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Chronic tension headache

Chronic tension headache is a condition where you have a tension headache on at least 15 days every month for at least three months. The cause of chronic tension headache is often not clear. A medicine called amitriptyline may help to prevent the headaches from occurring.

What is chronic tension headache?

Chronic tension headache is a condition causing a [tension headache](#) on at least 15 days every month for at least three months. This can be tiring and depressing. A tension headache (also called tension-type headache) is the common type of headache that most people have at some time.

Chronic means persistent or long-lasting; it does not mean severe. The severity of the headaches can vary from mild to severe. Because of the persistent nature of the headaches, however, this condition is often quite disabling and distressing, and many patients take preventative medication.

How common are chronic tension headaches?

It's not known exactly how common chronic tension headache is. Estimates are that it affects between 1 in 200 and 1 in 20 of all adults.

However, it is possible that a proportion of these people actually have developed medication-overuse headaches (medication-induced headaches) as a result of their tension headaches. Therefore, it can be difficult to be certain which is their main problem.

What causes chronic tension headache?

This condition tends to develop in people who start off with having tension headaches with increasing frequency, until they occur on most days.

However, the cause of the tension headaches is not always clear, and may be more than one thing.

These include:

- Tension in the muscles at the back of the head, neck and shoulders, caused by muscle contractions.
- Stress.
- Tiredness and lack of sleep.
- Hunger.
- Eye strain.
- Drinking too much caffeine and alcohol.
- Dehydration.

Many chronic tension headaches develop for no apparent reason and are not caused by other conditions.

Occasionally, tension headaches can be caused by poor vision, particularly if reading in low light for long periods. Some headaches may be triggered by environmental discomforts such as heat, cold, brightness or wind.

Some research suggests that genetics may be a factor. Some people may inherit a tendency to be more prone to develop tension headaches than others when stressed or anxious.

Note: medication-overuse headache can be similar to chronic tension headache.

Medication-overuse headache is caused by taking painkillers (or triptan medicines) too often for tension headaches or migraine attacks. [See the separate leaflet called Medication-overuse Headache \(Medication-induced Headache\)](#).

Chronic tension headache symptoms

- Tension headaches are usually felt as a band or across the forehead. They can be uncomfortable and tiring, but they do not usually disturb sleep. Some people feel a squeezing or pressure on their head.
- It usually occurs on both sides, and often spreads down the neck, or seems to come from the neck. Sometimes it is just on one side.
- The pain is usually mild to moderate. Tension headaches can interrupt concentration but are usually not bad enough to send people to bed. Most people can work through a tension headache if they really need to.
- A tension headache can last from 30 minutes to seven days. Most last a few hours.
- Tension headaches tend to become worse as the day goes on and are often mildest in the morning. They are not usually made worse by physical activity.
- An exception to this would be a headache caused by sleeping in an awkward position, causing a sore neck, or an ache in the face and jaw due to tooth grinding.
- There are usually no other symptoms.

Sometimes [migraines](#) are mistaken for chronic tension headaches. Some people don't like bright lights or loud noises, and don't feel like eating much when they have a tension headache. However, marked dislike of light or loud noise, and visual disturbances, like zigzag lines, are more suggestive of migraine.

A mild feeling of sickness ([nausea](#)) can occur, especially if using a lot of painkillers. However, marked nausea is, again, more a feature of migraine.

The headaches with chronic tension headache occur frequently. In some cases, the headache can seem to be permanent, and hardly ever goes, or only eases off but never goes completely.

Many people with chronic tension headache put up with their headaches without seeing a doctor. In one study, two thirds of people diagnosed with chronic tension headache had had daily or near daily headache for an average of seven years before consulting a doctor.

Most continued to function at work or school, but their performance was often not as good as it could be. Almost half had [anxiety](#) or [depression](#), possibly as a result of coping with their frequent headaches.

If you think you have chronic tension headache, it is best to see a doctor, as treatment can often help.

How does chronic tension headache differ from other headaches?

With tension headaches, people are normally well between headaches, and have no other ongoing symptoms. Doctors diagnose tension headaches by their description. They are likely to perform a physical examination; for people with chronic tension headache, this will be normal (apart from some tenderness of muscles around the head when a headache is present).

Tests aren't needed to diagnose chronic tension headaches. Tests are only useful to look for other conditions; so, these are only used if the symptoms are unusual, or something other than chronic tension headache is suspected. Of particular note, medication-overuse headache (medication-induced headache) should be ruled out (described earlier) as this can often be mistaken for chronic tension headache.

Compared to [migraine](#), a tension headache is usually less severe, and is constant rather than throbbing. Migraine attacks usually cause a one-sided headache, and many people with a migraine attack feel sick (nausea) or are sick (vomit). Migraines typically cause people to stop their normal activities (for example, they might need to lie down in a darkened room), whereas it's usually possible to work through with a tension headache, although it's unpleasant.

Some people have both migraine attacks and tension headaches at different times. In addition, some people find that one of the types of headaches is followed by another, perhaps because the pain and tiredness due to the first headache cause the second.

Chronic tension headache treatment

Painkillers

Painkillers such as [paracetamol](#), [aspirin](#), and [ibuprofen](#) can be useful to treat tension headaches when they occur. Importantly though, they shouldn't be taken for headaches for more than a couple of days at a time, and, on average, do not take them for more than two days in any week for headaches.

