

Patient information from the BMJ Group

Headache, chronic tension type

In this section

[What is it?](#)

[What are the symptoms?](#)

[How is it diagnosed?](#)

[How common is it?](#)

[What treatments work?](#)

[What will happen?](#)

[Questions to ask](#)

Headache, chronic tension type

If you have a headache most days for a long time, you could have chronic tension headache. There are several treatments that can help you, including medicines and therapies to teach you how to relax. And you can do some simple things yourself that may make you feel better.

We've brought together the best research about chronic tension headache and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is chronic tension headache?

Tension headaches can happen when you're feeling stressed, tired, or angry. If you have chronic tension headache, you get these headaches a lot of the time.



Tension headaches are usually mild, but they happen often.

Headache, chronic tension type

Doctors say you have chronic tension headache if you get tension headaches that last more than half an hour on more than 15 days a month for at least three months. ^[1]

Chronic is a word doctors use to describe any medical condition that people live with for a long time. It doesn't mean that a condition is severe. In fact, tension headaches are usually fairly mild. But it's because they happen so often that they can be a problem.

We don't know for certain what causes tension headaches.

- Some doctors think the pain is caused by tension in the muscles of your neck, your face, or your scalp. This kind of tension can be triggered by stress, worry, depression, or anger. ^[2] Bad posture can also cause your muscles to tense up, especially if you work at a desk all day.
- But other doctors don't think these headaches are caused by tension in the muscles at all. So they prefer to call these **tension-type headaches**.

Chronic tension headaches are different from migraines. Migraines are very bad headaches that can make you want to lie down in a dark room. To read more, see our information on [Migraine in adults](#) and [Migraine in children](#) .

Most people with chronic tension headache have had headaches on and off for years.

About 1 in 6 people say their headaches began before they were 10 years old. ^[3]

You are more likely to get chronic tension headaches if: ^[3] ^[4] ^[5]

- You're a woman
- You're a young person
- You do very little exercise
- Other people in your family get headaches.

What are the symptoms of chronic tension headache?

Lots of people get a tension headache from time to time. These headaches usually happen when you're feeling stressed, tired, or angry. Tension headaches are often thought of as simply an ordinary headache. But if you have chronic tension headache it means you get these headaches a lot.

Chronic is a word doctors use to describe a condition that someone has for a long time. If you have tension headaches that last more than half an hour on more than about 15 days a month for at least three months, your doctor might say you have chronic tension headache. ^[1]

Headache, chronic tension type

Tension headaches are usually fairly mild. But if you get them a lot, they can be upsetting. They may interfere with your social life or your work. ^[6]

How does a tension headache feel?

Tension headaches aren't always the same.

- Some people say a tension headache feels like a band pressing on both sides of their head. But not everyone gets this.
- The headache can last for as little as 30 minutes or for several hours. For some people, the headache never goes away completely.
- The headache doesn't get worse if you move around. For example, doing something such as climbing stairs shouldn't make you feel any worse.
- Your face or your scalp may be tender to touch.

Have I got a tension headache or migraine?

It can be hard to tell if you have a tension headache or a migraine, which is another common type of headache. But there are some differences between them. Here are some tips to help you. ^[7]

- Tension headaches can put you off your food. But if your headache makes you feel sick or vomit, you're more likely to have a migraine.
- Some people with tension headaches are slightly sensitive to light or loud noises. But if you can't bear bright lights, loud noises, or both, you probably have a migraine.
- Tension headaches shouldn't make you dizzy, tired, or irritable. They shouldn't affect your concentration or your sleep. And they never throb. All these things could mean you have a migraine.
- Tension headaches happen on both sides of your head. But migraines usually happen on one side.

To read more, see our information on [Migraine in adults](#) and [Migraine in children](#) .

There aren't any tests that can tell whether your headaches are tension headaches. But your doctor will ask you lots of questions. They may also ask you to keep a diary of your headaches for a few weeks. A diary can help your doctor decide whether you have chronic tension headache or another kind of headache, such as migraine. This is important because the treatments are different.

How common is chronic tension headache?

Lots of people get tension headaches from time to time. They're the most common type of headache.

However, only about 1 in 50 people get chronic tension headaches.^{[8] [9] [10] [11]} If you have chronic tension headache, you get these headaches a lot. The condition counts as chronic if you get tension headaches more than 15 days a month for at least three months.

What treatments work for chronic tension headache?

There are good treatments for chronic tension headache. You and your doctor should be able to find a treatment that works for you. The treatment may not get rid of all your headaches, but it can help you feel a lot better.

Doctors say you have chronic tension headache when you have tension headaches for about 15 days a month for at least three months.

