	Ibuprofen 200-800 mg is treatment of choice due to favorable side effect profile (EFNS Level A, Mod evidence)
	Other NSAID options include naproxen (375-550 mg), aspirin (500-1,000 mg), acetaminophen (1,000 mg), ketoprofen (25 mg), or diclofenac (12.5-100 mg) (EFNS Level A, Mod evidence)
	Combination analgesics containing caffeine 64-200 mg is second-line option (EFNS Level B, Mod evidence)
	Parenteral therapies include metoclopramide, metoclopramide plus diphenhydramine, and chlorpromazine (Mod evidence)
	Triptans, opioids, and muscle relaxants (Mod evidence) - <i>Do not use these medications to abort tension headaches</i>
PROPHYLACTIC	
Psychological	Mind-body therapies including CBT and relaxation training may have benefit (EFNS Level C, Mod evidence)
Alternative Medicine	Acupuncture may be effective (EFNS Level C, Mod evidence)
Physical Therapy/Rehab	Physical therapy may be effective (EFNS Level C, Mod evidence)
Pharmacotherapy	Start with low dose and gradually titrate, after 6-12 months attempt discontinuation with gradual reduction and monitoring
	First-line amitriptyline 30-75 mg/day (EFNS Level A, Mod evidence)
	Second-line mirtazapine 30 mg/day and venlafaxine 150 mg/day (EFNS Level B, Mod evidence)
	Third-line maprotiline 75 mg/day, clomipramine 75-150 mg/day, mianserin 30-60 mg/day (EFNS Level B, Mod evidence)
	Memantine, SSRIs, and botulinum toxin A (Mod evidence) - May not be effective
Intervention	EMG biofeedback has benefit (EFNS Level A, Mod evidence)
KEY	
Benefits clearly outweigh the harms with sufficient evidence, or possibility of benefit with minimal risk	
Benefits do not clearly outweigh the harms, or conflicting or limited evidence of efficacy	
Benefits do not outweigh the harms, evidence suggests poorer outcomes	

Information was gathered from Dynamed accessed via Tufts

EFNS = European Federation of Neurological Societies