TENSION-TYPE HEADACHE IS NOT A REAL ENTITY SEPARATE FROM MIGRAINE

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The term “tension-type headache” came into existence because the classification committee of the International Headache Society (IHS) could not agree on a suitable name for this entity, which has no reliable clinical features, no known pathophysiology and no specific treatment. When we talk about “tension”, it could mean “muscle tension” or “emotional tension”. Pericranial muscle tenderness or muscle tension is not specific for tension- type headache, does not occur in all tension- type headache patients and occurs also during and immediately after migraine attacks. 75% of migrainous have neck muscle spasm and neck pain. Emotional tension resulting from anxiety and depression is not specific for tension- type headache, but is comorbid in a significant percentage of patients with migraine.

IHS diagnostic criteria for tension- type headache have many features such as anorexia photophobia or phonophobia pointing to overlap with migraine. IHS stipulates tension headache as mild or moderate and migraine as moderate or severe, so it is more logical to think of tension-type headache as mild migraines.

The general impression is that tension-type headaches are over-diagnosed and migraine is often missed particularly by the PCP. In a major study known as landmark study, it was found that if a patient presents to a PCP with a complaint of headache, 95% likelihood, it is migraine/probable migraine. If a patient self reports migraine to a PCP, the likelihood that it is migraine is 88%. If a PCP diagnoses migraine, 95% chance it is migraine and probable migraine. If a PCP diagnosis non-migraine, 85% chance it is migraine/probable migraine. If a patient self reports non-migraine, 86% chance that it is migraine or probable migraine. So it is obvious from this large survey that majority of the so-called tension- type headache is migraine or probable migraine, therefore migraine is under diagnosed and tension type headache is over diagnosed.

Tension- type headache is very common in many patients with chronic migraine. It is illogical to think that the patients who have a tension- type headache on a Monday and a migraine on Tuesday to have two different disorders. Why not consider them as one disorder with different degrees of headache severity and associated symptoms. Tension- type headache in migrainous responds to triptans, so also chronic tension- type headache may show some response to triptans.

Tension- type headaches are very frequent and severe in patients with migraine, tension- type headache in migraineurs are associated with photophobia and phonophobia and nausea then tension- type headache. Only migraineurs have episodes of tension-type headache precipitated by alcohol, egg, cheeses, chocolate and physical activity. Elevated CGRP levels have been found in patients with chronic tension- type headache with pulsating quality of pain. The total muscle tenderness score is elevated in both migraine and chronic tension-type headache making it almost impossible to distinguish them based on muscle tenderness.

Infusion of NO donor glyceryl trinitrate induces tension- type headache and migraine making it extremely difficult to consider these as different disorders.

Structural changes in the brain such as reduction in the volume of gray matter are found in chronic migraine and in chronic tension type headache, thereby, making it difficult to differentiate, based on even structural changes in the brain. Therefore, from all the above arguments, it is obvious that tension-type headache is not a separate disorder from migraine.