Key points about treating chronic tension headache

- The antidepressant drugs amitriptyline and mirtazapine (brand name Zispin SolTab) are usually used to treat people with depression. But they can help with chronic tension headache.
- A talking treatment called **cognitive behaviour therapy** might also help.
- If you've been taking lots of painkillers, such as paracetamol and ibuprofen, you should cut down. Taking painkillers more than two or three times a week can make headaches worse.
- You shouldn't take **tranquillisers** such as diazepam. Tranquillisers may help you relax, but they have serious side effects. And they can cause unpleasant symptoms when you try to stop taking them.

Which treatments work best? We've looked at the best research and given a rating for each treatment according to how well it works.

Treatment Group 1

Treatments for chronic tension headache

Treatments that work

- [Amitriptyline](#)
- [Mirtazapine](#)

Headache, chronic tension type

Treatments that are likely to work

- [Cognitive behaviour therapy](#)

Treatments that need further study

- [Other antidepressants](#)
- [Acupuncture](#)
- [Indian head massage](#)
- [Relaxation and biofeedback](#)

Treatments that are likely to be ineffective or harmful

- [Painkillers](#)
- [Tranquillisers](#)
- [Botulinum toxin \(Botox\)](#)

What will happen to me?

Tension headaches are usually fairly mild. But if you have chronic tension headache it means they happen a lot of the time. This can be annoying because they may interfere with your work or social life.

Tension headaches tend to happen less often as you get older.^[12] There are also good treatments that can help so your headaches aren't as bad and happen less often.

To read about the treatments your doctor may prescribe, see [What treatments work for chronic tension headache?](#)

And here are some things you may want to try yourself.

- Doing some gentle exercise (such as walking, swimming, jogging, or cycling) may help.^[13] People who take little exercise are more likely to get tension headaches than people who exercise regularly.
- Taking over-the-counter painkillers such as paracetamol and ibuprofen (brand name Nurofen) may help with headaches if you take them occasionally. But if you take them more than 15 times a month, they can start to cause more headaches.^[14] ^[1] Some people find they have fewer headaches when they cut down on painkillers.^[1]

Headache, chronic tension type

- Keeping a diary of your headaches can help you spot the things that trigger your headaches so that you can avoid them.^[15] Some examples of triggers are being hungry, using a computer screen for a long time, or being hunched over a desk. A diary can also help your doctor work out the best treatment for you.

Treatments:

Amitriptyline

In this section

Amitriptyline is a type of drug called an antidepressant. It's usually used to treat people with depression. Amitriptyline isn't a painkiller exactly, but it does help with some kinds of pain.

If you have chronic tension headache and take amitriptyline regularly, you may get fewer headaches. And the headaches you do have should get better faster.^[16]

Most of the studies we looked at found that amitriptyline helped.^{[16] [17] [18] [19] [20] [21] [22]} These studies were of good quality (randomised controlled trials). In one study, people taking amitriptyline had a headache three hours less a day, on average.^[20]

Your doctor will start you on a low dose of amitriptyline, and increase it gradually if you need more. You'll probably take amitriptyline for about six months.^[23] After this time, your doctor may want to see how you get on without the drug. You'll need to cut down your dose slowly over several weeks.^[24] Your doctor will help you with this. If your headaches come back, you'll be able to start treatment again.

Like all drugs, amitriptyline can cause side effects. The most common ones are:^{[20] [25]}

- Sleepiness (this happens in about 6 in 10 people)
- A dry mouth (about 5 in 10 people get this)
- Weight gain (about 2 in 10 people put on weight).

Research has found that taking antidepressants of all kinds can make some people more likely to think about suicide or try to harm themselves.^[26] Young people under 18 are especially at risk. You are more likely to think about self-harm in the early stages of your treatment, or if your dose is changed.^[27] If you're taking an antidepressant and are worried about any thoughts or feelings you have, **see your doctor or go to a hospital straight away.**

You can get withdrawal symptoms if you stop taking amitriptyline suddenly. The most common symptoms are headaches, nausea, and an overall feeling of discomfort in the

Headache, chronic tension type

first five days after stopping treatment. The symptoms are usually mild and most people don't need treatment. ^[28]

Mirtazapine

In this section

Mirtazapine (brand name Zispin SolTab) is an antidepressant drug. It is usually used to treat people with depression but it does seem to help people with chronic tension headache. There hasn't been as much research on mirtazapine as there has been on a different antidepressant, called [amitriptyline](#).

In one good-quality study (a randomised controlled trial), people who took mirtazapine for eight weeks got: ^[25]

- Fewer headaches
- Shorter headaches
- Less painful headaches.

Another study found that mirtazapine worked just as well as amitriptyline. ^[29]

Mirtazapine can have side effects. In the studies we looked at, people who took mirtazapine: ^[25] ^[29]

- Felt sleepy
- Got a dry mouth
- Put on weight.

