ETHIOPIAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH

eISSN: 2349-5715 pISSN: 2349-5707

Volume: 12, Issue 03, March-2025 SJIF 2019: 4.702 2020: 4.737 2021: 5.071 2022: 4.919 2023: 6.980 2024: 7,662

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TENSION HEADACHE THERAPY

Abstract: Tension headache (TH) is a common pain syndrome in the population. The most significant are frequent episodic and chronic TH. The drugs of choice for treating frequent episodic TH are nonsteroidal anti-inflammatory drugs (NSAIDs). The combination of NSAIDs with antispasmodics (Novigan) potentiates the analgesic effect of the drug and does not contribute to the development of drug dependence, which can occur when taking codeine-containing drugs.
Keywords:tension headache, nonsteroidal anti-inflammatory drugs.

INTRODUCTION

Tension-type headache (TTH) is extremely common in the population. The lifetime prevalence of TTH is 78% [1], although in most cases the population has infrequent episodic TTH (ETH), which does not pose a medical problem. However, 24–37% of the population experience TTH attacks several times a month, 10% – weekly, 2–3% suffer from chronic TTH (CTH), usually lasting most of life [2]. The ratio of men and women suffering from TTH is 4:5, which reflects a lower predisposition of women to TTH compared to migraine [3]. The average age of onset of TTH is higher than with migraine, being 25–30 years [4]. The peak prevalence is at the age of 30–39 years. Risk factors for the development of GBN include anxiety about one's own health, inability to relax after work, and insufficient sleep [2].

MATERIALS AND METHODS

There are three subtypes of GBN: infrequent EGBN (less than 1 day with headache per month), frequent EGBN (1–14 days with headache per month), and CGBN (15 or more days with headache per month) [2]. This division may seem formal, but this classification, on the one hand, emphasizes the different impact of several forms of headache on the quality of life of patients, and on the other hand, reflects individual pathophysiological mechanisms of formation of GBN subtypes. Thus, if peripheral sensitization plays a key role in EGBN, then central sensitization occupies the main place in the pathogenesis of CGBN. Consequently, approaches to the treatment of EGBN and CGBN differ. Thus, the diagnosis of the headache subtype is extremely important for the choice of therapy. Clinically, TTH is characterized by bilateral pressing, squeezing headache of low or moderate intensity, occurring either in short episodes (episodic forms) or persistent (chronic form). Unlike migraine, TTH is not characterized by accompanying symptoms - vomiting, severe photo- and phonophobia. With chronic TTH, one of three accompanying symptoms can be observed (mild nausea, photo- and phonophobia) [2]. Due to the low intensity of the headache and the absence of severe accompanying symptoms, patients with TTH are rarely maladjusted. It is necessary to remember that among primary headaches, the clinical picture of TTH has the least number of pathognomonic symptoms and many secondary headaches can occur under the guise of TTH [1], therefore, the diagnosis of TTH involves careful exclusion of other causes of headache. Thus, the diagnosis of TTH is based on the criteria of the International Classification of Headache Disorders, Second Revision (ICHD-2) and normal results of the neurological status examination.

RESULTS AND DISCUSSION

The diagnosis of the TTH subtype is made using a headache diary, which patients must keep for at least 4 weeks. A headache diary helps to identify attack triggers, possible abuse of headache

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medications, and establish the background against which the effectiveness of treatment will be assessed. Differential diagnosis of ETH is usually made with mild migraine. Additional diagnostic methods (mainly neuroimaging) are required in cases where a possible secondary nature of headache is assumed: if there are atypical manifestations of cephalgia, the headache pattern has changed, and if there are focal neurological and/or psychopathological changes. It is also important to diagnose comorbid emotional-affective disorders, anxiety and depression, the successful treatment of which largely determines the prognosis of TTH. The intensity of headache in most patients with episodic and chronic TTH is mild or moderate, so simple analgesics or non-steroidal anti-inflammatory drugs (NSAIDs) are used to relieve cephalgia.

The following drugs are recommended to relieve an attack of TTH:

• acetylsalicylic acid (600–1000 mg), can only be prescribed to adults;

• paracetamol (1000 mg), has a less pronounced effect;

• ibuprofen (400–800 mg), is effective for stopping an attack of TTH, the safety of the drug allows its use in various age groups [5].

Single studies have shown the effectiveness of ketoprofen (12.5, 25, and 50 mg), diclofenac (12.5 and 25 mg), naproxen (375 and 500 mg), ketorolac (60 mg), and metamizole sodium (500 and 1000 mg). In most countries, metamizole sodium is not recommended for use due to the risk of developing agranulocytosis. There are also data on the effectiveness of muscle relaxants in stopping an attack of ETTH [2]. The speed of onset and severity of the effect are important characteristics of drugs for stopping ETTH. The median time to significant reduction in headache intensity after taking rapidly absorbed ibuprofen (400 mg) is 39 minutes, while for paracetamol (1000 mg) this figure is 53, and for placebo – 180 minutes ($p = 0.02$), while the safety of ibuprofen is comparable to that of placebo [3]. Another way to enhance the effect of ibuprofen is a combination with agents that accelerate its absorption or potentiate its action. It was shown that the median time to significant reduction in headache intensity after taking ibuprofen (400 mg) with caffeine (200 mg) is significantly shorter than after taking ibuprofen alone (400 mg) or placebo [3]. However, frequent use of caffeine-containing products is also undesirable in case of frequent EGTH, since excessive use of caffeine increases the risk of developing chronic EGTH.

CONCLUSION

Thus, the strategy for treating frequent EGBN consists of selecting an effective means of stopping a headache attack and preventing the development of chronic GBN, mainly non-drug. In the treatment of chronic GBN, drug and non-drug therapies are used, the purpose of which is to reduce the frequency of days with headache, while the choice of drug is carried out taking into account the comorbid disease.

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