

**SSRIs and SNRIs ineffective for preventing tension-type headaches****Clinical Question**

How effective are selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) for preventing episodic and chronic tension-type headaches in adults?

**Bottom Line**

Over two months of treatment, SSRIs or venlafaxine were no more effective than placebo or amitriptyline in reducing headache frequency in patients with chronic tension-type headache. SSRIs seemed to be less effective than tricyclic antidepressants (TCAs) in terms of intake of analgesic medications. TCAs were associated with more adverse events; however, this did not cause a greater number of withdrawals.

**Caveat**

These results were based on poor quality, small, short-term trials (no more than four months). There were no studies comparing SSRIs or SNRIs with other treatments, such as botulinum toxin, or non-drug therapies (e.g. psycho-behavioural treatments, manual therapy, acupuncture).

**Context**

Tension-type headache is very common, and has high social and economic relevance. As serotonin and other neurotransmitters may have a role in pain mechanisms, SSRIs and SNRIs have been evaluated for the prevention of tension-type headache.

**Cochrane Systematic Review**

[Banzi R et al. Selective serotonin reuptake inhibitors \(SSRIs\) and serotonin-norepinephrine reuptake inhibitors \(SNRIs\) for the prevention of tension-type headache in adults. Cochrane Reviews, 2015, Issue 5. Art. No.: CD011681.DOI: 10.1002/14651858.CD011681.](#) This review contains 8 studies involving 412 participants.