

Orofacial Pain - an update



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Was there a dental cause?



Aims and objectives

- Discuss different classifications for facial pain
- Appreciate the importance of narrative medicine
- Review changes in diagnosis and management of TMD, TN, burning mouth syndrome and trigeminal neuropathic pain



Updated classifications of head and face pain

ICHD-3 beta

Cephalalgia International Headache Society

2013

Headache Classification Committee of the International Headache Society (IHS)

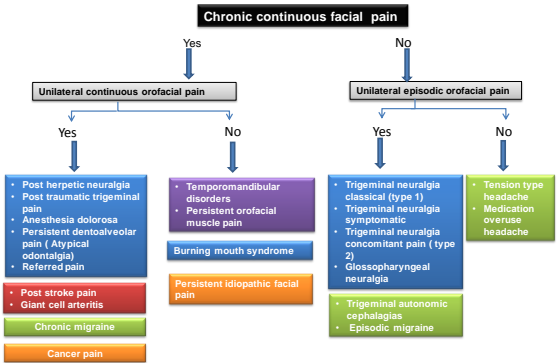
The International Classification of Headache Disorders, 3rd edition (beta version)

Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for Clinical and Research Applications: Recommendations of the International RDC/TMD Consortium Network* and Orofacial Pain Special Interest Group[†]

SchiffmanJOP 2014

ICHD 2013

Part one: the primary headaches	
1. Migraine	644
2. Tension-type headache	659
3. Trigeminal autonomic cephalalgias	665
4. Other primary headache disorders	672
Part two: the secondary headaches	
Introduction 684	
5. Headache attributed to trauma or injury to the head and/or neck	686
6. Headache attributed to cranial or cervical vascular disorder	694
7. Headache attributed to non-vascular intracranial disorder	713
8. Headache attributed to a substance or its withdrawal	725
9. Headache attributed to infection	740
10. Headache attributed to disorder of homeostasis	749
11. Headache or facial pain attributed to disorder of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structure	759
12. Headache attributed to psychiatric disorder	770
Part three: painful cranial neuropathies, other facial pains and other headaches	
13. Painful cranial neuropathies and other facial pains	774
14. Other headache disorders	787

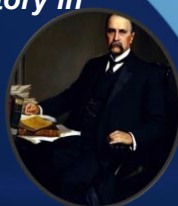


Zakrzewska BJA 2013: 111: 95-104

Lost in translation. Homer in English; the patient's story in medicine

Taking a history

Receiving a history



Marshall & Bleakley Med Hum 2013 : 0: 1-6

Stories

- patients tell stories to become who they are
- patient stories are addressed to someone
- the clinician must listen
- the quality of attention is important and you " have to be caught up" – it is an act of surrender , your full attention is essential

Stories have

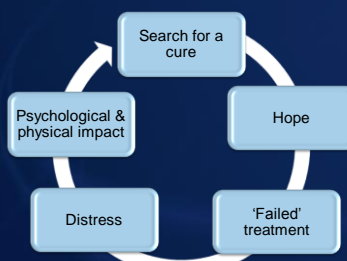
- A teller
- A listener
- A language
- Characters
- A plot
- Time



“Listening, without judgment, to patients’ beliefs about the cause of pain, which can seem outlandish, gives valuable insight into what is causing distress and halting progress”

(Eccleston et al, 2013)

Stop the vicious cycle of referrals & distress



- Well meaning dental & medical interventions can reinforce searches for a cause & cure
- The ability to say enough is difficult but can be extremely helpful & stop damaging cycles

Depression

During the last month have you often been bothered by:

1. Feeling down, or depressed or hopeless?
2. Having little interest or pleasure in doing things?



Pilling BMJ 2009
NICE guidelines
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© Green BMJ