But these side effects were less common in people taking mirtazapine than in people taking amitriptyline. ^[25] ^[29]

Research has found that taking antidepressants of all kinds can make some people more likely to think about suicide or try to harm themselves. ^[26] Young people under 18 are especially at risk. You are more likely to think about self-harm in the early stages of your treatment, or if your dose is changed. ^[27] If you're taking an antidepressant and are worried about any thoughts or feelings you have, **see your doctor or go to a hospital straight away.** ^[27]

Taking antidepressants can cause withdrawal symptoms if you stop taking them suddenly. These symptoms can happen in the first five days after stopping treatment. The symptoms are usually mild and most people don't need treatment. ^[28]

Cognitive behaviour therapy

In this section

Cognitive behaviour therapy (called CBT for short) is a talking treatment. It's based on the idea that talking to a trained therapist can help you change the way you think or act.

CBT can be used to treat lots of different conditions. Sometimes it's used to help people cope with stress. So if your tension headaches are triggered by stress, this therapy could help you feel better.

There hasn't been much research on CBT, but some of the studies we found showed promising results.

- One summary of the research (a [systematic review](#)) found that CBT helped people with chronic tension headache. ^[17]
- One good-quality study (a [randomised controlled trial](#)) found that about one-third of the people who had CBT got fewer or less severe headaches. This was over six months. ^[16] And this improvement was about the same as in people who took the antidepressant drug [amitriptyline](#).

Other antidepressants

In this section

There are lots of antidepressants. We know that [amitriptyline](#) and [mirtazapine](#) help some people with chronic tension headache. But there hasn't been enough good research to say whether the other antidepressant drugs help with chronic tension headache.

- Some small studies have suggested that citalopram (Cipramil), fluoxetine (Prozac), and sertraline (Lustral) don't work well. ^{[18] [30] [31]}
- Studies of antidepressants similar to amitriptyline (such as clomipramine and mianserin) showed mixed results. ^{[32] [33]}

Research has found that taking antidepressants of all kinds can make some people more likely to think about suicide or try to harm themselves. ^[26] Young people under 18 are especially at risk. You are more likely to think about self-harm in the early stages of your treatment, or if your dose is changed. ^[27] If you're taking an antidepressant and are worried about any thoughts or feelings you have, **see your doctor or go to a hospital straight away.** ^[27]

Acupuncture

Headache, chronic tension type

In this section

Acupuncture is an ancient Chinese treatment. A trained acupuncturist puts thin, sterile needles into your skin. Traditionally, people believed that the needles helped to restore the flow of energy around your body. Some doctors think acupuncture may help your body to release natural chemicals that block the feeling of pain within your brain.

Some people decide to try acupuncture because they don't want to take medicines. In England and Wales, the National Institute for Health and Care Excellence (the body that makes recommendations about NHS treatments) says people can consider trying no more than 10 sessions of acupuncture over a period of five to eight weeks, to try to prevent chronic tension headaches. ^[1]

We don't know for certain if acupuncture works for chronic tension headache. Although we found plenty of studies, some were too small and badly done to be useful. ^{[34] [35] [36]}

The most useful studies compare traditional acupuncture with fake or sham acupuncture. In sham acupuncture, the needles aren't put into traditional acupuncture points, or they don't really penetrate the skin. This type of study takes into account the placebo effect, where people sometimes feel better even though they've had an inactive treatment.

Six trials have compared traditional acupuncture with sham acupuncture. ^[37] Overall, traditional acupuncture seemed slightly better. About 50 in 100 people said they got headaches on half as many days after having traditional acupuncture. This compared with 41 in 100 people who had sham acupuncture.

Indian head massage

In this section

Indian head massage involves someone massaging your neck, head, and face. It aims to make you feel more relaxed. But there's no evidence that it can help with chronic tension headache.

Relaxation and biofeedback

In this section

Relaxation and **biofeedback** are used to teach you how to relax the muscles of your head and neck. The idea is that learning to relax relieves the tension that might be triggering your headaches.

In biofeedback, you wear an electrical device that tells you how tense your muscles are. When you relax, you get a signal, such as a beep. Eventually you learn to relax automatically.

Headache, chronic tension type

You won't have to take any drugs, but relaxation training and biofeedback can take up a lot of time. And we don't know yet if either treatment will improve your headaches. There hasn't been much good-quality research to say. ^[16] ^[17] ^[38]

Painkillers

In this section

Some people find that over-the-counter painkillers, such as paracetamol and ibuprofen (Nurofen), help with the occasional tension headache. However, people with chronic tension headache get headaches 15 times a month or more. If you took painkillers every time you had a headache, it could cause problems instead.

Taking painkillers more than 15 times in a month can cause more headaches. ^[39] ^[1] Your body gets used to the drug, and you have a headache when you stop taking it.

