

Persistent Idiopathic Facial Pain

What are the aims of this leaflet?

This leaflet has been written to help you understand more about persistent idiopathic facial pain (previously called atypical facial pain). It tells you what persistent idiopathic facial pain is, what causes it, what can be done about it, and where you can find more information.

What is persistent idiopathic facial pain?

This is generally a continuous pain of the face or mouth that can affect only a small part of the face or the whole of the face.

This is a relatively rare condition. Although this condition affects any age group it is more common in older people. Both men and women can be affected – although women report it more often than men. The condition is considered to be a chronic (long term) pain condition.

What causes persistent idiopathic facial pain?

The exact causes of persistent orofacial pain is unknown, although recent research has confirmed that it is a neuropathic pain condition (relating to changes in the nerves), with the nerves conducting sensation to the face and mouth being affected In many 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.

Is persistent orofacial pain hereditary?

Persistent idiopathic facial pain is not thought to be a hereditary condition.

What are the symptoms of persistent idiopathic facial 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 idiopathic facial pain look like?

There are no outward physical signs of this condition. You can have persistent idiopathic facial 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 idiopathic facial pain diagnosed?

There is no diagnostic test for persistent idiopathic facial 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 idiopathic facial pain be cured?

Persistent idiopathic facial 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 idiopathic facial 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 idiopathic facial pain be treated?

 Treatment of persistent idiopathic 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 in the form of Cognitive Behavioural Therapy (talking therapy), undertaken with a psychologist can help you to learn to manage the symptoms of BMS and can be more effective than drug treatments.
- As with many chronic (long term) neuropathic pain conditions antidepressant and anticonvulsant (anti-epileptic) medications can be helpful e.g. amitriptyline, duloxetine, gabapentin, pregabalin.
- 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 idiopathic facial 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.

Further Information

- International headache society (IHS) classification https://ichd-3.org/13-painfulcranial-neuropathies-and-other-facial-pains/13-12-central-neuropathic-pain/
- National Institute for Health and Clinical Excellence (2013). CG173 Neuropathic pain

 pharmacological management: in non-specialist settings. (Can be found online at: www.nice.org.uk/guidance/cg173)

Information on Pain Management

- British Pain Society https://www.britishpainsociety.org
- Pain Toolkit https://www.paintoolkit.org/



This leaflet has been prepared by the British and Irish Society for Oral Medicine (BISOM). 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 BISOM is not responsible for information on web sites where links are provided.

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

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