



Tension-Type Headache and Primary Stabbing Headache: Primary Headaches Beyond Migraine

Mi-Kyoung Kang^{ID}

Department of Neurology, Dongtan Sacred Heart Hospital, Hallym University College of Medicine, Hwaseong, Republic of Korea

While migraine remains the most extensively studied and clinically recognized primary headache disorder, it represents only one component of a broad and complex spectrum of headache syndromes. The previous issue featured several in-depth and timely articles highlighting major advances in migraine research and management. A key contribution was the evidence-based clinical practice guideline issued by the Korean Headache Society, which provided structured recommendations for pharmacologic migraine prevention, drawing from the latest literature and national expert consensus.¹ Complementing this, a systematic review and meta-analysis of atogepant evaluated its efficacy and safety as preventive therapy for episodic migraine, offering insights into the expanding clinical role of calcitonin gene-related peptide receptor antagonists.²

However, as advances in migraine management continue to evolve, it remains critical not to overlook other primary headache disorders that also significantly contribute to patient burden and healthcare utilization. Among these, tension-type headache (TTH) and primary stabbing headache are frequently encountered in clinical practice yet remain comparatively underrepresented in research and clinical guidelines.

Lee et al.³ provided a comprehensive overview of recent advances in the epidemiology, pathophysiology, diagnosis, and management of TTH. As the most prevalent

primary headache globally, TTH typically presents with bilateral, pressing or tightening pain of mild to moderate intensity. Although often perceived as less severe than migraine, TTH can become chronic, substantially affecting daily functioning and quality of life. Its pathophysiology is thought to involve peripheral muscle tension and central sensitization, differing from the neurovascular mechanisms observed in migraine. Treatment typically involves nonsteroidal anti-inflammatory drugs, tricyclic antidepressants, and non-pharmacological approaches such as physical therapy, relaxation training, and cognitive-behavioral therapy.

Chandra and colleagues⁴ contributed a valuable review on primary stabbing headache, synthesizing recent insights into this often-overlooked condition and emphasizing the need for individualized treatment approaches. Primary stabbing headache, also known as “ice-pick headache,” is characterized by sudden, brief, and intensely painful localized stabs. Although usually benign, the abrupt onset can be alarming and distressing for patients. This condition may occur independently or alongside other primary headache disorders, such as migraine. The underlying pathophysiology remains unclear, although transient dysfunction in central pain modulation pathways is suspected.⁴

Under-recognition of these non-migraine headache types can lead to misdiagnosis and suboptimal manage-

Received: April 18, 2025; **Revised:** May 8, 2025; **Accepted:** May 8, 2025

Correspondence: Mi-Kyoung Kang, M.D.

Department of Neurology, Dongtan Sacred Heart Hospital, Hallym University College of Medicine, 7 Keunjaebong-gil, Hwaseong 18450, Republic of Korea

Tel: +82-31-8086-3185, Fax: +82-31-8086-2333, E-mail: alroddlbebe@gmail.com

© 2025 The Korean Headache Society

© This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ment, particularly when mistaken for atypical migraine presentations. A comprehensive headache care approach that incorporates TTH and primary stabbing headache alongside migraine is essential. As we build on the innovations and precision in migraine management highlighted previously, future research should aim to fill existing gaps in the understanding and treatment of other primary headaches. Broadening the scope of investigation and clinical focus on these common but frequently overlooked headache types will ensure more inclusive and patient-centered care.

AVAILABILITY OF DATA AND MATERIAL

The data presented in this study are available upon reasonable request from the corresponding author.

AUTHOR CONTRIBUTIONS

Conceptualization: MKK; Writing–original draft: MKK; Writing–review & editing: MKK.

CONFLICT OF INTEREST

Mi-Kyoung Kang is the Editor of *Headache and Pain Research* and was not involved in the review process of this

article. The author has no other conflicts of interest to declare.

FUNDING STATEMENT

Not applicable.

ACKNOWLEDGMENTS

Not applicable.

REFERENCES

1. Kim BS, Chung PW, Chung JM, et al. Evidence-based recommendations on pharmacologic treatment for migraine prevention: a clinical practice guideline from the Korean Headache Society. *Headache Pain Res* 2025;26:5-20.
2. Amin AM, Abbas A, Amer SA, et al. Does atogepant offer a safe and efficacious option for episodic migraine prophylaxis? A systematic review and meta-analysis. *Headache Pain Res* 2025;26:21-37.
3. Lee HJ, Cho SJ, Seo JG, Schytz HW. Update on tension-type headache. *Headache Pain Res* 2025;26:38-47.
4. Chandra A, Chandra A, Cho S. Advances in primary stabbing headache: diagnostic criteria, epidemiological insights, and tailored treatment approaches. *Headache Pain Res* 2025;26:80-87.