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MAJOR CHALLENGES IN CARE

• Orofacial pain recognition

• Interdisciplinary recognition that temporal mandibular disorders often do not exist in isolation, but are part of a larger picture of a chronic pain patient and should be treated as such

• Improving the specificity of our diagnostic criteria will help lead to a better understanding of disease and better treatment pathways

• Improvement of ICD10 codes will hopefully follow and lead to more successful authorization of specific procedures for specific subsets of patients
OROFACIAL PAIN RECOGNITION

CAQH (Council for Affordable Quality Healthcare)

-does not recognize Orofacial Pain as a subspecialty of dentistry

-This may be due to the fact that the ADA does not recognize Orofacial Pain as a subspecialty

-This leads to poor patient care as patients get routed to an oral maxillofacial surgeon who may offer more aggressive and invasive treatment options than a pain specialist. If the patient wants to see the pain specialist they have to pay out of pocket.
STAKEHOLDERS

- Orofacial and Head Pain Special Interest Group (OFHP SIG) of the International Association for the Study of Pain (IASP)
- International Network for Orofacial Pain and Related Disorders Methodology (INfORM)
- American Academy of Orofacial Pain (AAOP)
- International Headache Society (IHS)
WHY IS INTERDISCIPLINARY CARE SO IMPORTANT?

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Table 2. Continuous Variables in the Sample of People with Chronic TMD by Pain Impact Classification: Low Impact Is GCPS I and II Low, and High Impact is GCPS II High, III, and IV

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Low-Impact Pain</th>
<th>High-Impact Pain</th>
<th>P Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age, y</strong></td>
<td>29.0 (7.8)</td>
<td>28.2 (7.6)</td>
<td>30.5 (8.0)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>POMS: Overall positive affect</strong></td>
<td>80.7 (16.2)</td>
<td>82.0 (15.8)</td>
<td>78.0 (16.7)</td>
<td>.008</td>
</tr>
<tr>
<td><strong>POMS: Overall negative affect</strong></td>
<td>58.2 (18.8)</td>
<td>56.0 (17.5)</td>
<td>62.6 (20.4)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Catastrophizing</strong></td>
<td>0.7 (0.6)</td>
<td>0.6 (0.5)</td>
<td>1.0 (0.7)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Somatization</strong></td>
<td>1.4 (1.2)</td>
<td>1.1 (1.1)</td>
<td>2.0 (1.3)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>JFLS global measure</strong></td>
<td>2.0 (1.5)</td>
<td>1.6 (1.3)</td>
<td>2.9 (1.7)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>OBC total score</strong></td>
<td>32.8 (11.0)</td>
<td>31.9 (10.2)</td>
<td>34.7 (12.2)</td>
<td>.001</td>
</tr>
<tr>
<td><strong>Maximum unassisted opening, mm</strong></td>
<td>46.9 (8.9)</td>
<td>47.3 (8.4)</td>
<td>46.2 (9.8)</td>
<td>0.085</td>
</tr>
<tr>
<td><strong>Number of painful body palpation sites</strong></td>
<td>5.8 (4.0)</td>
<td>5.4 (3.6)</td>
<td>6.6 (4.5)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Number of pain comorbid conditions</strong></td>
<td>2.6 (2.5)</td>
<td>2.2 (2.1)</td>
<td>3.6 (3.0)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Duration of pain, y</strong></td>
<td>6.9 (6.4)</td>
<td>6.7 (6.2)</td>
<td>7.4 (6.7)</td>
<td>0.155</td>
</tr>
<tr>
<td><strong>Thermal tolerance, °C</strong></td>
<td>45.6 (2.4)</td>
<td>45.7 (2.3)</td>
<td>45.3 (2.5)</td>
<td>0.029</td>
</tr>
<tr>
<td><strong>Pressure pain threshold: trapezius, kPa</strong></td>
<td>278.8 (125.0)</td>
<td>288.5 (127.9)</td>
<td>259.5 (116.7)</td>
<td>.001</td>
</tr>
<tr>
<td><strong>Mechanical probe pain rating</strong></td>
<td>11.8 (14.8)</td>
<td>10.3 (11.9)</td>
<td>15.0 (19.0)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Mechanical temporal summation</strong></td>
<td>13.4 (14.5)</td>
<td>12.1 (13.0)</td>
<td>15.8 (16.8)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Abbreviation: SD, standard deviation.
* P value from t-test comparing low- and high-impact pain groups.
† Variable includes imputation of up to 50% missing items.
IMPROVING DIAGNOSTIC PRECISION


