

Chapter 1

Introduction

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Introduction

Clinicians are called upon to diagnose orofacial pain on a daily basis. For the most part, diagnosis is a routine procedure which is accomplished without too much difficulty. Most painful conditions follow certain predictable patterns and exhibit specific signs and symptoms which, when observed, make diagnosis a relatively easy task to perform. Patients do present, however, where diagnosis is especially difficult and where pain patterns do not follow recognized norms. Many of these difficult cases can have unsatisfactory outcomes for both patients and practitioners.

There are numerous textbooks that deal with pain diagnosis. Most of these provide a comprehensive review of the signs, symptoms and pathology associated with the various conditions that can cause facial pain. Few deal with the actual process of diagnosing orofacial pain, and even fewer deal in any detail with the specific questions and tests that are required to establish a diagnosis for each condition.

This manual addresses some of the difficulties in assessing patients with orofacial pain by *focusing on the questions that need to be asked and analyzing responses of patients to these questions*. This is in contrast to just describing the various painful conditions. Particular attention is paid to the *meaning of descriptors* patients use when describing pain.

From a practical point of view, the initial task for a practitioner in assessing a patient with orofacial pain is a reasonably simple process: to establish whether the patient has a dental pain problem, a treatable non-dental pain problem, or a pain problem that requires referral to a dental or medical specialist. Once this broad sorting is carried out, more specific diagnosis and treatment planning can take place for

each condition. To place the patient into one of these categories is often relatively uncomplicated. Nevertheless, mistakes often occur because *practitioners jump to conclusions before assessing all of the facts*, and because insufficient information is gathered before a diagnosis is made. Thus, when diagnosing pain, *history is more important than testing*. Indeed, it is the history that dictates the tests to perform. History is obtained by asking appropriate questions. Diagnosis is based on:

- Observing the patient (“*What should I look for?*”)
- Knowing the questions to ask (“*What should I ask?*”)
- Analyzing the answers received (“*What does this answer mean?*” “*What else do I need to know?*”)
- Performing appropriate tests
- Applying all this information to the task of identifying the problem.

When diagnosing pain, there are two broad categories of questions that the clinician must be able to use. The first category is a series of general sorting or screening questions that elicit a broad picture of the pain profile. These form the basis for asking the second category of questions, which are *specific screening questions* used for a particular pain state (e.g. dental pain, muscle pain, trigeminal neuralgia, cluster headache). Unless a practitioner is aware of the specific questions that relate to the different pain states, an accurate diagnosis of challenging pain cases is difficult or impossible to make.

Mistakes in diagnosis are often made when clinicians approach the diagnosis too quickly without first analyzing the patient’s responses to questions, and when attempts are made to *make the facts fit a diagnosis* rather than *make the diagnosis fit the facts*.

2 Diagnosing Dental and Orofacial Pain

When confronted with any diagnostic situation it is helpful to remember a “golden rule”:

If it doesn't add up, it doesn't add up.

When confronted with any diagnostic situation that does not add up, it is helpful to remember a second “golden rule”:

If it doesn't add up, then review it again or refer.

Similarly, if confronted with any diagnostic situation that does not add up and does not respond to initial treatment, it is helpful to remember a third important rule:

Do not “walk” along teeth.

When confronted with a patient with a complex pain problem, great care should be taken not to keep trying to find a dental cause by treating one tooth after another in an attempt to relieve pain that may or may not be dental in origin. Before treatment is initiated, an accurate diagnosis must be established (Fig. 1-1).

In the following chapters, the causes of orofacial pain will be identified and explained and the diagnostic processes that are necessary to arrive at



Fig. 1-1 A patient with non-dental pain who had multiple restorations and endodontic procedures in an unsuccessful attempt to relieve orofacial pain.

an accurate diagnosis will be discussed. Particular attention is placed on:

- How to record a pain profile
- How to listen to and observe a patient in pain
- How to analyze responses to questions
- How to formulate questions.

Specific screening questions are described for each pain condition. Short and long case reports are presented in the accompanying e-web material.