



TENNESSEE

SEPTEMBER/OCTOBER 2025 VOLUME 31, ISSUE 5

DENTAL

ASSOCIATION NEWS

TNDENTAL.ORG

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**SEPTEMBER/OCTOBER 2025
VOLUME 31, ISSUE 5**

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The Tennessee Dental Association News (USPS 013358) is published bimonthly: January, March, May, July, September and November, by the Tennessee Dental Association, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067-6461.

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BUILDING CONNECTIONS AT THE



TDA CONNECT MENTORSHIP PROGRAM

At the heart of every successful dental career is connection — the kind built through shared experience, encouragement, and guidance. The TDA Connect program was created to foster these relationships at the Music City Dental Conference. By pairing seasoned TDA member dentists with new and early career dentists, the program makes space for conversations that might not happen otherwise, whether over coffee, lunch, or a quick chat between sessions.

This year, mentor Dr. Hope Watson and mentee Dr. Natalie Nord shared their perspectives on the value of mentorship, the lessons they have learned from each other, and how TDA Connect has already shaped their professional journeys.

Mark Your Calendar for MCDC 2026

With its success, TDA Connect will return for the **2026 Music City Dental Conference, May 7–9 at the Renaissance Nashville Hotel**, continuing to bring dentists together in ways that strengthen both careers and community. Registration for the 2026 conference will open in January.



Mentorship Insights from Dr. Hope Watson, Second District Dental Society

Q: What inspired you to participate in the TDA Connect program as a mentor?

A: I have always loved trying to be of help to my colleagues. I have had so many wonderful friends help me. When the TDA offered this program, it was an easy yes for me.

Q: How did you connect with your mentee at the Music City Dental Conference?

A: The TDA staff initially put me in touch with Dr. Natalie Nord and we exchanged several text messages planning to meet in Nashville at the Music City Dental Conference. A mutual friend personally introduced us at MCDC, and a group of us went to lunch and there it really began. Natalie and I instantly had a connection. We both brought something to the table.

Q: What topics or questions did your mentee bring up that stood out to you?

A: Although a newer dentist than myself, Natalie is a wealth of information and performs tasks in her office that are new and different and interesting to me. We talked about so many different topics, from what our favorite and least favorite procedures are, to staff issues and practice management. Nothing was off the table.

Q: How did the experience of mentoring benefit you personally or professionally?

A: I loved being able to help a newer dentist with some of the questions that I have already navigated. I feel that we have formed a really nice friendship in such a short amount of time. We continue to text regularly. It's not forced; it's just friendship.

Q: Why do you think mentorship is important in the dental profession?

A: I am so grateful for the many mentors and friends that I have gained through dentistry. Dentistry is hard and it's

wonderful to know that you're not alone. We all encounter obstacles at some point, and it's great to have a trusted friend that you can bounce ideas off of. I hope that I am able to be a mentor to other dentists for many years to come. I think it is part of our life's work to serve others, and I always feel like I personally gain so many wonderful things from these connections.

Q: Would you participate again in future years — and if so, why?

A: I strongly encourage dentists, seasoned and fresh, to be involved in the mentoring program. It's so easy to get started by just calling the TDA and asking about the program. The TDA staff are so great about being able to connect you with someone you will truly enjoy getting to know. It's not a huge time commitment, but truly worth every minute.

A Mentee's Perspective with Dr. Natalie Nord, Seventh District Dental Society

Q: Why did you decide to participate in TDA Connect at the Music City Dental Conference?

A: Dentistry is incredibly rewarding. We change smiles, build confidence, relieve pain, and improve patients' quality of life. But it can feel lonely, isolating, and stressful too. Having an abundance mindset and a network of mentors and friends to exchange ideas, gain perspective, and learn from is important to me on both the good and bad days. Leadership roles in ASDA and other student organizations while in school and work experience showed me the value in organized dentistry. I'm new to practicing in Tennessee and did not attend a Tennessee dental school so when a friend mentioned MCDC, I naturally was excited to connect with other dental professionals in my new state. Signing up for the TDA mentor program was a no brainer. Shout out to Grace Czosek at the TDA for pairing me with my wonderful mentors. Together we're better clinicians and humans— our families, patients, and team benefit too.

