TMDs are associated with headache overall and with specific headache syndromes. Association is stronger for migraine and CDH. For ETTH, the association has not emerged.

Discussion. We found that TMDs are associated with headache overall and with specific headache syndromes. Association is stronger for migraine and CDH. For ETTH, the association has not emerged. Furthermore, although CI's overlap (since both CDH and multisymptomatic TMD are relatively rare in the population), increased number of TMD symptoms was associated with higher prevalence of both migraine and CDH, with higher magnitude of effect for CDH. Nonetheless, since this is a cross-sectional study, causality cannot be inferred and temporal resolution is not determined.
For some risk factors for CDH, magnitude of exposure increases chance of transitioning. In a population study, when past history of head trauma went from none to 3, the odds of CDH increased from 1.0 to 2.9 for women and from 1.0 to 5.8 for men. Similarly, after critical doses of exposure, any incremental monthly day of use of certain analgesic medications increased the odds of CDH in the population.

Despite the limitations of our study (sample size inadequate for adjustments, limited data collection on disability, limited questions on frequency of headache attacks), we found that TMD is associated mainly with migraine and CDH. Since most individuals with CDH evolve from migraine, the finding is biologically plausible. Since association seems to be stronger for CDH, longitudinal studies should be performed to address the causality issue, which has been established in adolescents but not in adults.

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**REFERENCES**

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