CONDITION

Tension headache

A tension headache causes a pressing or tightening pain around the head.

WHAT IT IS
Common primary headache causing pressing or tightening pain

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Pressing head pain, scalp tenderness, neck tightness, light sensitivity

WHAT CAUSES IT
Exact cause unknown; pain-processing and muscle sensitivity involved

HOW IT IS DIAGNOSED
Symptom history and examination; no confirmatory test

MAIN TREATMENT
Pain relief, trigger management, and preventive treatment

CAN IT BE CURED?
Sometimes - episodes can stop recurring

IS IT AN EMERGENCY?
Sometimes - sudden severe pain or neurological symptoms

LONG-TERM OUTLOOK
Often manageable, but chronic headaches can persist

Overview

A tension headache is a common type of primary headache. "Primary" means that the headache itself is the condition, rather than a symptom caused by another illness.

The pain usually feels like pressure or a tight band around the head. It is often felt on both sides and may extend into the scalp, neck, or shoulders. Unlike migraine, it does not usually cause throbbing pain, vomiting, or a strong need to avoid normal movement.

Despite the name, tension headaches are not simply caused by emotional tension. Stress can contribute, but changes in how the nervous system processes pain and increased sensitivity in muscles around the head and neck may also be involved.

Tension headaches do not damage the brain. However, frequent headaches can affect concentration, sleep, work, study, exercise, and social activities. Repeated use of pain

medicines can also make headaches more frequent.

Symptoms

Tension headache pain is usually mild to moderate. Common features include:

An episode may last from about 30 minutes to several days. Some people remain able to continue their usual activities, although the pain may make those activities harder.

Tension headaches do not usually cause nausea or vomiting. You may be sensitive to light or sound, but having both is more typical of migraine. Some headaches have mixed features, so the distinction is not always obvious without an assessment.

Doctors describe tension headaches by how often they happen. Episodic tension headaches occur on fewer than 15 days each month. Chronic tension headaches occur on at least 15 days a month for more than three months. This distinction matters because frequent headaches may need a different management plan.

- Dull, pressing, or tightening pain rather than throbbing
- Pain on both sides of the head
- Pressure across the forehead or around the temples
- Tenderness in the scalp, neck, or shoulder muscles
- Pain that is not made much worse by walking or other routine activity

Causes and risk factors

The exact cause of tension headache is not fully understood. Tight or tender muscles may contribute, especially during occasional episodes. In chronic tension headache, the nervous system may become more sensitive to pain signals.

Factors that may bring on or worsen an episode include:

These factors do not affect everyone in the same way. A headache occurring after screen use, for example, does not necessarily mean that the screen caused it.

Tension headaches can occur at any age. People who already have migraine may also experience tension-type headaches, and the two can sometimes be difficult to separate.

- Emotional stress, anxiety, or prolonged concentration
- Poor-quality or disrupted sleep

- Skipping meals or becoming dehydrated
- Long periods in one position, including screen or desk work
- Jaw clenching or teeth grinding
- Eye strain or an uncorrected vision problem
- Sudden changes in caffeine intake

Diagnosis

There is no blood test or scan that confirms a tension headache. Diagnosis is based on the pattern of symptoms, your medical history, and a physical and neurological examination.

You may be asked where the pain occurs, what it feels like, how long it lasts, and how often it happens. Other useful details include whether you have nausea, light or sound sensitivity, vision changes, weakness, fever, or symptoms brought on by coughing or exertion.

A headache diary can help show patterns. You can record the timing, length, symptoms, possible triggers, medicines taken, and effect on normal activities.

Brain scans are not routinely needed when the symptoms and examination fit a tension headache and there are no warning signs. A scan does not usually show tension headache itself. Blood tests, eye tests, or imaging may be considered when the history suggests another cause.

Other conditions that can resemble tension headache include migraine, medication-overuse headache, jaw joint problems, eye strain, and headaches related to an infection or head injury. A new or substantially changed headache may need reassessment even if you have had tension headaches before.

Treatment and management

Treatment depends on how often the headaches occur, how much they affect you, and whether pain medicines are being used frequently.

For an occasional episode, simple pain-relieving medicines such as paracetamol, also called acetaminophen, or a non-steroidal anti-inflammatory drug like ibuprofen or naproxen may help. These medicines are not suitable for everyone. A pharmacist or healthcare professional can help you check what is appropriate, particularly if you are pregnant, take other medicines, or have kidney, liver, bleeding, or stomach problems.

Using acute headache medicines too often can lead to medication-overuse headache. This causes headaches to become more frequent or persistent. Keep track of how often you take pain relief and seek advice if you need it regularly.

Non-medicine approaches may include:

Evidence for individual approaches differs, and no single method works for everyone. Massage may provide temporary comfort but does not correct an underlying brain or muscle abnormality.

If headaches are frequent or chronic, preventive treatment may be considered. This means taking treatment regularly to reduce future headache days rather than treating one episode at a time. Options can include a preventive medicine, commonly certain medicines that also affect pain signalling, or a course of acupuncture. Benefits may take time to assess, and possible side effects should be discussed before treatment begins.

