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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

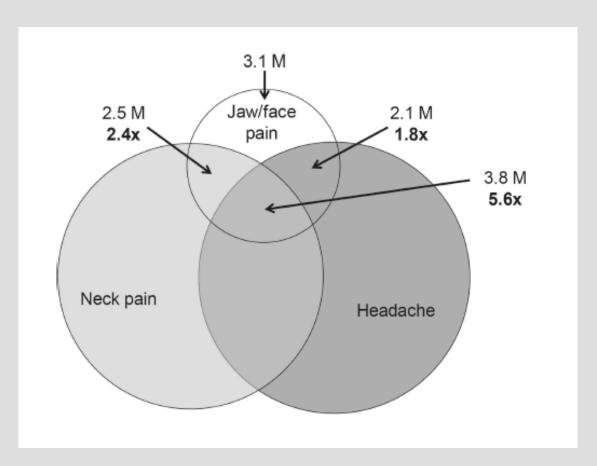
CAQH (Council for Affordable Quality Healthcare)

- -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?



Maxiner et al, J Pain. 2016 September; 17(9 Suppl): T93-T107. doi:10.1016/j.jpain.2016.06.002

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

| | Total | LOW-IMPACT PAIN | HIGH-IMPACT PAIN | COMPARISON |
|--|---------------|-----------------|------------------|------------|
| | MEAN (SD) | MEAN (SD) | MEAN (SD) | P VALUE* |
| Age, y | 29.0 (7.8) | 28.2 (7.6) | 30.5 (8.0) | <.001 |
| POMS: Overall positive affect [†] | 80.7 (16.2) | 82.0 (15.8) | 78.0 (16.7) | .008 |
| POMS: Overall negative affect [†] | 58.2 (18.8) | 56.0 (17.5) | 62.6 (20.4) | <.001 |
| Catastrophizing [†] | 0.7 (0.6) | 0.6 (0.5) | 1.0 (0.7) | < .001 |
| Somatization [†] | 1.4 (1.2) | 1.1 (1.1) | 2.0 (1.3) | < .001 |
| JFLS global measure [†] | 2.0 (1.5) | 1.6 (1.3) | 2.9 (1.7) | <.001 |
| OBC total score [†] | 32.8 (11.0) | 31.9 (10.2) | 34.7 (12.2) | .001 |
| Maximum unassisted opening, mm | 46.9 (8.9) | 47.3 (8.4) | 46.2 (9.8) | .085 |
| Number of painful body palpation sites | 5.8 (4.0) | 5.4 (3.6) | 6.6 (4.5) | < .001 |
| Number of pain comorbid conditions | 2.6 (2.6) | 2.2 (2.1) | 3.6 (3.0) | < .001 |
| Duration of pain, y | 6.9 (6.4) | 6.7 (6.2) | 7.4 (6.7) | .155 |
| Thermal tolerance, °C [†] | 45.6 (2.4) | 45.7 (2.3) | 45.3 (2.5) | .029 |
| Pressure pain threshold: trapezius, kPa [†] | 278.8 (125.0) | 288.5 (127.9) | 259.5 (116.7) | .001 |
| Mechanical probe pain rating [†] | 11.8 (14.8) | 10.3 (11.9) | 15.0 (19.0) | < .001 |
| Mechanical temporal summation [†] | 13.4 (14.5) | 12.1 (13.0) | 15.8 (16.8) | .001 |

Abbreviation: SD, standard deviation.

Miller et al. The Journal of Pain, Vol 20, No 3 (March), 2019: pp 288-300

^{*} P value from t-test comparing low- and high-impact pain groups.

[†] Variable includes imputation of up to 50% missing items.

IMPROVING DIAGNOSTIC PRECISION

• DC/TMD – Schiffman et al. J Oral Facial Pain Headache. 2014; 28(1): 6–27.

Pain diagnoses:

- Arthralgia
- Myalgia → Local Myalgia → Myofascial Pain → Myofascial pain with referral → Headache attributed to TMD

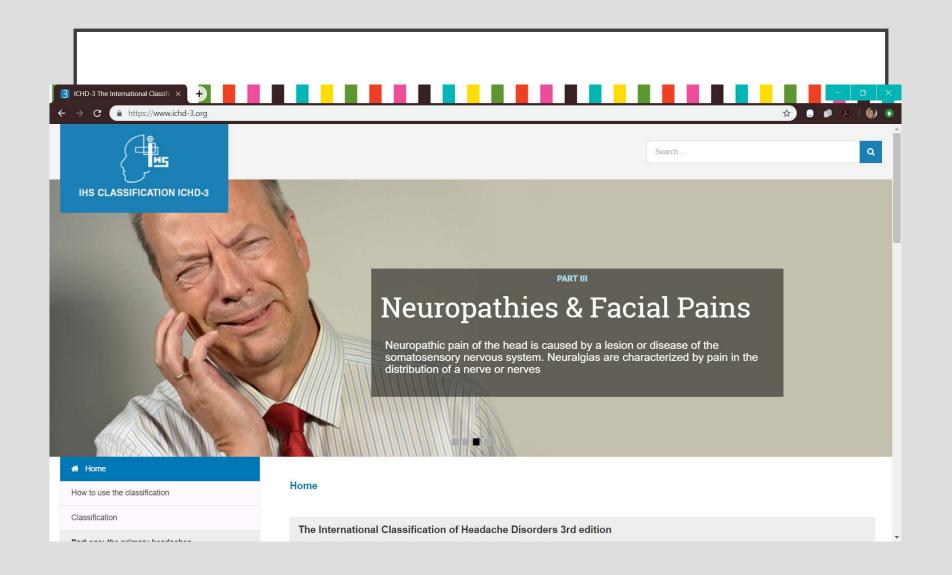
INTERNATIONAL CLASSIFICATION OF OROFACIAL PAIN

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https://www.ihs-headache.org/binary_data/3468_the-international-orofacial-pain-classification-committee-icop-I-beta-for-review.pdf

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.



INTERNATIONAL CLASSIFICATION OF OROFACIAL PAIN

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
- o 2.1.2.2. Chronic frequent primary myofascial pain
- o 2.1.2.2.1. Chronic frequent primary myofascial pain without pain referral
- o 2.1.2.2.2. Chronic frequent primary myofascial pain with pain referral
- o 2.1.2.3. Chronic persistent primary myofascial pain
- 2.1.2.3.1. Chronic persistent primary myofascial pain without pain referral
- o 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

OROFACIAL PAIN RESEMBLING PRESENTATIONS OF PRIMARY HEADACHES

- 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