Letter to the editor

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Words matter: Towards a name rethinking for tension-type headache to move beyond stigma and misunderstanding

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To the Editor,

As patient organizations, we aim to promote evidence-based headache management and combat stigma faced by patients with this often-underestimated condition. Through our active social media channels and observatory, we monitor posts, comments, and content that may be inaccurate or harmful. We highlight that, despite the International Headache Society (IHS)'s awareness efforts, for instance, the "Tension-Type Headache Awareness Campaign" (https://ihs-headache.org/en/resources/tension-type-headache-awareness-campaign/), patients with tension-type headaches (TTH) face stigma and misinformation due to poor doctor communication and online information. They often believe their headache is a secondary condition caused by muscle tension or stress, face discrimination from people who see them as complainers, and are targeted by aggressive marketing for unnecessary treatments for muscle and psychological relaxation, which worsens misconceptions and marginalizes them.

The lack of medical interest in this field is well-known: even after the International Classification of Headache Disorders (ICHD), second edition (ICHD-II), Olesen criticized the lack of scientific and clinical interest in TTH, noting instead significant commercial interest. He linked this to the International Classification of Diseases, 8th version (ICD-8), which omits this headache type; a gap that, by denying TTH a formal diagnostic and reimbursement code, likely discouraged both research funding and pharmaceutical investment in dedicated treatments. Although addressed in the tenth and current eleventh editions of the ICD, the problem persists, as Olesen recently noted.[1] Evidence is clear: between 1989 and 2025, the last complete year, 1248 PubMed articles discussed "tension-type headache", while 24,348 discussed "migraine"; the latter increased exponentially over time, even before new treatments appeared (search conducted in June 2026). The lack of treatment options for such a common condition is obvious: there is little interest in developing specific drugs for a neglected disease, whereas few "repositioned" drugs have sufficient evidence to support their use due to a shortage of high-quality clinical trials. Thus, many drugs are prescribed off-label worldwide. The consequences of this broad disinterest threaten core bioethical medical principles such as beneficence, non-maleficence, respect for patient autonomy, and distributive justice.[2] This is concerning, since TTH is the most common headache and one of the most prevalent disorders worldwide.[3] This leaves patients to fend for themselves, risking harmful, fraudulent, ineffective, and costly treatments.

In our work, we see that the term "tension" often causes misunderstanding, as it may suggest muscular or emotional causes, rather than the pressing or tightening nature of pain. The ICHD-3 notes that many names, including tension headache, muscle contraction headache, psychomyogenic headache, stress headache, ordinary headache, essential headache, idiopathic headache, and psychogenic headache,[4] were previously known for this headache. While "tension" made sense in the 1988 ICHD-I,[5] referring to the 4th diagnostic level for possible emotional or muscular triggers, it lost relevance in the following editions when that level was removed due to a lack of evidence; central and peripheral sensitization, indeed, are now known to be key to its pathophysiology.[6] However, the term "tension" remains in the classification today. Nearly 40 years after this headache type was renamed, misconceptions persist, partly because the term endures. In 2016, neurologist and TTH sufferer Prakash noted that patients often feel stigmatized by "tension," with many denying stress or tension initially, which can cause guilt or lead to denial, symptom concealment, and reluctance to seek help.[7]

We conducted an online search to see if the ambiguity of the term "tension" was limited to a few languages and to find out what this headache is called in other countries. We also wanted to know if "tension" could be ambiguous in other languages (Table 1). The results, shown in the table, support this hypothesis.

The ambiguity of the term also leads to an overlooked issue among doctors. This almost taboo topic must be acknowledged: the tendency for healthcare providers to dismiss or downplay TTH patients' symptoms. This can cause patients to doubt whether their condition is real and question their own experiences (medical gaslighting). This stigma results in self-blame, decreased self-esteem, and less willingness to seek treatment, similar to what occurs in migraine.[8] It also encourages patients to seek answers outside the medical system, often resorting to charlatans, unqualified

Table 1. Cross-linguistic comparison of terms used in official ICHD-3 translations for "tension-type headache": Lexical ambiguity between emotional/psychological and muscular/physical meanings across 26 languages.