Q: What were you hoping to gain from the mentor/mentee pairing?

A: While I am confident in my clinical foundation, I recognize that I am still green and value the insights and mentorship from seasoned dentists who've been in my similar shoes.

Q: What insight or unexpected takeaway from your mentor stuck with you after the conversation?

A: From our initial conversation, Dr. Watson's relationship with her referrals, specifically her OMS group, reinforced for me the importance of collaboration and mutual growth in dentistry — something I deeply admire and want to emulate. Beyond that, her insightful advice on leadership, communication, managing office dynamics, and her support has been both encouraging and affirming.

Q: In what ways did your conversation with a seasoned dentist shape your perspective on the road ahead in your dental career?

A: My many conversations with Dr. Watson and other friends & mentors solidify the importance of having a dental community where you lift each other up and push each other forward. Don't do this profession alone.

Q: What would you say to other early-career or new dentists thinking about participating next year?

A: Do it! Beyond the education, mentorship, and friendship at the very least, you'll have a friendly face at MCDC.

Q: Would you be interested in becoming a mentor in the future — and why?

A: Absolutely. I wouldn't be where I am today without the guidance of mentors and friends along the way. If I can be that resource for someone else, I'd be honored. Dentistry is unique among healthcare professions in how much private practice still thrives. It's crucial we support each other to preserve and strengthen our profession.

Get to Know the Dentists

DR. HOPE WATSON

Dr. Hope Watson practices general dentistry in Maryville, Tennessee. She graduated from the University of Alabama School of Dentistry in 1997 and hung her shingle in January 1998. Dr. Watson currently serves as the Vice President of East Tennessee on the Tennessee Dental Association's Board of Trustees.

DR. NATALIE NORD

Dr. Nord practices general dentistry in Adamsville, Tennessee. She completed advanced implant training at The Foundry/Alabama Implant Education and is currently pursuing additional expertise through Molis Coaching. A 2023 graduate of the University of Mississippi School of Dentistry, she is now entering her third year of practice. Dr. Nord currently practices at Adamsville Family Dentistry.



Dr. Hope Watson

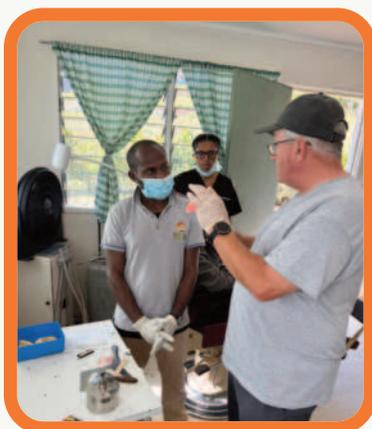


Dr. Natalie Nord



Summer Snapshots

As we move into fall, we would like to take a moment to look back on some of the moments that made this summer special. We asked TDA members to share some of your favorite summer snapshots with us, and you delivered. From baking beautiful cakes to teaching dental students and playing pickleball, your submissions captured the variety, creativity, and fun that defined the season. We loved seeing the moments that made your summer special, and we are excited to share them here.



DR. W. TIMOTHY WILLIAMS
Second District Dental Society

Taught students in Papua New Guinea how to make partial dentures!



DR. JESSICA WANG
Memphis Dental Society

I baked a triple layered cake with homemade chocolate frosting.



DR. LARRY CHAMBERS
Seventh District Dental Society

Enjoyed a game of hot pickleball.