Pain diagnoses:
- Arthralgia
- Myalgia → Local Myalgia → Myofascial Pain → Myofascial pain with referral → Headache attributed to TMD
INTERNATIONAL CLASSIFICATION OF OROFACIAL PAIN

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ICOP CRITERIA

- ICHD-3 thoroughly classifies primary and secondary headaches but such an internationally accepted version for primary and secondary facial pains was until now lacking.
PART III

Neuropathies & Facial Pains

Neuropathic pain of the head is caused by a lesion or disease of the somatosensory nervous system. Neuralgias are characterized by pain in the distribution of a nerve or nerves.
2.1. Primary myofascial pain

- 2.1.1. Acute primary myofascial pain
- 2.1.2. Chronic primary myofascial pain
  - 2.1.2.1. Chronic infrequent primary myofascial pain
  - 2.1.2.2. Chronic frequent primary myofascial pain
    - 2.1.2.2.1. Chronic frequent primary myofascial pain without pain referral
    - 2.1.2.2.2. Chronic frequent primary myofascial pain with pain referral
  - 2.1.2.3. Chronic persistent primary myofascial pain
    - 2.1.2.3.1. Chronic persistent primary myofascial pain without pain referral
    - 2.1.2.3.2. Chronic persistent primary myofascial pain with pain referral

2.2. Secondary myofascial pain

- 2.2.1. Secondary myofascial pain due to tendonitis
- 2.2.2. Secondary myofascial pain due to myositis
- 2.2.3. Secondary myofascial pain due to muscle spasm
OROFACIAL PAIN ASSOCIATED WITH DISORDERS OF THE TEMPOROMANDIBULAR JOINT (TMJ)

3.1. Primary TMJ arthralgia
   • 3.1.1. Acute primary TMJ arthralgia
   • 3.1.2. Chronic primary TMJ arthralgia
     • 3.1.2.1. Chronic infrequent primary TMJ arthralgia
     • 3.1.2.2. Chronic frequent primary TMJ arthralgia
       • 3.1.2.2.1. Chronic frequent primary TMJ arthralgia without referred pain
       • 3.1.2.2.2. Chronic frequent primary TMJ arthralgia with referred pain
     • 3.1.2.3. Chronic persistent primary TMJ arthralgia
       • 3.1.2.3.1. Chronic persistent primary TMJ arthralgia without referred pain
       • 3.1.2.3.2. Chronic persistent primary TMJ arthralgia with referred pain

3.2. Secondary TMJ arthralgia
   • 3.2.1. TMJ arthralgia attributed to arthritis
     • 3.2.1.1. TMJ arthralgia attributed to arthritis, non-systemic
     • 3.2.1.2. TMJ arthralgia attributed to arthritis, systemic
     • 3.2.2. TMJ arthralgia attributed to disc displacement with reduction
     • 3.2.3. TMJ arthralgia attributed to disc displacement with reduction with intermittent locking
     • 3.2.4. TMJ arthralgia attributed to disc displacement without reduction
     • 3.2.5. TMJ arthralgia attributed to degenerative joint disease
     • 3.2.6. TMJ arthralgia attributed to subluxation
5.1. Orofacial migraine
   - 5.1.1. Orofacial migraine
   - 5.1.2. Chronic orofacial migraine
   - 5.1.3 Neurovascular Orofacial Pain
     - 5.1.3.1 Shortlasting Neurovascular Orofacial Pain
     - 5.1.3.2 Longlasting Neurovascular Orofacial Pain
   - 5.2. Tension-type orofacial pain

5.3. Trigeminal autonomic orofacial pain
   - 5.3.1. Orofacial cluster attacks
     - 5.3.1.1. Episodic orofacial cluster attacks
     - 5.3.1.2. Chronic orofacial cluster attacks
   - 5.3.2. Paroxysmal hemifacial pain
     - 5.3.2.1. Episodic paroxysmal hemifacial pain
     - 5.3.2.2. Chronic paroxysmal hemifacial pain
   - 5.3.3 Short-lasting unilateral neuralgiform facial pain attacks with autonomic signs (SUNFA)
     - 5.3.3.1 Episodic SUNFA
     - 5.3.3.2 Chronic SUNFA
   - 5.3.4 Hemifacial continuous pain with autonomic signs
   - 5.3.5 Constant Unilateral Facial Pain with Attacks (CUFPA)
ICD10

- M26.6 Temporomandibular joint disorders
  - M26.60 Temporomandibular joint disorder, unspecified
  - M26.61 Adhesions and ankylosis of temporomandibular joint
  - M26.62 Arthralgia of temporomandibular joint
  - M26.63 Articular disc disorder of temporomandibular joint
  - M26.69 Other specified disorders of temporomandibular joint