

# Educational and Supportive Self-Management Program for the Treatment of Chronic Headache

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## Related Article

**Supportive Self-Management Program for People With Chronic Headaches and Migraine: A Randomized Controlled Trial and Economic Evaluation**

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In the study “Supportive Self-Management Program for People With Chronic Headaches and Migraine: A Randomized Controlled Trial and Economic Evaluation,” Underwood et al.<sup>1</sup> looked at whether a group educational and supportive self-management program would benefit patients with chronic headache.

## How Was This Study Conducted?

Between 2017 and 2019, 736 patients with chronic headache, living in the United Kingdom, enrolled in a 12-month study. Approximately 83% of participants were women, with 99% experiencing either chronic migraine headache or chronic tension-type headache with episodic migraine.

Participants were divided into 2 groups. The first group attended 2 one-day group sessions 1 week apart. These sessions focused on learning about headaches, including various strategies and lifestyle changes aimed at decreasing headache frequency and improving quality of life. The sessions were followed by a one-on-one interview with a nurse. The participants were also offered up to 8 weeks of telephone support. The one-on-one session and telephone follow-ups provided the patients with support for setting goals, making lifestyle changes, and handling drug management.

The second group was given a 17-minute relaxation CD, which focused on breathing followed by muscle relaxation. Participants were encouraged to use the CD 2 to 3 times per week, or more if they felt it was necessary, over the course of the 12-month study.<sup>2</sup>

All participants completed a short test used to measure how much their headaches affect their ability to function at work, school, home, and in social situations. Participants took this test at the beginning of the study and retook it at the end (at 12 months). The recorded number of monthly headache days was also collected at 4, 8, and 12 months.

### What Did the Study Show?

This study did not show a reduction in headache frequency or improvement in headache-related quality of life in patients who participated in brief group session and self-management program compared with those who used the relaxation CD.

### What Does This Mean for Patients With Chronic Headache?

This study demonstrated that short group sessions and self-management programs are not likely to be make a meaningful difference in the treatment of the 2 types of headache addressed in the study.

### Future Directions

Factors such as poor sleep, high stress, anxiety, depression, and medication overuse have been associated with worse outcome in headache-specific measures (that is, the frequency, duration, and intensity of headache attacks) and headache-related quality of life in patients with chronic headache.<sup>3</sup> More studies are needed to see how behavioral and educational methods of treatment intended to address these factors can be used in the prevention and treatment of chronic migraine and tension headache.

# About Chronic Headache

## What Is Chronic Headache?

According to the Global Burden of Disease study, chronic headache affects 4.6% of the world's population.<sup>4</sup> It can affect people of all ages, sexes, races, and geographical origins. It is a recognized source of personal and economic burden. Recurrent headache can negatively affect home life, social life, and employment prospects.

Chronic headache is defined as headaches that occur on 15 or more days per month for at least 3 months. Most chronic headaches fall into 2 categories: chronic migraine headache or chronic tension headache.

Both migraine and tension-type headache are considered primary headache disorders. Primary headache disorders are not caused by an underlying disease or condition.

Tension-type headache is the most common type, affecting approximately 26% of the general population. Migraine affects approximately 14% of the general population.<sup>4</sup> Both headache types have been shown to affect women more frequently.

## How to Differentiate Between Chronic Tension Headache and Chronic Migraine Headache

Tension headaches are headaches that affect both sides of the head, nonthrobbing/nonpulsating, are mild to moderate in intensity, and are not worsened by routine physical activity.

Migraine headaches are described as headaches located on one side of the head, throbbing/pulsating, severe in intensity, and worsened by movement (such as walking or climbing stairs). Migraine headaches are also more likely to be associated with light and sound sensitivity and nausea and vomiting.

Both migraine and tension headaches can last for hours or even days if left untreated.

## How Is Chronic Headache Treated?

Despite a wide array of available treatment options, headache disorders remain underdiagnosed and undertreated worldwide. Keeping a headache diary that includes headache frequency, duration, and associated symptoms can help patients and providers identify the appropriate diagnosis and treatment plan.

Regular physical activity, good sleep practices, stress management, and regular meals are lifestyle changes that are known to reduce headache burden.

Acupuncture, cognitive behavioral therapy, relaxation therapy, and biofeedback (a mind-body technique that teaches patients how to use sensors to help control functions such as heart rate, muscle contraction, breathing, and skin temperature to improve conditions such as

headaches) are other available nonmedication-based treatment options.

Over-the-counter pain medicine (such as ibuprofen, naproxen, or acetaminophen) or prescription medications (such as triptan or gepant) can be used to break moderate to severe headaches. If headaches are no longer responding to acute therapy, occur more than twice per week, and/or are associated with severe disability 4 or more times per month, daily preventative medication should be considered.

Limiting the use of acute headache therapy to 10 days per month can reduce the risk of developing medication overuse headache.

Certain antidepressant and anticonvulsant medications are also sometimes used to prevent both chronic tension headache and chronic migraine headache.

Neuromodulation treatment using nerve stimulation devices, such as Cefaly or vagus nerve stimulation, may also be helpful to both break and prevent migraine headache.

### For More Information

#### **Brain & Life**

[brainandlife.org](http://brainandlife.org)

#### **American Migraine Foundation**

[americanmigrainefoundation.org/living-with-migraine/migraine-essentials/](http://americanmigrainefoundation.org/living-with-migraine/migraine-essentials/)

#### **National Headache Foundation**

[headaches.org/](http://headaches.org/)

#### **Miles for Migraine**

[milesformigraine.org/educational-events/](http://milesformigraine.org/educational-events/)

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