

TENSION HEADACHES AND PSYCHOVEGETATIVE DISORDERS

Akhmedova Dilafroz Bahodirovna

Abstract

This paper presents an advanced approach to the problem of tension-type headache. The pathogenesis of tension-type headache includes different factors: information stress (and other types), lack of sleep and physical activity, postural disorders with the formation of myogenic trigger zones. The authors describe the formation of disadaptation syndrome as a type of reaction to chronic stress exposure, view diagnostic criteria, basic mechanisms of development and chronicity of tension-type headache. Several modern methods of medicamental and non-medicamental therapy are discussed.

Keywords: headache, tension-type headache, children, stress, aminophenylbutyric acid.

Introduction

Tension headaches are common, they progress over time and disrupt the patient's quality of life. According to the World Health Organization, three quarters of the population aged 18 to 65 years have had at least one headache attack in the last year, while chronic tension headaches are observed in 2-3% of the population. Episodic forms of tension headaches are not considered a serious medical or social problem, while chronic tension headaches are accompanied by concomitant disorders, such as various depressions, sleep disorders, somatoform disorders, in which the patient's functioning and quality of daily life are clearly impaired, the difficulty in choosing effective treatment leads to chronic tension headaches to the level of a complex socio-medical problem.

According to the modern classification, all headaches are divided into primary and secondary types. Primary headaches are not associated with organic, traumatic or inflammatory processes. Secondary headaches, on the other hand, are caused by some kind of pathological process. Among the primary headaches, tension headaches and migraines are the most common. Zbo is associated with stress, sleep problems, and the use of certain foods. Currently, the association of zbo with emotional behavior disorders causes muksokams. With chronic ZBO, there is a sharp decrease in labor activity. Decreased attention, hyperbolicity are intensified when family quarrels are observed. Early diagnosis of psychovegetative disorders leads to an improvement in the patient's quality of life and a reduction in the number of lambs. In a patient with chronic headaches, mental stress increases the frequency of the disease. Stressors lead to increased air conditioning, causing anxiety and depression to keep the patient away from others, avoiding mental, emotional and physical activity. In many cases, episodic headaches develop into chronic forms, since patients are mistakenly diagnosed with "dyscirculatory encephalopathy", "intracranial hypertension", "cephalic syndrome", "vegetative dystonia syndrome", non-pathogenetically justified nootropics, lisa you, vitamins (without justification of hypo- or vitamin deficiency). *SZBO diagnostics criteria* (BOHT-3, 2018) [3]:



A. Headache lasts more than 15 days for 1 month, more than 180 days a year and meets the V-D criteria.

V. Headaches last for several hours or are permanentS. Там будут по крайней мере два символа из следующего:

1. Bilateral settlement
2. Analgesic, shortening, non-pulsating property
3. The pain is mild or moderate intensity.
4. The pain does not increase with normal physical movement (walking, climbing stairs)

D. Two characters will be indicated below:

1. no nausea or vomiting (may be anorexia)
2. there will be only one of the following: photo- or phonophobia

E. Headache does not correspond to other diagnoses in boxing

With primary headaches, REG, skull radiography, CT and MRI studies are uninformative, i.e. they do not give any pathological changes. Computed tomography and MRI can detect any pathology only in 2% of cases, when there are no changes in the neurological condition of the patient [9; 10;11]. Some patients may have nonspecific changes that are pathogenetically unrelated to headaches. Examples include ultrasound examination of the skull, "disorders of venous blood flow, decreased blood flow rate in arterial vessels, vertebrogenic effects on blood circulation in the spinal arteries", which are detected during Doppler studies. Nonspecific changes on the radiography of the cervical vertebrae, such as "dystrophic and deformational changes", "increased intracranial pressure" or "dyscirculatory encephalopathy" on the MRI of the skull, should not be considered as a sign of some headache and should not be taken as a basis for diagnosis.

To exclude secondary headaches, it is necessary to be examined by a neuro-ophthalmologist, a vertebroneurologist, a neurosurgeon and a psychiatrist.

The presence of focal neurological signs during examination, signs of systemic diseases (fever, arthralgia, myalgia), changes in ED (blurring of ED, memory loss) and other signs of danger require additional diagnostic tests.

Cases requiring additional examinations for primary headaches [7].

1. If a diagnosis of primary headache is suspected (when atypical complaints or headaches are not characteristic of primary headaches)
2. When signs of danger appear.
3. If symptomatic headaches are suspected, an examination based on the diagnostic criteria of secondary headaches is carried out:
 - Headache is the beginning of the underlying disease or its direct connection with lambs.
 - the presence of clinical signs of the underlying disease;
 - if laboratory and intraperitoneal examination data confirm the presence of the underlying disease;
 - if the headache disappears during remission of the underlying disease or after treatment of the underlying disease.

At the request of the patient and relatives.

Errors in the diagnosis of headaches.

Patients who often suffer from primary headaches are mistakenly diagnosed with "organic" diseases. Usually these diagnoses are erroneous based on additional examination data.

The factors provoking the disease are: problems at home, high demand, dissatisfaction with oneself, criticism from others, lack of close friends, lack of sleep, moving to a new home, problems in school and work, rivalry, imitation, death of a close relative.



Treatment: goiter can be treated with medication. From non-drug methods: cool the joint area, sleep, go for a walk, take a warm bath, massage the neck area, do a relaxing massage in a dark room. From drug treatment, ibuprofen is used during an attack of the disease. In case of maladaptation psychovegetative syndrome, it is advisable to use GABA preparations.

Conclusion: the pathogenesis of ZBO is a violation of gabaergic control, for this reason, psychovegetative disorders are also observed. In addition to NYAQV, antidepressants, muscle relaxants, and GABA-acting agents can also be used in the treatment of the disease.

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