

## Week 6: CEA Discussion Part 2

### Initial Post

Hello Dr. Davis and class,

Tension-Type Headache (TTH)

### Diagnostic Testing Criteria

As per Ashina et al. (2021), the ICHD-3 criteria for tension-type headaches require the following:

- **Headache that lasts between 30 minutes to 1 week**
- **At least 2 of the 4 pain characteristics:**
  - Pressure quality pain
  - Mild or moderate intensity
  - Bilateral location
  - Not triggered by routine physical activity
- **Both of the following symptoms:**
  - Absence of nausea or vomiting
  - Absence of photophobia or phonophobia

Per Onan et al. (2020), no specific diagnostic test is recommended for the definitive diagnosis of tension-type headaches. However, diagnosis is based on a patient's presenting symptoms, a physical exam with a detailed neurological exam to rule out neurological pathology causing headache symptoms, a detailed medical history, and the presence of existing triggers.

Furthermore, when acute treatment for TTH is ineffective, several factors may be involved in which the patient may have refractory TTH, or the initial diagnosis of episodic TTH may be inaccurate. Therefore, providers must re-evaluate differential diagnoses as considerable causes of headaches may require alternative treatment strategies and assessing causative risk factors (Onan et al., 2020). Lastly, suppose a patient presents with concerning symptoms including worsening headaches, changes in headache pattern, neurological deficits, or musculoskeletal weakness. In that case, it is imperative to obtain a CT or MRI of the brain to further study pathological causation for secondary headache symptoms (Onan et al., 2020).

### National Guidelines for Treatment / Management

- **Recommendations for initial treatment of tension-type headache**
  - **Pharmacologic therapies (Acute)**
    - NSAID or Aspirin for mild to moderate symptoms in a single dose:

- Ibuprofen 400-400 mg PO
- Naproxen sodium 220-550 mg PO
- Aspirin 500-650 mg PO
- Acetaminophen 1000 mg PO (preferred as opposed to ibuprofen among patients with renal insufficiency).
- **Pharmacologic therapies (Chronic – occurring > 15 days a month for > 6 months)**
  - Tricyclic antidepressants: Amitriptyline (Elavil) 10 mg Po QHS x 14 days, increased by 10 mg increments to a total of 50 mg if necessary.
- **Non-pharmacological therapies**
  - Intermittent ice and heat application to the head, neck, or shoulders for tension alleviation
  - Swedish massage therapy
  - Rest in a dark and quiet space
  - 10% peppermint oil application to the forehead, back of the ears, back, and back of the neck.
- **Suggested Consults / Results**
  - Physical therapy referral for further identification of musculoskeletal triggers and development of treatment exercises targeting muscle tension
  - Neuropsychology referral for further evaluation and treatment including cognitive behavioral therapy
- **Client Education**
  - **Lifestyle modifications**
    - Stress reduction and management such as the implementation of 30–60-minute daily exercise, yoga, massage therapy, and stress counseling.
    - Avoidance of inflammatory diet (red meats, sugary foods & drinks)
    - Avoidance of caffeine and alcohol intake, with increased daily water intake.
    - Smoking cessation