Some people find they have fewer headaches when they cut down on painkillers. In one study, about 75 in 100 people said they didn't get as many headaches after they stopped taking painkillers. ^[40] But not everyone in this study had chronic tension headache.

If you take painkillers often for headaches, talk to your doctor. They can help you find another treatment.

Tranquillisers

In this section

Tranquillisers are drugs that help you feel calm and relaxed. There's been some research on people taking a drug called diazepam (brand names Rimapam, Tensium) for chronic tension headache. Diazepam is a type of tranquilliser called a **benzodiazepine**.

The idea is that a tranquilliser can make you feel calmer and help relax the muscles of your head and neck. The studies we looked at found that people's headaches did get better when they took a tranquilliser. ^[41] ^[42] But the improvement was small.

Tranquillisers can cause some serious side effects.

- They can make you drowsy. Some studies have found people are more likely to crash their car or have an accident while they're taking these drugs. ^[43] You shouldn't drive or operate machinery while you're taking a tranquilliser.
- They can also make you confused and forgetful.
- Another problem with these drugs is that you can get dependent on them. If you take a tranquilliser for more than a short time, your body gets used to it. When you stop taking it, you may get unpleasant side effects, called **withdrawal symptoms**.

Botulinum toxin (Botox)

In this section

Botulinum toxin (Botox) is an injection that relaxes muscles by paralysing them.

Doctors can inject small amounts of botulinum toxin into the muscles around your head and neck. The idea is to relax the muscles that could be causing your headaches.

Botulinum toxin probably doesn't work. Several studies have found that it doesn't help people with chronic tension headache. [\[44\]](#) [\[45\]](#) [\[46\]](#) [\[47\]](#) [\[48\]](#)

And you may get side effects, such as: [\[45\]](#) [\[48\]](#) [\[49\]](#)

- Pain at the spot where you have the injection
- Drooping eyelids
- Neck pain
- Muscle cramps.

Doctors think that botulinum toxin could also cause other problems. These include: [\[50\]](#)

- Weak face muscles (you need these muscles to smile, frown, and raise your eyebrows)
- Altered feeling in the skin around the place where you had the injection
- Problems with swallowing.

We didn't find any research on how often these problems happen.

Rarely, botulinum toxin may spread from the place it has been injected. If you get any problems with swallowing, talking, or breathing after one of these injections, get medical help straight away. [\[51\]](#)

Further informations:

Glossary:

cognitive behaviour therapy

Cognitive behaviour therapy (CBT) is a type of talking treatment (psychotherapy). It is based on the idea that the negative thoughts and beliefs people have play an important role in how they feel and how they act. CBT helps people identify, look at and change unwanted thoughts, feelings and behaviours.

tranquilliser

A tranquilliser is a drug that can help you relax and feel less anxious.

Headache, chronic tension type

antidepressant

Antidepressants are medicines used to treat depression and sometimes other conditions. They work by changing the levels of chemicals in your brain called neurotransmitters. There are three main types of antidepressants, which work in different ways: selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs).

depression

Depression is a mental illness in which your mood is low and you feel sad most of the time. It can range from a mild illness through to a severe one in which you lose interest in life and may be suicidal.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

acupuncture

If you have acupuncture, an acupuncturist puts thin, sterile needles into your skin. People who perform traditional acupuncture believe that it removes blockages along energy channels in your body. Other acupuncturists say that the needles help your body release natural chemicals that block pain.

biofeedback

When you have biofeedback, your doctor helps you use a device that measures how fast your heart beats, how fast you're breathing or how tense your muscles are. The information you get from the device is called 'biofeedback'. Biofeedback lets you see how your heartbeat, breathing or muscle tension change when you do things like stand or sit differently, or slow down your breathing. The idea is that you can learn to sense the messages from your body without the device and learn how to control the way you respond to stress.

withdrawal symptoms

Withdrawal symptoms are when you get unpleasant physical or mental symptoms because you stopped taking a drug you were physically dependent on. You can become physically dependent on a drug if it alters the level of certain chemicals in your body. This makes your body produce less of those chemicals or change how it responds to them. Also, some drugs work in a similar way to chemicals that naturally occur in your body. This may mean your body stops making its natural versions. If either of those things happens, your body will need the drug to function normally and you will feel or become ill if you suddenly stop taking the drug. You can get withdrawal symptoms from some prescription medicines, as well as some illegal drugs.

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Headache, chronic tension type

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Headache, chronic tension type

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Headache, chronic tension type

This information is aimed at a UK patient audience. This information however does not replace medical advice. If you have a medical problem please see your doctor. Please see our full [Conditions of Use](#) for this content. For more information about this condition and sources of the information contained in this leaflet please visit the Best Health website, <http://besthealth.bmj.com> . These leaflets are reviewed annually.