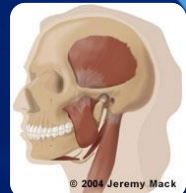
Temporomandibular disorders TMD

Myalgia
Arthromyalgia

Disc problems
reduction/ no reduction
Locking no locking

Hypermobility

Joint diseases



© 2004 Jeremy Mack

Facial arthromyalgia, pain dysfunction syndrome, TMJ, Costen's syndrome
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TMD aetiology



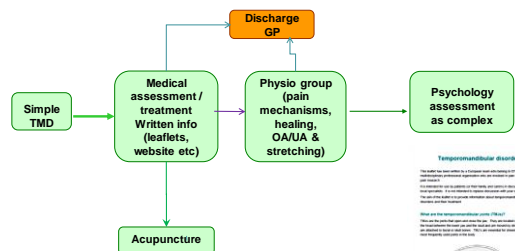
Genetically
determined
vulnerability

Psychological
factors

Association
with other
chronic
pain

Fillingim et al OPFERA The Journal of Pain 2011: 12, Suppl. 3, : pp T102-T107
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EDH pathway for Simple Temporomandibular Disorders TMD



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AAN/ EFNS Guideline



First-line Carbamazepine
200-1200 mg/day



Oxcarbazepine
300-1800 mg/day



Add lamotrigine
limited evidence



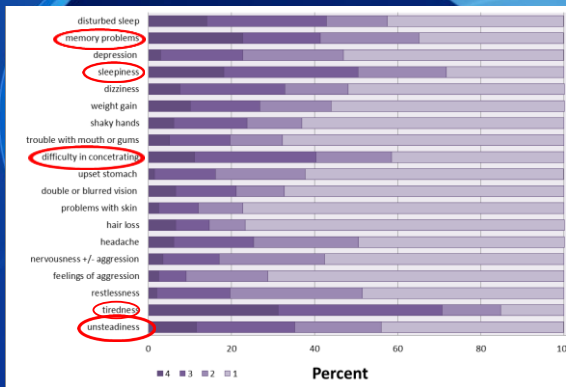
Switch to baclofen
limited evidence

Crucchi et al Euro J Pain 2008; www.aan.com
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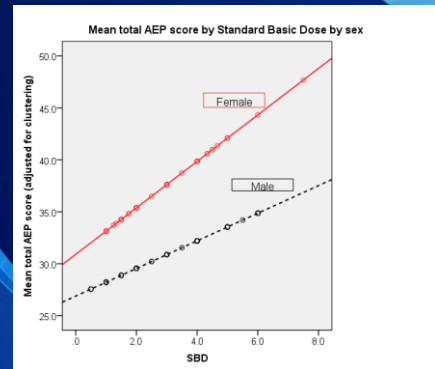
Systematic reviews



Adverse effects of AEDs - questionnaire



Women more sensitive to CBZ and OXC



New drug for TN

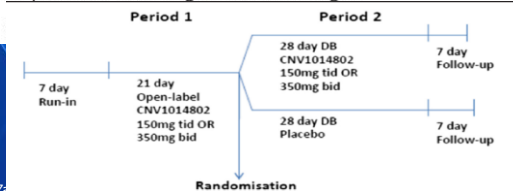
Zakrzewska et al. *Trials* 2013, 14:402
http://www.trialsjournal.com/content/14/1/402



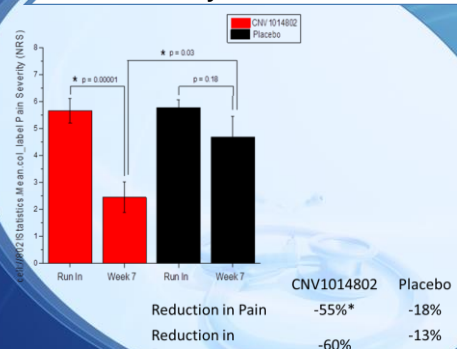
STUDY PROTOCOL

Open Access

Novel design for a phase IIa placebo-controlled, double-blind randomized withdrawal study to evaluate the safety and efficacy of CNV1014802 in patients with trigeminal neuralgia



Pain severity in Run in vs Week 7



Poster IASP 2014

Systematic reviews surgery

Neurosurgical interventions for the treatment of classical trigeminal neuralgia (Review)

Zakrzewska JM, Alami H

Cochrane Database of Systematic Reviews 2011, Issue 9.

