Persistent Orofacial Pain

What are the aims of this leaflet?
This leaflet has been written to help you understand more about persistent orofacial pain (also called atypical facial pain, chronic facial pain or chronic idiopathic facial pain). It tells you what persistent orofacial pain is, what causes it, what can be done about it, and where you can find more information.

What is persistent orofacial pain?
Persistent orofacial pain is a chronic (long term) pain condition in which continuous, deep pain is felt on the face or in the mouth. The cause of the condition is not fully known. The pain lasts a long time and is difficult to treat. The pain is not usually eased by common pain killers e.g. paracetamol. When the face, mouth or jaws are examined, no disease or abnormality is found. Persistent orofacial pain is an uncommon condition; Men and women are equally affected.

What causes persistent orofacial pain?
The cause of persistent orofacial pain is unknown. In some people, the pain starts after they have had surgery, dental treatment or an injury to the face or mouth. Instead of the pain stopping, it continues even when everything has healed. Recent research has suggested that the pain conducting nerves of the face or mouth may become overly sensitive in this condition.

Is persistent orofacial pain hereditary?
Persistent orofacial pain is not thought to be a hereditary condition.

What are the symptoms of persistent orofacial pain?
The pain in persistent orofacial pain can be a dull ache, crushing sensation, burning sensation or throbbing in the face or mouth. The pain may not always
stay in one area but may radiate to other parts of the face. The pain is usually continuous but may vary in severity. It does not usually ease on taking common pain killers. The pain is usually unilateral (on one side of the face only). Sometimes patients with this condition have other symptoms which include neck pain, back pain, irritable bowel and itchy skin.

**What does persistent orofacial pain look like?**
There are no outward physical signs of this condition. You can have persistent orofacial pain with a normal, healthy face and mouth. The lack of outward signs can make it hard for others to understand your condition.

**How is persistent orofacial pain diagnosed?**
There is no diagnostic test for persistent orofacial pain, so the diagnosis relies largely on your description of your symptoms and by examination of the face, neck, jaw, mouth, teeth and gums to rule out any disease or abnormality. Radiographs (X-rays) or scans of the teeth, jaw, neck or brain may be required but are not necessary in all cases. Blood tests may also be required in some cases to exclude other causes of facial pain.

**Can persistent orofacial pain be cured?**
Persistent orofacial pain cannot be cured. The aims of treatment are to reduce the severity of pain and to help you manage your symptoms. There are no known long-term or serious health problems associated with persistent orofacial pain but due to the burden of persistent pain you may be affected by irritability, anxiety, low mood and depression. This should be openly discussed and your pain specialists or doctor will ask about mood and other mental health conditions during consultations.
How can persistent oro-facial pain be treated?

- Treatment of persistent oro-facial pain can be challenging and is best undertaken initially in a specialist unit. A multi-disciplinary (many different specialists) approach may have the most success.
- Treatment may involve medication such as low dose antidepressants e.g. nortriptyline or selective serotonin reuptake inhibitors e.g. sertraline. These medications aim to reduce the severity of the pain by reducing the sensitivity of the nerves controlling the pain.
- Other treatments include cognitive behaviour therapy and pain management programmes which are designed to help you cope with your long term symptoms.
- Alternative or complementary therapies may also be considered as part of a comprehensive pain management plan.
- Further information on treatment options is available through the British Pain Society (links below).

What can I do?

- Learn about chronic pain and its management. This will assist in your management of your own pain symptoms. Discuss all concerns about the diagnosis and management of your persistent idiopathic facial with the pain team. This will ensure that you are involved in pain management decision making and you will receive the most appropriate care.
- If you find that you are feeling sad or unable to cope with your condition, you should seek professional help. It is common for people with painful conditions to develop a low mood, and there is treatment available to help.
- Keep active and try not to let the presence of pain impact on your daily activities. Make sure you set aside time to do pleasurable activities and reward yourself if you have coped well with the day. These types of measures have been shown to be more effective than any medication.
- If you are given medication please take it regularly and be patient as it may take several weeks to improve symptoms.
• Continue to visit your dentist regularly and maintain good oral hygiene to prevent any tooth decay or gum disease which may make pain symptoms worse.

Where can I get more information about persistent orofacial pain?

There are a number of sources of information on facial pain conditions. It is important that when searching on the internet information is gathered from reputable and, accurate, medical and dental websites. Listed below are a few links to such websites and recommendations on available publications.

Information on Chronic pain

*International Association for the Study of Pain* - http://www.iasp-pain.org/AM/Template.cfm?Section=Fact_Sheets4&Template=/CM/ContentDisplay.cfm&ContentID=14459


Information on Pain Management


*Pain Medications* http://www.britishpainsociety.org/patient_publications.htm


http://www.britishpainsociety.org/patient_suggest_reading.htm

http://www.britishpainsociety.org/patient_suggest_reading.htm

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"Living with Chronic Pain". A CD or cassette tape produced by Consultant Clinical Psychologist Neil Berry. www.paincd.org.uk

Pain Toolkit - Pete Moore
http://www.britishpainsociety.org/patient_suggest_reading.htm

This leaflet has been prepared by the British Society for Oral Medicine (BSOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BSOM is not responsible for information on web sites where links are provided.

This leaflet is available online at www.bsom.org.uk

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