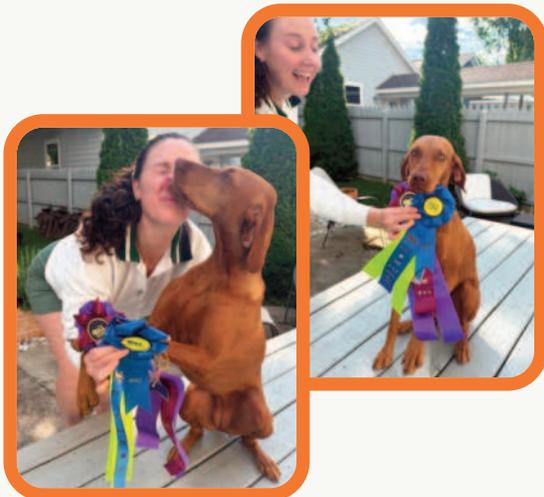
Summer Snapshots



DR. TENA PHILLIPS

Chattanooga Area Dental Society

With students learning coronal polishing in our clinic. The other photo is me and my mom at her 70th high school reunion for Etowah High School at the historic train depot in Etowah, TN.



DR. SHELBY NELSON

Nashville Dental Society

My Vizsla (Nellie) and I have been competing in Barn Hunt competitions this summer. Here she is with her first-place ribbons.



DR. RONALD C. STAPLES

Memphis Dental Society

My wife and I visited with the Moai of Rapa Nui (Easter Island) on a Grand World Cruise with Holland American.

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★ REGISTRATION OPENS DECEMBER 9, 2025 ★



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FOR BEING A MEMBER!

The ADA, TDA, and your local dental society are committed to supporting your personal and professional growth at every stage of your career.

We offer a wide range of resources to help you manage your patients, practice, and personal life more effectively. Whether it's staying informed on the latest clinical guidelines or accessing financial management tools like insurance and

retirement plans, we're here to provide everything you need to succeed and maintain a healthy work-life balance.

If there's anything we can do to further support your membership experience, please don't hesitate to reach out at 615.628.0208 or email us at tda@tndental.org. We'd love to hear from you!

The TDA welcomes the following dentists as our new and reinstated members.

First District Dental Society

Dr. Jordan T. Broadwater
Dr. Sydney Elaine McAbee

Second District Dental Society

Dr. Brittnee Bozeman
Dr. James Ray
Dr. Aaron Aucker
Dr. Brianna Weber Ball
Dr. Carter Bryce
Dr. Eric James Hall
Dr. Evelyn Teruel
Dr. Rexx D. Hurley
Dr. Justin Willson
Dr. Tara Green

Chattanooga Area Dental Society

Dr. Bhumika Kiranbhai Patel
Dr. Jamie Weinhold
Dr. Julianna Stanford
Dr. Pritam Kumar
Dr. Sydney Wingfield
Dr. Caleb Canada

Fourth District Dental Society

Dr. Jared Kirby Fausnaught
Dr. Hannah Lee McGrew
Dr. Helana Grant

Dr. Maya Scott
Dr. Cameron Paul Jones
Dr. Elizabeth Katherine Houston
Dr. Sydney A. Green
Dr. Kristina Kuprienko
Dr. Alaina Skidmore

Nashville Dental Society

Dr. Edwin Colton Alter
Dr. Erin Kimberley Paulhardt
Dr. Ian Scott Turchan
Dr. Mitchell Weisgarber
Dr. Bayley Graves
Dr. Jordyn Sparks
Dr. Austin Cole Reitnauer
Dr. Anna Kathryn Horn
Dr. Chase Burton
Dr. Jodi Hill
Dr. Joseph Upton
Dr. Parneet Sekhon
Dr. Priya Shashikant Patel
Dr. Maryann Villalobos
Dr. Jason D. Hutto
Dr. Matthew Beard
Dr. Rhyann Townes
Dr. Trent Payne