3 studies

2 radiofrequency thermocoagulation comparing techniques

1 stereotactic surgery comparing dosages

Grading

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding (performance bias and detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Bitar 1993	+	+	+	+	+	+
Erdine 2007	+	+	+	+	+	+
Flickinger 2001	+	+	+	+	+	+
Huiban 2009	+	+	+	+	+	+
Jiao 2003	+	+	+	+	+	+
Pomaz 2007	+	+	+	+	+	+
Pizkles-Muszynska 2006	+	+	+	+	+	+
Shen 2006	+	+	+	+	+	+
Stacic 1990	+	+	+	+	+	+
Walker 1988	+	+	+	+	+	+
Xu 2006	+	+	+	+	+	+

Improving quality of reporting

Invited editorial in this issue (E4).

Neurosurg Focus 35(3):E3, 2013
© AANS, 2013

Proposal for evaluating the quality of reports of surgical interventions in the treatment of trigeminal neuralgia: the Surgical Trigeminal Neuralgia Score

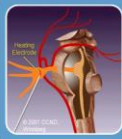
HARITH AKRAM, F.R.C.S.(NEURO.SURG),¹ BILAL MIRZA, PH.D.,¹
NEIL KITCHEN, F.R.C.S.(SN),¹ AND JOANNA M. ZAKRZEWSKA, F.F.P.M.R.C.A.²

Editorial

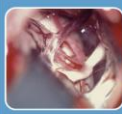
The authors merit congratulations for their ambitious efforts to assess the quality of surgical literature regarding the management of trigeminal neuralgia (TN).¹ In the presented literature review and in the Surgical Trigeminal Neuralgia Score (STNS)—based evaluation of study rigor they attempt to 1) provide a checklist to guide future journal editorial decisions; 2) standardize patient-centered outcome measures in the TN literature; and 3) guide clinical practitioners in the application of study results to patient care situations.

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AAN/EFNS guidelines



Gasserian ganglion
ablative techniques are
possibly effective




Microvascular decompression probably offers longest duration pain free outcomes

Zakrzewska Coakham MVD Cur Neurol 2012

© Zakrzewska

Acute management

- Fosphenytoin infusion
 - Sumatriptan 3mg sc
- 24 patients in RCT
12/24 improved for mean 8 hours
- 
- A photograph showing medical supplies: a syringe with a needle, a small white vial, and a small blue bottle, likely containing medication for the study.



- Lidocaine
Injection
Intranasal
IV Chesh

Cheshire Fosphenytoin J Pain Sympt 2001

Kania Sumatriptan Head 2006

Han Lidocaine Clin Prac 2008, Kania Br J Aneasth 2006

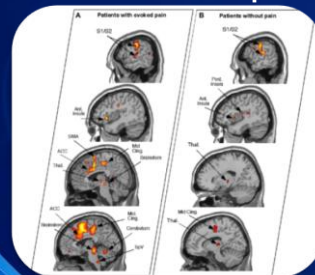
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The Patient's Journey Through Trigeminal Neuralgia

Zakrzewska Padfield May 2014



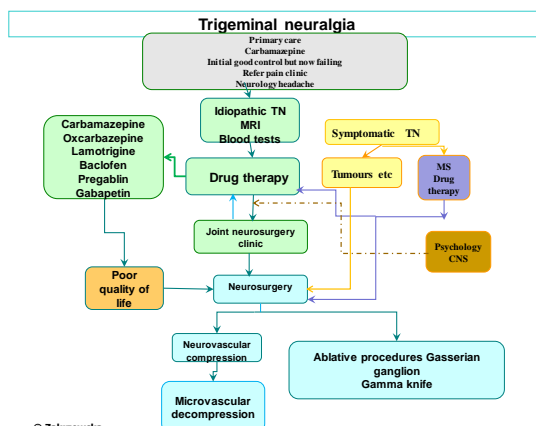
Psychological areas of the brain activated in non evoked pain



