What is Orofacial Pain?

The emerging discipline of Orofacial Pain bridges a gap between traditional dental and medical practice. The significance of coexistent medical issues in patients with orofacial pain has often been ignored, but the following literature demonstrates the vital importance of such conditions:

1. More than 81% of patients who report TMD symptoms have additional pain sources and diagnoses beyond the facial region that will affect treatment (3).
2. Problems that are co-morbid with TMD complaints routinely include cervical pain, headache, fibromyalgia, myofascial pain, irritable bowel syndrome, interstitial cystitis, chronic fatigue syndrome, multiple chemical sensitivities, panic disorder and concentration deficits (4).
3. Compared to normal subjects, facial pain patients exhibit increased sympathetic nervous system responses, hypocapnia, decreased venous return, sleep deficits, altered receptive fields and greater fatigue, anxiety and depression (5).
4. Greater than 50% of the chronic TMD population has a history of physical or sexual abuse (6).
5. Noxious spinal cord input to the brain evokes cranial nerve activity that is monitored by the trigeminal system and can provoke responses that affect the masticatory system.

What do Orofacial Pain practitioners do?

Orofacial Pain practitioners assess sensory and motor disorders of the trigeminal system, co-morbid medical conditions and the physiologic disturbances that affect the perception of pain. Their medical-dental training enables them to render differential diagnoses and initiate management protocols for patients whose symptoms are often confusing or contradictory when viewed using traditional disease models. They address the diagnostic and therapeutic void that exists between non-odontogenic facial pain and medical practice. Patients are referred to orofacial pain services from a wide variety of medical, dental and allied health care providers.

Orofacial Pain practitioners are multidisciplinary in their approach to pain diagnoses and control. Their clinical skills are a blend of dentistry, psychology, neurology, anesthesiology, rheumatology, physical therapy, otolaryngology and rehabilitation medicine. Collateral duties for orofacial pain providers include writing medical boards and addendums, providing legal depositions, consulting with regional Tricare agencies and conducting continuing education about pain for dentists, physicians and other health care providers.

Do Orofacial Pain providers contribute to Dental Readiness?

The primary role of Orofacial Pain practitioners is to manage patients with non-odontogenic face pain. In the United States, 34% of the
general population experiences at least one attack of non-
odontogenic facial pain that will significantly impede function. For any 6-month interval, 10-12% of that symptomatic population will experience recurring problems, and symptoms are overwhelmingly predominant during the ages of our active duty personnel, 18 to 45 (7). The presence of an orofacial pain provider in a command contributes to readiness by freeing dentists to address more traditional dental concerns and avoid becoming embroiled with time intensive patients that they may feel unprepared to treat. Likewise, the Navy orofacial pain community is committed to bringing information to “the deck plate” through a variety of continuing education efforts that familiarize primary care providers with basic orofacial pain evaluation and management. Such skills can enhance readiness and improve overall patient satisfaction by making providers more effective and efficient in all aspects pain management.

What is the future of Orofacial Pain in the Navy?

Pain management is attracting growing attention throughout all healthcare systems. For example, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has recognized the inadequacy of the treatment of pain in the United States. As of January 1, 2001, JCAHO has mandated that pain assessment and management become an integral part of daily healthcare practice. To underscore their emphasis on improved pain management, JCAHO now requires a documented assessment pain as the “fifth vital sign”. Aside from the issues related to quality patient care, healthcare agencies are also concerned about the cost of contracted pain management services. For example, over a recent two-year period, one Tricare region paid 1.5 million dollars to civilian providers for patients with head and face pain complaints because such care was unavailable through military facilities.

In view of the aforementioned, the Navy has taken proactive steps in the realm of pain management. As part of its commitment to improved treatment for pain, Navy Medicine has funded the first federal service Orofacial Pain Center and 2 year residency at the Naval Postgraduate Dental School, Bethesda, Maryland. The Orofacial Pain Center will accept up to 3 residents annually from any of the federal services. Residency training will focus on the most modern concepts of pain physiology, diagnosis and management. The center is based on the concept that pain evolves not only from potential tissue damaging stimuli, but also is a consequence of the way fatigue and anxiety affect nerve thresholds and brain function. Viewing pain as a physiologic disturbance caused by fatigue and anxiety as well as nociception represents a major paradigm shift in pain etiology and pain management that is being pioneered by the Navy Orofacial Pain community.

Based on conservative demographic data, the Dental Corps projects a need for 17 orofacial pain providers within the Navy healthcare system and 45 providers within the Tricare system as a whole. Clearly the opportunities for dental officers with orofacial pain training are unlimited.

Further Information

If you have questions about patient management issues, residency training, continuing education services or any other aspect about orofacial pain, please contact the authors or any of the other Navy orofacial pain practitioners listed below.
Navy Orofacial Pain Specialists  January 2002

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