

HEALTH FAQ

Understanding headaches in children and adults

Headaches are one of the most common health complaints and a leading cause of disability worldwide. While many people assume a headache means a migraine, not all headaches are migraines. Headaches can take many forms, especially in children, who may express or experience symptoms differently than adults. Before age 12, boys and girls experience headaches at similar rates. After age 12, however, headaches become more common in girls.

What are the major types of headaches?

Headaches are broadly classified into primary and secondary types.

The most common primary headaches include migraine, tension-type headache and trigeminal nerve (cluster) headache.

— Migraine in children often presents as throbbing pain on both sides of the head before puberty.

In adolescents and adults, it typically affects one side of the head. Attacks are shorter in children (often less than two hours) but can last four to 72 hours in older children and adults. They may be accompanied by nausea, vomiting, and sensitivity to light and sound. Other associated features include motion sickness (especially when reading), sleepwalking, sleep talking, night terrors, unexplained fever, recurrent abdominal pain and episodes of anxiety.

— Tension-type headaches typically present as non-throbbing pain of mild to moderate intensity. They do not worsen with activity and may involve sensitivity to light or sound, but usually not nausea or vomiting. They typically lasts 30 minutes to seven days. In adults, pain may extend to the neck and jaw.

— Trigeminal Nerve Headaches (cluster) tend to be severe, unilateral pain around one side of the head, forehead or eyes. Attacks are brief (15 to 180 minutes) but can recur several times a day. Associated symptoms may include watering from the eyes, eye redness, runny nose, eyelid swelling, facial sweating, drooping eyelid or a constricted pupil. Restlessness is a typical feature in adults.

Secondary headaches occur due to underlying causes, such as flu, upper respiratory infections or sinusitis. They can also be caused by overuse of pain medications (leading to chronic headaches), vision problems from refractive errors and dehydration (often accompanied by dry mouth, fatigue, irritability, dizziness and increased heart rate). Children may express pain differently, sometimes ignoring discomfort through play or showing non-specific signs such as crying, rocking or hiding. Chronic headaches can also be linked to emotional, behavioral or personality factors.

When should I seek medical help?

For children, seek urgent medical evaluation if headaches:

- occur in children under six years of age
- wake up the child from sleep
- are associated with persistent nausea, vomiting, or changes in mental state
- are accompanied by gait instability
- are worsened by coughing, urination, defecation, or physical activity
- are linked to neck or back pain, stiffness, fever, or rashes
- is associated with declining school performance

For adults, seek care for:

- sudden, abrupt-onset headaches
 - progressive or worsening headaches
 - new or onset headaches after age 50
- How should headaches be treated or prevented?**
- Non-medical approaches include:
- Keeping a headache diary to identify patterns and triggers.
 - Avoiding common triggers: caffeine, chocolate, aged cheese, irregular sleep, dehydration, prolonged fasting, and stress.
 - Adults may also be sensitive to hormonal changes, weather, wine, nitrates, or artificial sweeteners.
 - Maintaining a healthy diet.
 - Exercising for 30–45 minutes daily.
 - Practicing relaxation techniques (deep breathing, stretching, family time).

Medical approaches include:

- NSAIDs such as Tylenol, Advil, or Aleve
- Limiting use to fewer than 14 days per month to avoid medication-overuse headaches.
- Long-term management should emphasize non-medical measures.

In summary, headaches are common in both children and adults and can result from a variety of causes. Identifying and avoiding triggers is the most effective way to prevent them. If headaches persist, worsen, or present with red flag symptoms, medical evaluation by a primary care provider is recommended as essential to determine the underlying cause.

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More employers are considering alternative pharmacy benefit managers to run the drug benefits in their employees' health insurance plan.

NC employers look to smaller PBMs without 'shenanigans'

Grace Vitaglione
NC Health News

Some employers and health systems in North Carolina are looking to change how they manage prescription drug benefits for their employees.

More employers are considering alternative pharmacy benefit managers — or PBMs — to run the drug benefits in their employees' health insurance plan. For the past few years, the market has been dominated by three big pharmacy benefit managers: CVS Caremark, Optum Rx and Express Scripts, which together processed nearly 80 percent of all prescription claims in the U.S. in 2024.

But with those mammoth PBMs facing increased scrutiny from lawmakers, some clients are switching to smaller pharmacy benefits startups that bill themselves as more transparent than the "big three."

One example is billionaire Mark Cuban's Cost Plus Drug Company, which launched in 2022 and advertises more transparent and affordable drug pricing. Another is Rightway, which signed on to manage Tyson Foods' prescription drug benefit in early 2024.

In North Carolina, UNC Health created its own pharmacy benefit manager for its employees in 2019.

