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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Tension-Type Headache

Patient education guide · Headache & Facial Pain · Madison Neurology LLC

What is it?

Tension-type headache is the most common headache of all — a mild-to-moderate, pressing or tightening pain on both sides of the head, often described as a band or vice. Unlike migraine, it does not usually cause nausea or worsen with routine activity, so most people can keep functioning through it.

How does it happen?

It reflects heightened sensitivity of pain pathways in the head and neck, often activated by stress, poor sleep, eye strain, jaw clenching, or sustained postures (long hours at a screen). Frequent use of pain relievers can turn episodic tension headache into a chronic daily pattern.

Common symptoms

- Pressing, tightening (non-throbbing) pain on both sides of the head
- Mild-to-moderate intensity; daily activities are possible
- Scalp, neck, and shoulder muscle tenderness
- Lasts 30 minutes to several days
- No nausea, vomiting, or significant light/sound sensitivity (distinguishing it from migraine)

How is it diagnosed?

Diagnosis is clinical; there is no test, and none is needed for a typical pattern. Evaluation focuses on excluding other causes and checking for medication overuse, sleep problems, and mood contributors.

How is it treated?

Occasional attacks respond to simple analgesics (acetaminophen, ibuprofen) used no more than 2-3 days per week. For frequent or chronic tension headache, daily preventive medication (such as

amitriptyline), stress management, physical therapy for neck muscles, regular exercise, and good sleep are more effective than escalating painkillers.

What does the future hold?

Excellent for most people: identifying triggers and limiting painkiller use usually restores a normal pattern. Chronic daily tension headache responds to prevention, though improvement takes weeks to months. New headache patterns after age 50 or any change in character warrant review.

Questions patients commonly ask

Q: How is this different from migraine?

A: Tension headache is bilateral, pressing, milder, and doesn't stop you functioning; migraine is usually one-sided, throbbing, with nausea and light/sound sensitivity that forces rest.

Q: Can stress really cause physical pain?

A: Yes — stress measurably sensitizes the muscles and pain pathways of the head and neck; the pain is real, and stress-management is real treatment.

Q: Why do I get them every day?

A: Daily headache often means a chronic pattern has set in, sometimes driven by daily painkiller use — both are treatable with preventive strategies.

National support groups & resources

- **National Headache Foundation** — headaches.org
- **American Migraine Foundation** — americanmigrainefoundation.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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