Language	Local diagnosis term for "tension-type headache"	Lexeme for "tension" in the term	Emotional meaning (stress, nervousness)	Muscular/physical meaning (muscle/tonic tension)	Source type (typical)
English	Tension-type headache	tension	Yes – can mean psychological tension, stress	Yes – also muscle/ physical tension	ICHD 3 main English version
Arabic	صداع التوتر (ṣudāʿ al tawattur)	توتر (tawattur)	Yes – very strong: stress, nervousness	Yes – can also denote physical tension	Arabic headache papers / local guidelines
Bulgarian	Тензионно главоболие / главоболие от тензионен тип	тензионно / тензионен	No – sounds like a technical loanword, not used for emotions	Yes – biomedical "tension type" quality	Bulgarian ICHD 3 translation
Chinese – simplified	紧张型头痛	紧张 (jǐnzhāng)	Yes – very common for "nervous, anxious, under stress"	Yes – also "tight, tense" muscles	Mainland Chinese ICHD 3 translation
Chinese – traditional (Taiwan)	緊張型頭痛	緊張	Yes – same dual use: nervous, stressed	Yes – also muscular/ physical tension	Taiwan Mandarin ICHD 3 translation
Czech	Tenzní bolest hlavy / bolest hlavy tenzního typu	tenzní	No – technical adjective; emotional tension is napětí	Yes – physical/ biomechanical "tension type"	Czech ICHD 3 translation
Danish	Spændingshovedpine	spænding	Yes – psychological tension, stress	Yes – physical/ muscular tension	Danish neurology/ headache literature
Dutch	Spanningshoofdpijn	spanning	Yes – psychological tension, suspense, stress	Yes – physical/ muscular tension	Dutch headache guidelines / reviews
Finnish	Jännityspäänsärky	jännitys	Yes – psychological tension, nervousness	Yes – physical/ muscular tension	Finnish neurology/ headache literature
French	Céphalée de tension / céphalée de type tension	tension	Yes – tension nerveuse	Yes – tension musculaire	Official French ICHD 3 translation
German	Kopfschmerz vom Spannungstyp / Spannungskopfschmerz	Spannung	Yes – innere Spannung = inner tension, nervousness	Yes – Muskelspannung = muscle tension	Official German ICHD 3 translation
Greek	Κεφαλαλγία τύπου τάσης	τάση (tási)	Yes – can denote psychological tension/pressure	Yes – also physical tension, strain	Greek neurology/ headache publications
Hebrew	כאב ראש מסוג מתח (ke'ev rosh misug metach)	מתח (metach)	Yes – primary everyday word for stress, psychological tension	Yes – also used for physical tension	Hebrew language neurology/ headache publications
Hindi	तनाव प्रकार का सिरदर्द (tanāv prakār kā sir dard)	तनाव (tanāv)	Yes – strong: stress, psychological pressure	Yes – can also denote physical tension/ strain	Hindi language clinical/ educational materials
Hungarian	Tenziós fejfájás	tenziós	No – technical; emotional tension is feszültség	Yes – biomedical "tension type"	Hungarian headache literature
Japanese	緊張型頭痛	緊張 (kinchō)	Yes – canonical word for "being tense, nervous"	Yes – also used for muscle/physical tension	Japanese ICHD 3 translation

(continued)

Table 1. Continued.

Language	Local diagnosis term for "tension-type headache"	Lexeme for "tension" in the term	Emotional meaning (stress, nervousness)	Muscular/physical meaning (muscle/tonic tension)	Source type (typical)
Korean	긴장형 두통	긴장 (ginjang)	Yes – strong: psychological tension, nervousness	Yes – also muscle/physical tension	Korean ICHD 3 usage in literature
Norwegian	Spenningshodepine	spenning	Yes – psychological tension, suspense, stress	Yes – physical/muscular tension	Norwegian clinical/academic texts
Persian (Farsi)	سردرد تنشی (sardard e taneshi)	تنشی (taneshi)	Yes – can denote psychological tension/stress	Yes – also used for physical/muscular tension	Persian headache papers/reviews
Polish	Ból głowy typu napięciowego	napięciowy (from napięcie)	Yes – napięcie can be psychological tension	Yes – also physical/muscular tension	Polish headache/neurology literature
Portuguese (EU/BR)	Cefaleia do tipo tensão / cefaleia tensional	tensão / tensional	Yes – tensão = emotional tension, stress	Yes – also muscle/physical tension	Official Portuguese & Brazilian ICHD 3 translations
Serbian	Тензиона главобоља / главобоља тензионог типа	тензиона	No – technical, not the everyday word for stress	Yes – biomedical "tension type"	Serbian ICHD 3 beta translation / local use
Spanish	Cefalea de tipo tensional / cefalea tensional	tensional (from tensión)	Weak – emotional nuance is indirect/technical	Yes – "tension-related" physical quality	Official Spanish ICHD 3 translation
Swedish	Spänningshuvudvärk	spänning	Yes – psychological tension, "being tense"	Yes – physical/muscular tension	Swedish clinical texts/guidelines
Turkish	Gerilim tipi baş ağrısı	gerilim	Yes – psychological tension, stress	Yes – also physical/strain, "tension"	Turkish headache literature/guidelines
Vietnamese	Đau đầu kiểu căng thẳng	căng thẳng	Yes – very strong: stress, mental strain	Yes – also "tight, tense" physically	Vietnamese ICHD 3 translation

practitioners, or costly, ineffective treatments. About 40% of patients with chronic TTH use self-prescribed complementary therapies, including chiropractic (22%) and massage (18%). Seventy percent mistakenly believe these treatments are specific for headaches, and 60% do not inform their doctors.[9] This mostly occurs outside the doctor-patient relationship, in unsupervised settings, reflecting patients' misconceptions about the causes of headache, feeding a thriving market built on cures that rarely deliver.