Opioid painkillers like oxycodone or morphine are generally avoided for tension headache because they can cause dependence, side effects, and medication-overuse headache without offering a good long-term solution.

- Taking short breaks from prolonged screen or desk work
- Using relaxation or stress-management techniques
- Improving sleep routines
- Gentle physical activity
- Addressing jaw clenching or poor working posture
- Physiotherapy when neck or shoulder problems contribute

Complications

Tension headache itself does not usually cause brain damage, stroke, or permanent neurological problems.

The main complications come from frequent pain and repeated medicine use. Chronic headaches may disrupt sleep, mood, concentration, work, education, and relationships. Pain may also lead you to avoid activity, which can contribute to neck stiffness and reduced well-being.

Medication-overuse headache is an important possible complication. It should be considered when headaches become more frequent while pain medicines are being taken regularly. Headaches can temporarily worsen when overused medicine is reduced, so support from a

healthcare professional may be helpful.

Prevention

Not every tension headache can be prevented. There is no single proven way to stop all episodes because the exact cause is not known.

You may be able to reduce your headache burden by identifying personal patterns. A diary can show whether headaches follow missed meals, poor sleep, prolonged desk work, stress, or frequent use of pain relief.

Regular meals, enough fluids, consistent sleep, physical activity, and breaks from fixed postures are reasonable measures when these factors relate to your headaches. Try to avoid making many strict lifestyle changes at once. That can make it difficult to know what helps and may add unnecessary stress.

If headaches remain frequent despite these measures, preventive treatment may be more useful than repeatedly treating each episode.

Living with it and what to expect

Many people have occasional tension headaches that settle with simple measures and do not cause long-term problems. Episodes may become less frequent, remain intermittent, or stop recurring.

For some people, headaches become frequent or chronic. Chronic tension headache can continue for months or years, although its intensity and frequency may change. Treatment usually aims to reduce headache days, make episodes less disruptive, and prevent medication overuse. It may not remove every headache.

Keeping normal routines where possible can help prevent pain from taking over daily life. Pacing activities may be more helpful than either pushing through severe pain or avoiding all activity.

Your headache pattern can change over time. Arrange a review if headaches become more frequent, develop migraine-like symptoms, no longer respond to your usual measures, or begin to affect sleep, mood, work, or other parts of life.

When to get medical help

Arrange a routine appointment if:

Seek urgent medical assessment for a new headache during pregnancy or soon after giving birth, after a significant head injury, or alongside persistent vomiting. You should also get prompt help for a new headache with scalp tenderness or jaw pain while chewing, especially after age 50.

Call emergency services for:

These features are not typical of tension headache and need assessment for other causes.

- Headaches are happening regularly or becoming more frequent
- You need pain medicine repeatedly
- The symptoms are affecting work, sleep, study, or daily activities
- Your headache pattern has changed
- You are unsure whether the headaches are tension headaches or migraines
- A sudden, extremely severe headache that reaches maximum intensity quickly
- Headache with weakness, numbness, facial drooping, confusion, fainting, or difficulty speaking
- Headache with a seizure
- Headache with fever, a stiff neck, marked drowsiness, or a new rash
- Severe headache with sudden loss of vision

Common questions

What does a tension headache feel like?

It usually feels like pressure, squeezing, or a tight band around the head. The pain is often on both sides and may be accompanied by tenderness in the scalp, neck, or shoulders.

How can I tell a tension headache from a migraine?

Tension headache is usually pressing rather than throbbing and is not greatly worsened by routine movement. Migraine is more likely to cause nausea, throbbing pain, or sensitivity to both light and sound. Symptoms can overlap, so a changing or unclear pattern may need assessment.

Are tension headaches caused by stress?

Stress may trigger or worsen an episode, but it is not the only cause. Sleep disruption, muscle tenderness, jaw clenching, prolonged posture, and increased sensitivity in the nervous system

can also contribute.

Can a tension headache last for days?

Yes. An episode can last from about 30 minutes to several days. Chronic tension headache may be present for long periods or feel almost continuous. A new persistent headache should not automatically be assumed to be a tension headache.

Does a tension headache mean my blood pressure is high?

Usually not. Mild or moderate increases in blood pressure do not commonly cause headache. Very high blood pressure with symptoms such as chest pain, breathlessness, confusion, vision changes, or neurological problems requires urgent medical assessment.

Can tension headaches go away permanently?

They can. Some people have only occasional episodes or stop having them over time. Others continue to have recurring headaches, and a smaller group develops chronic symptoms. There is no way to predict the exact course for one person.

Sources

- Headache Classification Committee of the International Headache Society. The International Classification of Headache Disorders, 3rd edition . Cephalalgia. 2018;38(1):1-211
- National Institute for Health and Care Excellence. Headaches in over 12s: diagnosis and management . Clinical guideline CG150
- Department of Veterans Affairs and Department of Defense. VA/DoD Clinical Practice Guideline for Management of Headache . 2023
- Bendtsen L, Evers S, Linde M, Mitsikostas DD, Sandrini G, Schoenen J. EFNS guideline on the treatment of tension-type headache . European Journal of Neurology. 2010;17(11):1318-1325
- British Association for the Study of Headache. National Headache Management System for Adults . 2019