

APPROPRIATE PAIN RELIEF FOR TENSION-TYPE HEADACHE

Tension-type headache is one of the most common primary headache disorders,^{1,2} and frequent headaches can be associated with loss of quality of life.¹ How can you support your customer to choose a fast-acting, effective treatment?

This *Guidelines for Pharmacy* card summarises key professional guidance to help you advise customers and make confident recommendations.

What the guidelines say

“ Consider **aspirin, paracetamol or an NSAID** for the acute treatment of tension-type headache, taking into account the person's preference, comorbidities and risk of adverse events – NICE³ ”

“ Do not offer opioids for the acute treatment of tension-type headache – NICE³ ”

“ Advise the person to take a therapeutic dose **as soon as possible after onset** of attack – NICE¹ ”

Advice and discussion points

Advise the person about potential triggers, such as stress, dehydration, squinting, and poor posture,⁴ and consider using a headache diary to aid the diagnosis of primary headaches.³

Recommend a pain relief approach tailored to the type of pain and the patient's treatment priorities.

Explain how to take the medication (e.g. with or without food), how often to take it, and for how long (i.e. short-term usage for not more than a few days at a time).⁴

Refer to GP if red flag symptoms are present.^{[A],5}

NSAID=non-steroidal anti-inflammatory drug

[A] **Refer following headache symptoms to GP:** persists despite OTC treatment or after a head injury; causes difficulty in doing daily activities or work; increased headache frequency; sudden, severe headache; worse on coughing, laughing, straining, bending or lying flat; prevents sleep or causes waking from sleep; accompanied by high fever, unexplained vomiting, stiff neck or drowsiness; other symptoms, e.g. difficulty looking at bright lights, new eye symptoms (e.g. sudden blind spots) develop weakness, numbness or odd sensations on the body, pain when chewing, muscle pains, tender scalp, feeling unwell or unsteady on the feet; changes to speech or personality.³

This concise consultation card was developed by *Guidelines for Pharmacy* in partnership with Reckitt.



RECOMMEND NUROFEN EXPRESS FOR FASTER HEADACHE RELIEF THAN STANDARD PARACETAMOL^{[B],6}



Key facts:

- Nurofen Express starts to get to work in 10 minutes^{[C],7,8} and provides up to 8 hours' headache relief (one-capsule dose)⁹
- Nurofen Express provides faster and more efficacious headache relief than standard paracetamol.^{[D],6}

What the studies show:

- A higher percentage of people achieved meaningful tension-type headache relief by 30 minutes with ibuprofen (20%) vs those taking paracetamol (2%)^{[D],6}
- 75% of people achieved complete relief at 3 hours with ibuprofen vs 32% with paracetamol^{[D],6}
- Ibuprofen has comparable gastrointestinal (GI) tolerability to paracetamol at OTC doses, when used short-term for mild-to-moderate pain.^{[E],10,11}

[B] With a 400 mg dose vs standard paracetamol

[C] Refers to absorption

[D] Double-blind, randomised, parallel group study in episodic tension-type headache with a 400 mg dose liqigel ibuprofen capsule (n=60) vs 1000 mg standard paracetamol (n=62). Meaningful relief: $p \leq 0.007$ for ibuprofen vs placebo, $p = 0.465$ for paracetamol vs placebo. Complete relief: $p = 0.039$ for paracetamol vs placebo, $p \leq 0.001$ for ibuprofen vs paracetamol.

[E] When used at OTC doses (ibuprofen up to 1200 mg/day vs standard paracetamol up to 3000 mg/day) for short duration. Randomised, blinded, parallel-group trial and meta-analysis in patients requiring short-term analgesic treatment of mild-to-moderate pain: digestive system adverse events occurred in 4% of patients taking ibuprofen (n=2869) and 5.3% of patients taking paracetamol (n=2874). GI adverse events, including abdominal pain, occurred in 11.5% of patients taking ibuprofen (n=2869) and 13.1% of patients taking paracetamol (n=2874). There are some special warnings and contraindications regarding the GI safety of ibuprofen (including those with pre-existing GI conditions), please see the SPC for full details (unless advised by a doctor).

REFERENCES:

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4. NHS. *Tension-type headaches*. www.nhs.uk/conditions/tension-headaches (Accessed 27 August 2021)
5. Self Care Forum. *Factsheet. Headache and migraine*. <http://dev.selfcareforum.org/wp-content/uploads/2020/11/Headache-final-2020.pdf> (Accessed August 2021)
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7. Reckitt Benckiser Ltd. Data on File; Study No: NL0703, 2008.
8. Reckitt Benckiser Ltd. Data on File; Study No: NL97009, 1998.
9. Nurofen Express 400 mg Liquid Capsules SPC. Accessed August 2021. www.medicines.org.uk/emc/product/5632
10. Moore N et al. *Clin Drug Invest* 1999; **18**: 89–98.
11. Rampal P et al. *J Int Med Res* 2002; **30**: 301–308.

[Click here for the Long-form Essential Information](#)

ESSENTIAL INFORMATION:

Nurofen Express 400 mg Liquid Capsules (Ibuprofen 400 mg).

For symptomatic relief of non-serious arthritic conditions, rheumatic or muscular pain, backache, neuralgia, migraine, headaches, dental pain, dysmenorrhoea, feverishness, colds and influenza. License Holder: Reckitt Benckiser Healthcare (UK) Ltd, SL1 4AQ. Legal category: P. Information about this product, including adverse reactions, precautions, contra-indications, and method of use can be found at <https://www.medicines.org.uk/emc/product/5632>. Date of last revision: January 2021

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Reckitt Benckiser Healthcare (UK) Ltd on: 0333 200 5345