Therefore, with the upcoming release of the next version of the ICHD, we recommend removing the term "tension" from diagnoses and replacing it with a non-stigmatizing, more accurate term reflecting the headache's underlying pathophysiology or clinical presentation. This change follows the same approach as psychiatrists in their DSM: in the fourth edition, they changed "Psychogenic Pain Disorder" to "Pain Disorder" to destigmatize it, as the psychogenic label invalidated patients' real suffering, and in the fifth edition, they removed the disorder for similar reasons, as the concept of psychogenic pain has evolved and undergone a profound reevaluation.[10]

A replacement term, excluding unproven references to physical, emotional, or psychological states, should be nosologically neutral, phenomenologically descriptive, non-stigmatizing, and linguistically stable across translations.

Therefore, we suggest the following non-exhaustive options for your consideration:

1. Holocrania (or the neologism "allgraine" in English, formed by attaching 'all-' to '-graine', a splinter extracted from "migraine" through libfixation) would act as a counterpoint to "migraine", from the Ancient Greek "hēmikranía" (half-head): "holocrania" (all-head) is different yet symmetrical, non-stigmatizing, and clear. This is our preferred option because: (1) not all TTH cases are strictly holocranial, just as not all migraines are strictly unilateral, an asymmetry that mirrors the same conceptual imprecision already accepted for "hēmikranía/migraine", making "holocrania/allgraine" no less accurate a descriptor than the term it counterbalances; (2) it aligns with the ICHD, which frames

TTH as the clinical opposite of migraine, functioning as a "non-migraine" condition given its diagnostic criteria being both opposite and complementary.
2. Tegumental (or integumental) headache: this replacement of the ambiguous term "tension" neutrally emphasizes the extracranial source and localization of pain, even if the extracranial origin is not specific to this headache, nor is it the only pain mechanism in TTH.
3. Primary sensitization headache: the term "sensitization," which may be confusing as it resembles "sense" or "sensibility," is clearer than "tension" and refers to the underlying mechanism, involving central or peripheral sensitization, shared with other headaches, but without trigeminal-vascular involvement seen in migraine and autonomic headaches.

In conclusion, renaming tension-type headache is more than a terminological change; it is a clarification and a scientific correction that addresses nosological incoherence, with human and medical benefits, such as combating stigma, correcting misconceptions, and avoiding misinformation. These are shared responsibilities for clinicians, researchers, scientific societies, and patient groups.

We urge everyone involved in caring for patients with this condition to act. No patient should be confused or feel alone, despite this being a common yet misunderstood neurological disorder. When patients do not understand their diagnosis, they face self-doubt, social judgment, and exploitation for profit.

Words matter: they shape self-perception, societal views, and medical responses. Picking the right diagnosis name is an act of care.

We remain at your disposal for any further discussion and look forward to a constructive dialogue on this matter.

Cherubino Di Lorenzo
Department of Medico-Surgical Sciences and Biotechnologies, Sapienza University of Rome, Latina, Italy
Alleanza Cefalalgici (Al.Ce.), Reggio Emilia, Italy

Stefania M. Maci
Department of Foreign Languages, Literatures and Cultures, University of Bergamo, Bergamo, Italy

Elena Ruiz de la Torre
European Migraine and Headache | International Migraine and Headache Alliance (EMHA | IMHA), Bruxelles, Belgium

Alessandra Sorrentino
Alleanza Cefalalgici (Al.Ce.), Reggio Emilia, Italy

Giorgio Sandrini
Alleanza Cefalalgici (Al.Ce.), Reggio Emilia, Italy

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ORCID iD

Di Lorenzo Cherubino https://orcid.org/0000-0003-0845-5694

Author contributions

C.D.L.: conceptualization, writing – original draft, writing – review & editing, project administration. S.M.M.: formal analysis, writing – review & editing. E.R.d.l.T.: conceptualization, resources, writing – review & editing. A.S.: conceptualization, resources, writing – review & editing. G.S.: supervision, writing – review & editing.

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