Sixth District Dental Society

Dr. Katherine Harlan Bolding
Dr. Cara Lynn Eastman
Dr. Parker Ann Brown

Seventh District Dental Society

Dr. Jonathan Elser
Dr. Krislyn E. Sills
Dr. Jacqueline Ellis
Dr. Ericka Metayer

Eighth District Dental Society

Dr. Nisha Zaver
Dr. Kolby Gregory
Dr. Nicholas John Vlasnik
Dr. Sami Sahloul

Memphis Dental Society

Dr. Emily Suffridge
Dr. Justin Kouakou Biam
Dr. Mark William Massey
Dr. Mayra Lopez
Dr. Philip Allagas
Dr. Lyndsey P. Zito
Dr. Macey Elizabeth Darnall Jackson
Dr. Gary Nick Stillwell
Dr. Kaylie Jerrolds

Numbers to Know

American Dental Association
(800) 621-8099 or (312) 440-2500

Tennessee Board of Dentistry
(615) 532-5073

Tennessee Department of Health
(615) 741-3011

Tennessee Dental Association
(615) 628-0208 | Fax: (615) 628-0214
tda@tndental.org

COMPONENT SOCIETIES

First District Dental Society
Executive Director: Savannah Bolick
(423) 552-0222
firstdistrictdental@gmail.com

Second District Dental Society
Executive Director: Janet Lawlor
(865) 919-6464
sddsoffice@gmail.com

Chattanooga Area Dental Society
Executive Director: Lacey Heftka
(423) 886-9191
Info@ChattAreaDent.com

Nashville Dental Society
Executive Director: Kristen Stewart
(615) 628-3300
director@nashvilledental.org

Seventh District Dental Society
Executive Secretary: Dr. Larry Chambers
(731) 217-5614
7thdistrictdental@gmail.com

Eighth District Dental Society
Executive Secretary: Ruby Batson
(931) 245-3333

Memphis Dental Society
(901) 682-4928
info@memphisdentalsociety.org



DON'T MISS YOUR LICENSE RENEWAL DEADLINE



The Tennessee Board of Dentistry has seen an increase in licensees missing their renewal deadlines, often because expiration dates weren't tracked or renewal reminder emails weren't read. To avoid lapses, it's recommended that each dental office manager—or the dentist—add the expiration dates for all licenses in the office to a calendar **with reminders set at least 30 days before renewal**. This includes completing the required jurisprudence exam.

With over 22,000 active licenses statewide, the Board is unable to individually follow up with licensees who miss steps in the renewal process. Staying proactive is the best way to ensure licenses remain current.

For questions, please contact the Tennessee Board of Dentistry via phone at 615-532-5073 or email at dental.health@tn.gov.



2026

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DR. SARAT THIKKURISSY

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IN MEMORIAM

The TDA honors the memory and passing of the following members:

Dr. Larry Ewing Fogo

was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

Dr. William B. Thetford

was a member of the American Dental Association, the Tennessee Dental Association, and the Nashville Dental Society.

Dr. Thomas W Gallien

was a member of the American Dental Association, the Tennessee Dental Association and the Seventh District Dental Society.

Dr. Julian J. Swain, Jr.

was a member of the American Dental Association, the Tennessee Dental Association and the Seventh District Dental Society.

Dr. Jimmy Paul Blankenship

was a member of the American Dental Association, the Tennessee Dental Association and the Seventh District Dental Society.



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Thanks to the unwavering support of the following individuals and organizations, we have collectively raised \$27,000 in contributions for the TDA Foundation. Your remarkable generosity has enabled the TDAF to persistently advance its mission of promoting dental health programs and education, fostering public awareness about dentistry, providing financial support for dental scholarships, and supporting dental research and related organizations.

OCTOBER 1, 2024 – JUNE 30, 2025

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TN

TennCare Provider News

Improving Lives Through High Quality, Cost-Effective Care

Renaissance becomes TennCare's NEW Dental Benefits Manager November 1, 2025

Dear TennCare Providers,

Starting November 1, 2025, Renaissance will manage all TennCare dental benefits. To ensure a smooth transition, please make note of the following dates and requirements.

If you won't be part of the TennCare network after November 1, please let patients know when they call to make an appointment. This helps prevent them from getting unexpected charges after the change. If patients have more questions, they can visit the TennCare Dental Services webpage (beginning Oct. 1st) for FAQs to find a new dentist or learn more about the change.

