



Biobehavioral Management of Headaches

André Marinho Paiva Nogueira¹; Gabriela Cacau Sousa Santos²; Luis Eduardo Matoso Vieira¹; Déborah Marinho Paiva Nogueira³; Raynrich Kevin Assis Lima⁴; Isabela Cacau Sousa Santos⁴; Gabriel Coelho Gondim de Oliveira Lima⁵.

1. Universidade Federal do Ceara, Fortaleza - CE - Brasil;
2. Universidade Federal do Ceará, Fortaleza - CE - Brasil;
3. Universidade de Fortaleza, Fortaleza - CE - Brasil;
4. Universidade de Fortaleza, Fortaleza - CE - Brasil;
5. Universidad de Buenos Aires, Buenos Aires - Argentina.

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Introdução

Headache disorders rank as one of the most widespread and incapacitating health issues on a global scale, with an estimated global active prevalence that reaches 52%, being a major public health issue to be managed. In the context of acute and prophylactic management of headaches, although pharmacological approaches such as over-the-counter medications (i.e., simple analgesics and NSAIDs) and even opioids are predominant, biobehavioral treatments like cognitive behavioral therapy, biofeedback, relaxation techniques, mindfulness-based therapies, and acceptance and commitment therapy can be applicable for managing headaches, both in the context of immediate relief and long-term prevention. Despite its treatment value, non-standard proposals may present obstacles to be accepted and sustained by patients.

Methodology

We conducted a comprehensive search of relevant literature in databases such as PubMed, UptoDate and Cochrane Library to gather information on non-pharmacological management of headaches. We aimed to find literature published between 2017 and 2023 and applied specific keywords to narrow down the search results e.g. "Headache", "Non- pharmacological management", "Psychological management" and "Behavioral management". 8 articles have been selected, between systematic reviews, meta-analysis and case control studies.

Objectives

To analyze the existence and applicability of behavioral and psychological strategies on the management of headaches in the context of pharmacological overuse.

Discussion

It is well known that the overuse of medication for headache can lead to potentially harmful effects to patients who suffer from this kind of pain. A peculiar example is the Medication- Overuse Headache (MOH), a chronic secondary headache disorder caused by the frequent and regular administration of acute antimigraine drugs or analgesics in patients with a primary headache. Educating patients about their condition, which includes advising them to avoid medication overuse, is still the most important form of prevention to MOH, combined with rational prescriptions of analgesics by clinicians. In this sense, evidence shows that despite the treatment setting, behavioral interventions and psychological counseling should be part of an interdisciplinary treatment approach. Also, being stress the most common headache trigger, psychological therapies are pertinent in managing the pain process. Considerable research demonstrates the effectiveness of cognitive behavioral therapy (CBT) in relieving headache; for instance it is observed as benefits of CBT a low consumption of medications and less frequent, less intense and less lasting headache episodes. CBT allows that, through perception in contexts of stress, the patient takes actions that protect him from starting, maintaining or prolonging pain. The integration of the CBT method with mindfulness components, specifically nonjudgmental acceptance of moment-to-moment experience, provides the ability to exercise full attention and to accept pain, without exaggerating it emotionally. Thus, biobehavioral treatments allow patients to deal with the subjective experience of pain associated with his beliefs, evaluations and confrontation of pain, equipping him with self-efficacy, (i.e., with control over pain), daily changing his maladaptive cognition. Despite the established efficacy of nonpharmacological interventions in the treatment of headaches, there is still limited availability and low adherence by patients, which makes these approaches arduous to apply.

Conclusion

Behavioral and psychological approaches, evidencing CBT and Mindfulness-Based Stress Reduction, may be a less iatrogenic option to treat and prevent headaches. Important obstacles to the nonpharmacological treatment success are patient's attitudes and beliefs about behavioral interventions, patient's lack of motivation to change and the unawareness of headache triggers, such as stress and medication-overuse.

Palavras-chave: Headache;Biobehavioral treatment;Cognitive behavioral therapy;Medication-Overuse.