Functional brain imaging of trigeminal neuralgia

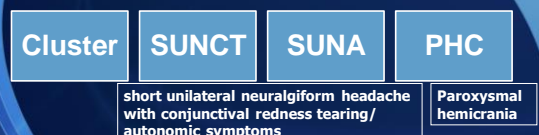
Xavier Moisset^a, Nicolas Villain^b, Denis Ducreux^c, Alain Serrie^d, Gérard Cunin^d, Dominique Valade^e, Bernard Calvino^f, Didier Bouhassira^{a,*}

European Journal of Pain 15 (2011) 124–131

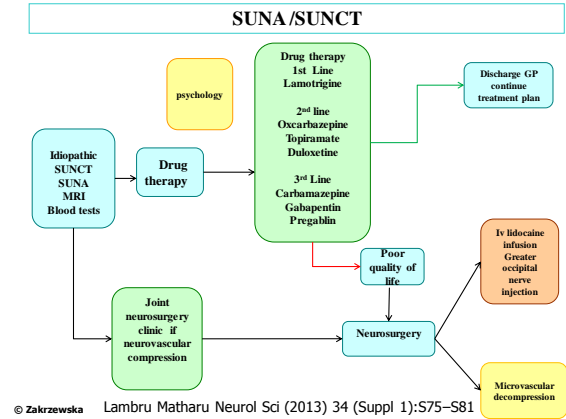


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Trigeminal Autonomic Cephalalgias

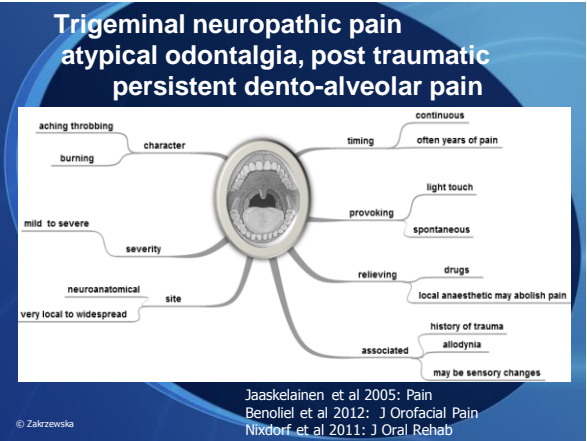
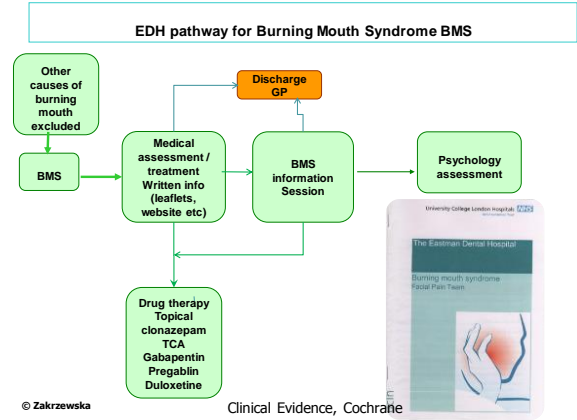
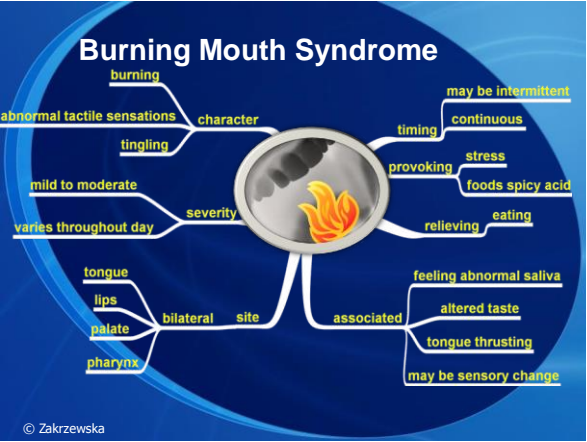


