



## 4. BÖLÜM

### Gerilim Tipi Baş Ağrısı

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#### GİRİŞ

Gerilim tipi baş ağrısı (GTBA), genel popülasyonda en sık görülen baş ağrısıdır<sup>1</sup> ve reçetesiz satılan analjeziklerin satın alınmasının en yaygın nedenlerinden biridir. Bir GTBA atağı tipik olarak, diğer ilişkili özellikler olmaksızın hafif ila orta şiddette, iki taraflı, zonklayıcı olmayan bir baş ağrısıdır. GTBA'nin patofizyolojisini ve klinik yönlerini anlamak, doğru tanı ve optimum tedavi için önemlidir. Tüm birincil baş ağrısı fenotipleri arasında en az belirgin olanıdır. Ayrıca, yüksek sosyoekonomik etkiye sahip olmasına rağmen, tüm birincil baş ağrısı bozuklukları arasında en az çalışılmış olanıdır.<sup>2</sup> Epizodik GTBA için yıllık yaygınlık oranları kadın ve erkeklerde yaklaşık %80'dir. Toplumdaki yüksek prevalansı nedeniyle, GTBA yüksek derecede engelliliğe neden olur. Sıklığına rağmen, GTBA'da az sayıda plasebo kontrollü önleyici terapötik çalışma yapılmıştır.

#### SINIFLANDIRMA

GTBA en son yayımlanan ICHD-3 sınıflamasında aşağıdaki gibi sınıflandırılmıştır:

- Seyrek epizodik GTBA

1) Perikranyal duyarlılığın eşlik ettiği seyrek epizodik GTBA

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arasında progresif kas gevşemesi, otojenik eğitim (yani, sıcaklık ve ağırlık öneren öz ifadeleri öğrenme), meditatif veya pasif gevşeme ve kendi kendine hipnoz bulunur. Tek başına faydasını gösteren veriler sınırlıdır.

Gevşeme terapisi ile kombine edilmiş biofeedback kullanımı tedavisi tek başlarına uygulanan daha etkili sonuçlar vermektedir.

Yararı destekleyen sınırlı kanıtlara rağmen, sık epizodik GTBA veya kronik GTBA'si olan hastalar için tek başına trisiklik veya davranışsal tedavi yerine kombine trisiklik antidepressan tedavisi artı stres yönetimi tedavisi en uygun tedavi gibi görünmektedir. Bu öneri en çok hem farmakolojik hem de farmakolojik olmayan tedavilere girmek isteyen hastalar için uygundur.

## DİĞER NONFARMOLOJİK TEDAVİLER

Masaj, sıcak/soğuk uygulama, akupunktur ve transkutanöz sinir uyarımının (TENS), gerilim baş ağrılarını azalttığına ilişkin kanıt yoktur.

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