Durham-based Senior PharmAssist, which helps low-income older adults access medications, contracts with a company called LucyRx as their PBM. Executive Director Gina Upchurch said the contract is transparent and they pay a per-transaction fee, which allows the organization to choose which drugs their participants have access to, as well as make sure they're reimbursing pharmacies fairly.

"We wanted one that would be transparent with us about what we're paying for and that we could control," she said.

Smaller PBMs like Utah-based Scripus have received an uptick in interest over the past couple years, according to the company's Chief Commercial Officer Eric Cannon.

Despite these evolutions in the market, many employers are wary of disrupting their employees' coverage.

Traditional versus new model

Pharmacy benefit managers are often referred to as

"middlemen" in the pharmacy supply chain. Initially, they were created to use bulk buying power to get better deals for customers of insurance companies, who hired the PBMs to manage prescription drug benefits.

But in recent years, PBMs have come under increased scrutiny from advocates, pharmacists and government officials at the state and federal level over concerns of opaque business practices. Instead of driving down list prices for consumers, critics say the biggest PBMs contribute to high drug list prices in part by taking increasingly larger percentages from the deals they make between insurers and drug manufacturers, and higher sticker prices mean bigger profits for the PBMs.

Some critics allege PBMs also pocket those savings for themselves instead of passing them on to the insurance company who could then, theoretically, pass them along to members.

PBMs have also come under fire for increasing consolidation and control over the market. The three largest PBMs are part of even larger health care conglomerates.

This graphic shows the three biggest PBMs: CVS Caremark, Express Scripts and Optum Rx as part of their larger health care conglomerates.

The newer, alternative PBMs aim to set themselves apart with promises of greater transparency and by passing 100 percent of the savings they achieve to their customers.

These new entries into the market don't have the same incentive as large PBMs to steer patients to higher-cost drugs to maximize rebates, said Jon Rankin, CEO of the North Carolina Business Coalition on Health, an employer group advocating for improved health care delivery in the state. Smaller PBMs are more transparent and can focus on driving customers to lower-cost drugs that achieve the same outcomes, he said.

Connor Rose, lobbyist for industry group Pharmaceutical Care Management Association, which represents PBMs, pushed back on claims that PBMs contribute to increasing prescription drug costs as "patently false." Without PBMs, Rose said, drug costs would increase.

"Drug companies alone set and raise drug prices, how-

ever, Big Pharma would like nothing more than for people to ignore this obvious fact," Rose told NC Health News.

The emergence of new PBMs in the market demonstrates "the competitive nature of the industry," Rose said, and employers/payers and patients can benefit as a result.

How a NC organization uses a small PBM

Since starting Senior PharmAssist over 30 years ago, Upchurch said she's worked with smaller, transparent PBMs. That allows local clinicians to choose which drugs Senior PharmAssist participants can access based on how effective, safe and cost-effective they are for older adults. That wouldn't be possible with many PBMs that usually assemble their formularies based on deals they receive from drug manufacturers through rebates and fees, she said.

Senior PharmAssist also doesn't limit which local pharmacies their participants can use to purchase their medications; large PBMs tend to steer their customers to the pharmacies within their network, often with joint ownership. For example, CVS Caremark often provides deeper discounts if the customer shops at a CVS pharmacy outlet.

And while many PBMs may be incentivized to steer patients to more expensive drugs, LucyRx is paid a set amount per claim from Senior PharmAssist — so the price of the drug doesn't matter.

"There's no [financial] incentive for us to have people take certain medicines over others," Upchurch said.

The PBM also pulls together all the drug claims each month so Upchurch doesn't get various bills from different pharmacies. And if

one participant goes to two different pharmacies, the second retail pharmacist would be alerted if there's a drug interaction between the medications obtained at the two different locations. Upchurch said this supports the safer use of medications.

Upchurch also said it's easier for her to work with a small PBM because Medicare pays for the drug first, and if Medicare doesn't cover the whole cost, Senior PharmAssist can help with the balance.

All of the Senior PharmAssist participants are enrolled in a Medicare prescription drug plan; either a standalone plan or as part of a Medicare Advantage plan. It can be harder for companies who pay for their employees' health insurance to do something similar, Upchurch said.

Changing market trends

More than half of employers nationally are considering changing their PBM in the next couple years, according to a sample survey of 188 large employers from the National Alliance of Healthcare Purchaser Coalitions in 2024. Almost three-quarters of employers had contracts with one of the "big three" PBMs.

Almost all of those employers identified drug prices as a significant threat to affordability.

The North Carolina Business Coalition on Health has been trying to educate employers about PBMs, Rankin said. Four N.C. employers have already switched to more transparent PBMs, he said. Most of the companies in the coalition are large and cover all of their employees' insurance costs.

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