Taking them more often can cause a medication-overuse headache (medication-induced headache, or rebound headaches). Don't take painkillers to prevent headaches. Take each day as it comes. Perhaps reserve painkillers for days which are particularly bad.

Opiate painkillers such as codeine, dihydrocodeine and morphine are not normally recommended for tension headaches. This includes combination tablets that contain paracetamol and codeine, such as co-codamol. Opiate painkillers can cause drowsiness, and lead to dependence (addiction). They are also the most likely type of painkiller to cause medication-overuse headache if used regularly.

Treating the cause: diary

It may help to keep a diary if headaches are frequent. Note when, where, and how bad each headache is, and how long each headache lasts. Also note anything that may have caused it. A pattern may emerge and triggers can be found. For example, hunger, eye strain, bad posture, stress, anger, etc.

Some doctors suggest reviewing diet as well. The list of foods which can be triggers in some people includes caffeinated drinks, chocolate, cheese and alcohol. Other doctors suggest focusing on a healthy balanced diet, with a good mixture of slow-release energy foods (taken in small regularly spaced meals) and a low intake of refined sugars.

Stress and depression

Stress is a trigger for some people who develop tension headaches. Avoid stressful situations whenever possible. Sometimes a stressful job or situation cannot be avoided. Learning to cope with stress through stress management and relaxing may help.

Breathing and relaxation exercises, or coping strategies, may ease anxiety in stressful situations and prevent a possible headache. There are books and apps which can teach relaxation techniques. Sometimes a referral to a counsellor or psychologist may be advised.

Regular exercise

Many people with frequent headaches say that they have fewer headaches if they [exercise regularly](#). For people who do not do much exercise, it's worth trying some regular activities like brisk walking, jogging, cycling, swimming, etc. (This will have other health benefits too.)

It is not clear why exercise helps. It may be that exercise helps to ease stress and tension, which can have a knock-on effect of reducing tension headaches. It also may be that it strengthens the core and upper back muscles and improves posture. This means people are less likely to 'droop' when they sit and increase tension in the upper back and neck.

It could also be an effect of getting the heart rate, breathing and blood flow increasing around the upper body, improving the supply of oxygen to muscles generally.

Physiotherapy

Physiotherapy may help chronic tension headaches through teaching relaxation techniques and breathing exercises. It may also help through detecting and changing physical habits which may be contributing to the headaches.

This might include poor posture. Patients must take an active part in this kind of therapy, and do their exercises regularly, in order to see an improvement.

Acupuncture

There is some evidence that acupuncture, particularly when combined with medical therapy, can be helpful in the treatment of chronic daily headaches.

Cognitive behavioural therapy (CBT)

[CBT](#) can be a helpful add-on in the treatment of chronic daily headache. Behavioural therapies work towards reducing or eliminating the stress which may contribute to the development of chronic tension headaches.

Some patients dislike the idea of talking therapies, as they feel this suggests that the doctor thinks their headache is actually depression. However, there is good evidence that these therapies do help. This might be because chronic pain is in itself stressful and CBT and other talking therapies help to break the stress-headache-stress cycle.

Preventing chronic tension headaches

Preventative medication

[Amitriptyline](#) is the medicine most commonly used to treat chronic tension headaches. This medicine is not a painkiller and so does not take away a headache if a headache develops. It needs to be taken every day to reduce how often headaches occur. Amitriptyline was originally developed as an [antidepressant medicine](#). It's not used for depression much any more, but is useful for treating various different types of painful conditions; so, it can be useful for people with chronic tension headaches even if they are not depressed.

A low dose is started at first and may need to be increased over time. It is slow to take effect – the low starting dose is to allow people to tolerate the medicine more easily. If higher doses are started immediately they can cause tiredness and sleepiness. It can therefore take a couple of months of gradual dose increases before the medicine really works.

Side-effects of amitriptyline include drowsiness (so it's usually taken before bed), a dry mouth, blurred vision, difficulty urinating, and constipation. If these are really troublesome, speak to a doctor to consider stopping it.

Once the headaches have been reduced for 4-6 months, the amitriptyline can be stopped. Treatment can be resumed if headaches return. Other medicines are sometimes tried if amitriptyline is not suitable or does not help.

These include [topiramate](#) (more often used to prevent migraine), [gabapentin](#) (more usually treatment for pain due to inflamed nerves) and [tizanidine](#) (more often used as treatment for muscle spasm). Modern selective serotonin reuptake inhibitor (SSRI) antidepressants such as [fluoxetine](#) (Prozac®) are not generally felt to be as helpful in treating chronic tension headaches.

The aims of preventative treatment are to reduce the number of headaches, or reduce their severity, or both. So, with treatment, the headaches may not go completely, but they will often develop less often and be less severe. Any headache that does occur whilst taking preventative medication may also be eased better than previously by a painkiller.

It is often difficult in retrospect to say how well a preventative treatment has worked. Therefore, it is best to keep a headache diary for a couple of weeks or so before starting preventative medication. This is to record when and how severe each headache was, and also how well it was eased by a painkiller.

Then, keep the diary going as you take the preventative medicine to see how well things improve. The headaches are unlikely to go completely, but the diary may show a marked improvement.

Dr Mary Lowth is an author or the original author of this leaflet.

Further reading

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- [Headache - assessment](#); NICE CKS, March 2022 (UK access only)
- [National Headache Management System for Adults 2019](#); British Association for the Study of Headache (2019)
- [Headache - tension-type](#); NICE CKS, July 2022 (UK access only)

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