October 31, 2025

- Last day to submit prior authorizations to DentaQuest.
- Last day to submit provider or member complaints to DentaQuest.
- DentaQuest customer service lines deactivate at 5:00 PM CT on Friday, October 31, 2025. A recording will direct providers and members to the Renaissance customer service center.

November 1, 2025

- First day to submit prior authorizations and claims to Renaissance.
- Important: Claims submitted to Renaissance must have a service date of 11/1/2025 or later.
- DentaQuest will deny any claim for services conducted on or after 11/1/2025.
- Providers and members can call the Renaissance's customer service center at 1-866-864-2526 on 11/3/2025 at 7:00 am CT. (Monday – Friday, 7:00 am CT to 5:00 pm CT)

January 10, 2026

- Last day to appeal DentaQuest denials that occurred before 11/1/2025.

January 31, 2026

- Prior authorizations from DentaQuest expire. Send a new request to Renaissance for any PAs not completed by this date.

February 28, 2026

- Last day to submit claims to DentaQuest for services occurring on or before 10/31/2025.

Sincerely,
TennCare Dental Team

If you have any questions, want more information, or need additional support, email the TennCare Provider Experience team!

provider.experience@tn.gov

SEPTEMBER/OCTOBER 2025

15

SURCHARGING PATIENTS' CREDIT CARDS

GOOD IDEA OR BAD?

Surcharging credit card payments made by customers is a trend that is seeing another resurgence and many dental offices may be interested in lowering their overall business costs. Many credit card processing companies are aggressively promoting this model as a way for businesses to save, however they often don't explain the effects, both positive and negative, that surcharging can have on a practice. The payments industry is full of sales jargon and aggressive sales tactics, so it's good to take a minute and evaluate the types of surcharging programs and what types of considerations a dental practice should think about before deciding to jump into surcharging.

Although the practice is legal in most states, there are important reasons why many businesses, including dental practices, choose not to surcharge their customers. In dentistry, the consequences of surcharging can be particularly impactful, influencing both patient satisfaction and long-term revenue.

The Cost of Attracting and Retaining Patients

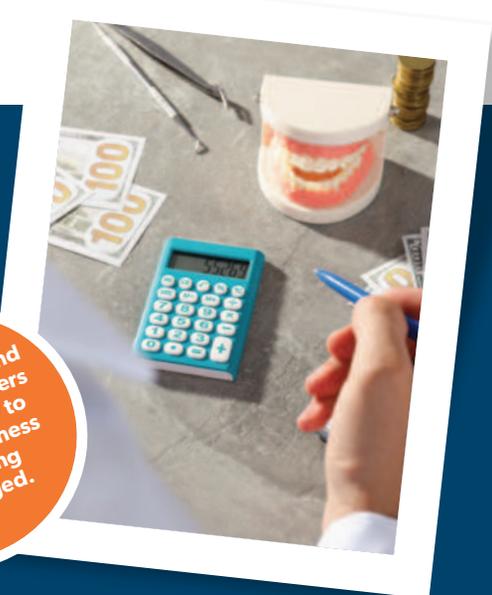
Before deciding to surcharge, it's essential to understand the cost of attracting new patients and their value to your practice. On average, dental offices spend between \$150 and \$300 on marketing for each patient they acquire. Additionally, dental practices face a patient attrition rate of approximately 17%, which means they must consistently attract new patients just to maintain their current numbers. Given that the average patient generates around \$4,500 in revenue over their lifetime with the practice, retaining loyal patients is crucial for sustained growth.

The financial risk of surcharging becomes more apparent when considering these numbers. Nationwide, dental practices process average transactions of about \$250. Under a 3% surcharge model, the fee on a \$250 payment is \$10, which is paid by the patient. Although this saves the practice on processing costs, that additional \$10 fee can be enough to motivate patients to seek services elsewhere. Research shows that over 60% of customers are less likely to return to a business that imposes surcharges.

