Summary of: Unexplained orofacial pain – is an early diagnosis possible?

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VERIFIABLE CPD PAPER

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Aim To identify distinct characteristics of unexplained orofacial pain that could be used by dental practitioners in making an early diagnosis. **Methods** Subjects reporting orofacial pain in a postal questionnaire-based cross-sectional survey were invited for clinical examination. The interviewer was blinded to the questionnaire responses of the subjects. A diagnosis was made following the examination and subjects were assigned into two groups: unexplained pain and dental pain. The questionnaire responses of subjects who had consulted a healthcare professional within these two groups were then compared with particular attention to demographics, orofacial pain characteristics, consultation behaviour and relationship with other unexplained syndromes. **Results** Subjects who had consulted for their pain and were assigned to the unexplained orofacial pain group were significantly ($p < 0.05$) more likely to report the following characteristics: pain descriptors (nagging, aching, tingling), pain pattern (worse with stress), site (poorly localised), duration (persistent/chronic), high disability, multiple consultations and co-morbidities (teeth grinding, reporting of other unexplained syndromes). **Conclusion** This study has shown that unexplained orofacial pain has distinct characteristics that differentiate it from other common dental conditions. This provides a good evidence base which can reduce uncertainty among dental practitioners, allowing them to make an early diagnosis.

EDITOR'S SUMMARY

In a famous television quiz programme of some years ago the host frequently reminded contestants that 'the clue to the answer is in the wording of the question'. There has to be something of a hint of this same logic in the naming of the condition 'atypical facial pain'. By definition, if it was 'typical' facial pain then we would, presumably, be able to recognise it more readily and similarly act on our recognition of it with appropriate treatment strategies.

Not so with the 'atypical' variety. By its nature, or perhaps it would be more correct to write, by their natures, the various complaints that make up this somewhat miscellaneous category of often distressing and debilitating conditions can be as frustrating to the professional called upon to diagnose them as to the patient who has the misfortune to suffer their symptoms.

This research therefore provides a welcome step in the right direction in attempting to identify possible shared characteristics and commonalities of unexplained orofacial pain in order to help early diagnosis. By eliciting the various possible indicators as detailed in this paper, the authors will surely help practitioners in the often perplexing task of trying to decide how best to proceed with corrective therapy. Often, from the patient's perspective, there is nothing more worrying than a professional not being sure of what it is they are presenting with. It merely serves to pile on the fear that they are suffering from something unknown and therefore extra frightening. We all regularly hear the response to a diagnosis 'oh well, at least I now know what it is'.

This is probably truer of patients in this category than others, since a number of cases do have psychological elements

of a greater or lesser degree. Therefore, reassurance that the painful symptoms are recognised and that there is a route down which to travel to improve the condition is part way to successful treatment in itself. In many ways, some of the assistance is in the wording of the answer.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 205 issue 3.

Stephen Hancocks,
Editor-in-Chief

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IN BRIEF

- Allows clinicians to make an early diagnosis of unexplained orofacial pain.
- Therefore helps to avoid unnecessary invasive dental treatment.
- This in turn reduces risk of medico-legal complaints.
- Appropriate referral can be made at the outset, avoiding multiple consultations.
- This can lead to improved management.

COMMENT

Chronic orofacial pain remains anathema to most clinicians. This work is based on the novel 'grass roots' approach to unravel some of the mystery of pain characteristics using a specially designed questionnaire and interview. Two hundred and ninety-nine (12%) patients reported orofacial pain and a cohort of 69 patients suffering from 'unexplained' pain were selected within a randomly selected group of 4,200 adults registered with a medical practice in North West England.

Chronicity was defined as affirmed pain in face, mouth or jaws which had been present for a day or longer in the last month, and persistent pain defined as pain that began more than three months ago. Unexplained orofacial pain conditions in 69 patients included temporomandibular joint pain (28%), burning mouth syndrome (1%) and idiopathic orofacial pain (49%) (now called persistent idiopathic facial pain).

The researchers followed up the questionnaire with interviews of 194 patients to evaluate the site, severity, consultation behaviour, pain descriptors and co-morbidities (bruxism, other pain – irritable bowel syndrome for example) of their pain.

The distinguishing characteristics of the unexplained orofacial pain group were:

- Pain descriptors (nagging, aching, tingling)
- Pain being worse when stressed
- Less likely to arise from teeth and poorly localised

- More likely to have consulted multiple healthcare workers (non-dental)
- More likely to be bruxists
- More likely to have multiple chronic pain conditions (fatigue, IBS).

This report may assist in simplifying the dental profession's approach to identifying patients with chronic orofacial pain and hopefully expedite treatment for them.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

Too often patients with unexplained orofacial pain are misdiagnosed and this can subsequently lead to invasive dental treatment which is irreversible and potentially damaging to the patient. This research was done to establish the clinical characteristics of this condition which would alert clinicians, allowing them to recognise this condition and make an early diagnosis based on the absence of pathology following a structured clinical history and examination. not limited to a few simple procedures.

2. What would you like to do next in this area to follow on from this work?

There is evidence of disparity among clinicians on management of unexplained orofacial pain, with some clinicians opting for a more mechanistic approach while others adopt a psychosocial approach. We would like to review the literature and establish an evidence base for the various management techniques to inform best practice for the management of this condition. Further, we would like to explore the barriers to management of this condition and the extent of disparity among clinicians on management.