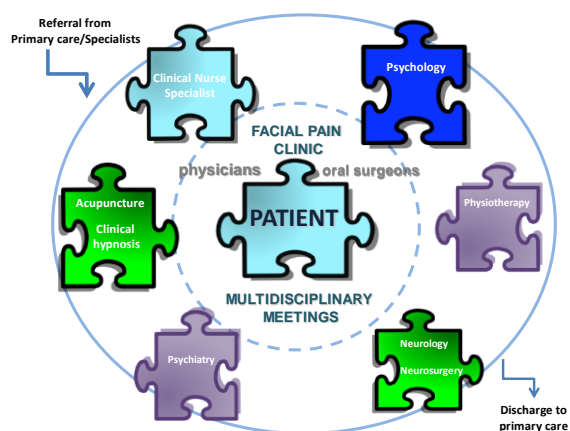
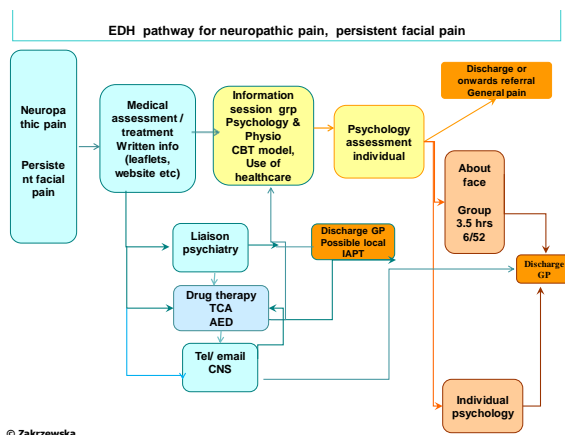
Feature	Cluster	Paroxysmal Hemicrania	SUNCT/SUNA
Frequency (day)	1-8	1-40	3-200
Duration	15-180 mins	2-30mins	5-240 secs
Predictability cicardian	+++ 75%	++ 45%	- -
Autonomics	+++	++	++
Migrainous features	++	++	+
Triggers	alcohol		touch



**Burning Mouth Syndrome
glossodynia, stomatodynia**

Patients with burning sensation or discomfort of the mouth with clinically normal oral mucosa in whom a medical and dental cause has been excluded.





References – HCP Patients

EPIC and IASP Fact Sheets

Together with IASP, we have compiled many fact sheets focusing on different kinds of orofacial pain. Please feel free to download and distribute them among your national chapters.

Benign Mouth Swellings
Glossopharyngeal Neuralgia
Trigeminal Neuralgia
Neurovascular Orofacial Pain
Chronic Orofacial Pain
Orofacial Pain
Persistent Dento Alveolar Pain Disorder (PDAP)
Persistent Idiopathic Facial Pain (PIFP)
Temporomandibular Disorders

To download all of the fact sheets, please click here.

Additionally, EPIC has compiled several patient leaflets which can be distributed among patients, carers and next of kin:

Patient Leaflet: Chronic Mouth Swellings
Patient Leaflet: Persistent Facial Pain
Patient Leaflet: Temporomandibular Disorders
Patient Leaflet: Trigeminal Neuralgia
Patient Leaflet: Trigeminal Neuropathic Pain

Orofacial Pain

Edited by
JOANNA M. ZAKRZEWSKA

Summary

- Changes in classification
- Need for listening and biopsychosocial approach
- Co- morbidities associated with TMD
- Care-pathways for TN and SUNA
- BMS as a neuropathic pain
- Trigeminal neuropathic pain

Thank you

GLOBAL YEAR AGAINST
OROFACIAL PAIN
OCTOBER 2013 – OCTOBER 2014
International Association for the Study of Pain