For dental practices, this can be particularly damaging. Consider a practice that invested \$150-\$300 to attract a new patient and expects to earn \$4,500 over the course of that patient's relationship with the practice. Losing that patient over a \$10 surcharge represents a significant financial loss. While surcharging increases profits for credit card processors, it may come at the expense of patient loyalty and long-term revenue.

Why Many Dental Practices Avoid Surcharging

Surcharging may initially seem like a convenient way to offset processing fees, but the long-term implications can be far-reaching. Patients generally dislike surcharges.



Between 65% and 95% of customers are less likely to revisit a business after being surcharged.



“ Many dental practices find that increasing prices by a modest percentage—without adding a separate surcharge—is a better way to offset rising operational costs.”

Studies indicate that between 65% and 95% of customers are less likely to revisit a business after being surcharged. In the competitive dental industry, where patient loyalty is crucial, such high rates of customer dissatisfaction can significantly impact a practice's growth and sustainability.

Moreover, the cost savings are not always as beneficial as they appear. Most surcharge programs require dental practices to pay a flat monthly fee, typically \$40 or more, while patients are charged an additional 3-4% on their transactions. This model effectively shifts the cost of processing fees to the patient, but at a potential cost to the practice's reputation and patient retention rates.

An additional complication arises with Virtual Credit Cards (VCCs), which are increasingly issued by insurance companies. These cards are programmed with an exact balance and will decline if a surcharge is added. Since industry regulations require that all credit cards be surcharged if any are surcharged, practices would have to lower service fees to accommodate the VCC's exact balance, effectively absorbing the surcharge cost themselves. Even more concerning, the reported surcharge can trigger audits from insurance companies, potentially leading to reduced reimbursement rates for procedures.

Many dental practices find that increasing prices by a modest percentage—without adding a separate surcharge—is a better way to offset rising operational costs. This strategy allows practices to maintain transparency with their patients

while avoiding the negative perceptions associated with surcharges.

Navigating the Complexities of Surcharging

For practices that still wish to explore surcharging, navigating the complex regulations is crucial. Visa, Mastercard, Discover, and American Express each have strict guidelines that must be followed. If a practice decides to surcharge any credit cards, they must surcharge all credit cards, maintaining consistency across all transactions. However, debit cards cannot be surcharged under any circumstances, which adds another layer of complexity.

Additionally, businesses cannot surcharge customers from states where surcharging is illegal, even if the practice is located in a state where it is permitted. Surcharges are also capped at the average processing fees paid over the past quarter, up to a maximum of 3% for Visa and 4% for the other card brands. This is why many processors default to a flat 3% rate. These rules apply regardless of how the surcharge is labeled—whether as a “Cash Discount” or otherwise – any additional fee added based on the type of card needs to comply with card brand regulations, state, and federal laws.

Surcharging requires careful consideration, strict adherence to regulations, and transparent communication with patients. The potential cost savings must be weighed against the risks of losing patient loyalty and damaging the practice's reputation.

The Bottom Line: Is Surcharging Worth It?

While surcharging may offer short-term cost savings on credit card processing fees, it also carries significant risks. Patient dissatisfaction, complicated insurance regulations, and strict compliance requirements make surcharging a potentially risky strategy for dental practices. In an industry built on trust and patient loyalty, maintaining transparent and predictable pricing is often a better approach.

At Best Card, we understand the complexities involved in credit card processing. When Best Card sets your business up for surcharging, we will make sure you are compliant with all regulations. Our focus is on offering consistently low rates and transparent processing, whether surcharging or using traditional pricing.

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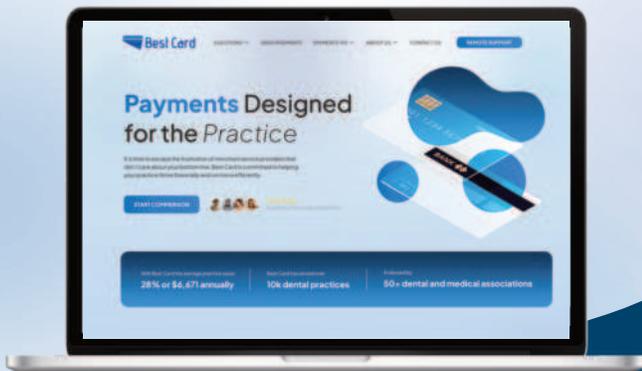


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Phil Nieto is the President of Best Card, the endorsed credit card processor of more than 50 dental medical associations and ADA Member Advantage. He enjoys working with thousands of dental offices to help minimize the headaches of accepting card payments by focusing on providing what the merchant services industry often lacks: innovation and integrity. On the rare opportunities for a quiet moment, he loves spending time with his wife and kids.

References:

- [How Much Can a Dental Practice Spend on Marketing?](#)
- [Pros and Cons of Surcharging Credit Cards](#)
- [Charging a Credit Surcharge Will Cost You Customers](#)



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TENSION HEADACHES, MIGRAINE, AND MORE

WHEN HEADACHES DISRUPT YOUR LIFE

Headaches come in many forms. Where you feel the pain, what other symptoms you have, and how long headaches last can vary. For many people, headaches are an occasional nuisance. For others, they can be chronic and disabling.

Some headaches can be prevented with small lifestyle

changes. Drinking enough water, avoiding headache triggers, managing stress, or improving sleep can sometimes be enough. Other headaches may require more intensive interventions.

NIH researchers are working to develop more options for people who aren't helped by current treatments.



THE MOST COMMON IS CALLED A TENSION-TYPE HEADACHE. THESE ARE OFTEN TRIGGERED BY STRESS, WHICH CAUSES MUSCLES IN THE NECK, FACE, SCALP, AND JAW TO TIGHTEN.

TYPES OF HEADACHES

There are many types of headaches. Understanding the type you're having can help you find the right treatment. The most common is called a tension-type headache. These are often triggered by stress, which causes muscles in the neck, face, scalp, and jaw to tighten. Lack of sleep, dehydration, and poor posture can also lead to a tension-type headache.

The pain from a tension-type headache is usually mild to moderate and can be felt on both sides of the head. Some people have chronic tension-type headaches. These happen frequently and can last for hours to days, or even constantly.

"We define chronic headache as having more than 15 headache days per month. So, more days with headache than not," says Dr. Michael Oshinsky, a pain expert at NIH.

Other common headaches are those caused by migraine. Migraine isn't just a headache. It's a complex brain condition. Migraine headaches often occur on one side of the head. But they can also be on both sides. Migraine attacks can include nausea, vomiting, mood changes, extreme tiredness, and sensitivity to light, noise, and smells. Attacks can last for hours to days.

“Migraine is a disorder where the ‘volume knob’ of the nervous system has been turned up,” explains Dr. K.C. Brennan, a migraine researcher at the University of Utah. “In people with chronic migraine, it stays turned up.”

There are many other types of headaches. One that causes extremely painful, sudden attacks is the cluster headache. These attacks can happen around the same time each day or every other day for several weeks.

Some people, such as combat veterans, live with post-traumatic headaches. These are headaches that linger after a traumatic brain injury or a concussion. They can last long after the injury is healed. Other, rarer types of headaches can be caused by nerve problems in the head area.

Headaches can also be caused by other health conditions. Brain injury, stroke, seizures, infections, high blood pressure, and other conditions can all lead to

headaches. These are called secondary headaches.

If you have headaches that disrupt your daily life, talk with your doctor. They can help you find relief or refer you to a specialist.

Some headaches may indicate a dangerous medical problem that needs immediate medical attention. See the Wise Choices box for signs to look for.

TRYING TREATMENTS

You can help take control of your headaches by keeping a headache diary. Track your symptoms, how often they happen, and what alleviates them. “For at least a month, just note down when you have a headache, how you treated it, how long it lasted,” Oshinsky says. You can also include facts like foods or drinks consumed, sleep patterns, stress levels, and changes in daily

routines. This can help you identify what might have triggered the headaches so you can work to avoid them. Sharing your diary with your doctor can help them better understand the type of headaches you’re having and suggest a treatment plan.

Over-the-counter pain relievers can help some people with occasional headache

pain. Others may need to try prescription drugs.

But frequently taking painkillers for headaches may make things worse, Oshinsky explains. “If you use painkillers more than three or four times a week, once the drug is out of your system you can get a rebound headache,” he says.



“

If you use painkillers more than three or four times a week, once the drug is out of your system you can get a rebound headache..”



“If we can predict who will develop migraine, then maybe we can do something to prevent that from happening.”



People with frequent or chronic headaches can try preventive treatments. These stop headaches from starting, rather than dulling the pain once they start. For example, a type of medication called CGRP drugs helps many people with migraine have fewer attacks.

But the available preventive treatments don't work for everyone. Researchers are looking for other ways to stop headaches from forming.

Brennan's team is studying a compound called glutamate. Glutamate is important for normal brain function and helps nerve cells communicate. But Brennan's team has found that it may sometimes also play a role in triggering migraines.

“We need to figure out how this unusual glutamate activity works, in what brain cell

type, and under what conditions, in order to develop a more tailored approach to migraine treatment,” he says.

Other treatments for headaches don't involve drugs at all. Some people get relief with a type of talk therapy called cognitive-behavioral therapy, or CBT. This includes learning coping strategies and ways to think differently about pain.

“There are changes in the brain after doing CBT, just like there are changes in the brain after using medications,” says Dr. Hadas Nahman-Averbuch, who studies migraine pain at Washington University in St. Louis. Other people find relief using mind-body techniques such as mindfulness practice or biofeedback, she adds.

HEADACHE WARNING SIGNS

A headache can be a sign of another serious medical problem. Seek medical care as soon as possible for:

- A sudden, severe headache, possibly with a stiff neck.
- A severe headache with fever, nausea, or vomiting that's not related to another illness.
- A headache with confusion, weakness, double vision, or loss of consciousness.
- A headache that gets worse over days or weeks, or changes in pattern or behavior.
- A headache after a brain injury.
- A headache with loss of sensation or weakness in a body part.
- Two or more headaches a week.
- A constant headache in someone who hasn't had headaches before, especially over age 50.
- Recurring headaches in children.
- New headaches in someone with a history of cancer or HIV/AIDS.



SMALL HEADS, BIG ACHES

Headaches are common in kids, too. Often, headaches in children and teens can be treated by drinking more water, having a healthier diet, getting enough activity, and solving sleep problems. Always talk to a doctor before giving headache medicines to a child.

Sometimes, it can be difficult to figure out what kind of pain a child is feeling. "A very young child with a migraine headache will often point to their stomach first and say, 'my stomach hurts,'" Oshinsky says. Migraine headaches often run in families. So parents who live with these headaches may want to be on the lookout for them in their kids, Oshinsky adds.

Puberty can trigger new or worsening migraine headaches in teens, especially girls, says Nahman-

Averbuch. She and her team are studying how hormone changes may affect migraine pain. They want to develop tests to predict which teens at risk of migraine will develop headaches during puberty. "If we can predict who will develop migraine, then maybe we can do something to prevent that from happening," Nahman-Averbuch says.

Regardless of your age, it may take time to figure out the best treatment for your headache pain. Your health care team can help you find what works. "We have lots of tools at our disposal now," Brennan says, "and we're developing more."

Read our [Q&A with Dr. K.C. Brennan](#) to learn more about understanding and treating migraine.

Source: NIH News in Health. For the latest information from National Institute of Health, part of the U.S. Department of Health and Human Services, visit [newsinyourhealth.nih.gov](https://www.newsinyourhealth.nih.gov).

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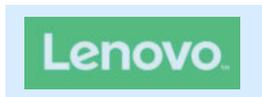
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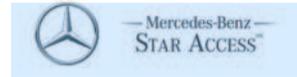
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