

Mini Review

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Orofacial Pain Management in Developing Nations: Present Difficulties

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ABSTRACT

In developed countries, orofacial pain is one condition in dentistry that has been well defined, explored, and managed. Unfortunately, unlike the grown and developed management of orofacial pain in developed countries, the management of orofacial pain in developing countries is still poorly performed. The current article discusses about the current management of orofacial pain in developing countries. At the time being, there are several factors that are considered to be the etiology of the unsuccessful management of orofacial pain in developing countries. Lack of knowledge about the symptoms of orofacial pain is considered to be one of them. Therefore, educating more people about orofacial pain and its symptoms should be included in the comprehensive plan of orofacial pain management plan in developing countries. As the problem of orofacial pain in developing countries is happening at the root level, the education should not only cover those who are responsible in treating orofacial pain but also the one who might experience orofacial pain. It is expected that the current article will provide a current insight about the management of orofacial pain in developing countries as we as well the current barriers of orofacial pain management. And furthermore, initiates more studies in the field of orofacial pain in developing countries.

KEY WORDS: Temporomandibular disorder (TMD); Orofacial pain; Etiology.

INTRODUCTION

Despite of the development of treatment modalities in the field of orofacial pain in developed countries that resulted in decreased morbidity of orofacial pain, developing countries are still faced with the high incidence of orofacial pain problems. The correct formula in managing orofacial pain in developing countries is still not properly composed. At least not the one in Asia. The latest epidemiological survey about the prevalence of orofacial pain on 1551 participants in Indonesia in one of its largest provinces revealed that nearly half the surveyed participants (49.9%) had or have been having orofacial pain in the last 6 months.¹

A study conducted by Sipila et al² that studied about the prevalence of orofacial pain and Temporomandibular Disorder (TMD) on 1501 Finnish and Thai people revealed that Thai people had an increased risk of reporting orofacial pain, tooth pain, and pain in the face. Whilst a pilot study in Malaysia conducted on 16 years old students in Kelantan showed that 44% indicated that they had or have been having orofacial pain within the last four weeks. Out of the 44%, 27% stated that they were still experiencing the pain at the time of interview, yet, only 8% out of the 27% sought for professional help.³

Another epidemiological study conducted in India by Oberoi et al⁴ on 500 patients of the Government Dental College and Research revealed that 42.7% out of the 500 patients sample complaint of an orofacial pain symptoms, with toothache being the most common symptoms (57.6%). An epidemiological study in Pakistan reported by Siddiqui et al⁵ showed that

300 participants out of the 700 participants they investigated for the incidence of orofacial pain reported the symptoms of orofacial pain. These high incidence of orofacial pain in developing countries might be due to several possibilities, one of which, the lack of understanding of orofacial pain. Despite of the fact that orofacial pain is clearly defined as pain associated with the soft and or mineralized tissue in the oral and facial region,⁶ not every level of the community member is familiar with this concept. The current article will review the possible correlation between the current epidemiological condition and the management of orofacial pain in developing countries.

Understanding the Current Concept of Orofacial Pain

For so many years, orofacial pain has been defined and known as pain originated only from the tooth. The process of understanding the concept about how pain in the face or oral area might independently occur without the involvement of a tooth took years before it can finally be comprehended.⁷ A study conducted by Borromeo et al⁸ about the level of understanding of the basic concept of orofacial pain among dental students and general dentist concluded that the knowledge about orofacial pain among dental students were quite low, which was also the case with the fresh graduate general dentists. Another study performed by Anggarwai et al⁹ about the knowledge of dentists and specialists on orofacial pain indicated the knowledge gap between these two groups of dental professional, which indicated the need of a more extensive inclusion of chronic orofacial pain material at undergraduate level.

The concept of orofacial pain, including the concept of chronic orofacial pain or pain caused by TMD, has been evolving. One of the concept that clearly marked the evolution of the orofacial pain concept is the one that was proposed by Dworkin et al¹⁰ that stated orofacial pain might be originated from psychological condition.¹⁰ This particular concept has emphasized the importance of evaluating patient's psychological condition during orofacial pain history taking and how several orofacial pain condition showed an interplay between psychological and physiological condition,¹¹⁻¹³ and that considering the psychological condition into the diagnosis and management for chronic orofacial pain will increase its success rate.¹⁴

Despite of the evolution of the concept of orofacial pain as well as the development of its management, it is apparent that these changes have not been well comprehended by related parties, especially those in developing countries. The fact that most dental professionals in developed countries are well aware and educated about the current concept, whereas it not in the case with those in developing countries. This lack of exposure about the concept of orofacial pain will furthermore lead to another consequence, such as the low-level of awareness about the manifestation of orofacial pain and how to manage orofacial pain at its earliest level. The International Association of the Study of Pain (IASP) through its research revealed that there are several factors that are considered as barriers to good pain management

in developing countries, and they are: Lack of education, government policies, fear of opioid addiction, high cost of drugs, and poor patient compliance.¹⁵

The Management of Orofacial Pain in Developing Countries

As any other disorder, the difficulties in composing the correct treatment planning or formula in managing orofacial pain in developing countries might be due to several factors, such as the lack of information about the symptoms of orofacial pain in the community level, the low-level of awareness in the community about the importance of treating orofacial pain at the early stage, the minimal knowledge about the detrimental effect of chronic orofacial pain, and as mentioned before, the lack of updated knowledge about orofacial pain amongst dentists themselves.

One of the most important factors in orofacial pain diagnosis process is the clinical symptoms experienced by the patients. If the patient or the dentist are not aware about the symptoms experienced are orofacial pain symptoms, it will result in an inadequate diagnosis and at a later stage, inadequate treatment planning. It is important for people to know that pain manifests in the oral and facial area is not always originated from the tooth, and that orofacial pain might occur without tooth involvement.¹⁶ Therefore, it is of importance, for the dentist or another health practitioner involved in the management of orofacial pain to have the proper and updated knowledge regarding orofacial pain in order to avoid any inappropriate dental-related treatment regarding the orofacial pain complain.¹⁷

Another important point in managing orofacial pain adequately is by treating it as early as possible. In order to increase the awareness of the early treatment of orofacial pain, it is of importance that orofacial pain is introduced properly to everybody at every level of the community. Not only that it eliminates the chain of pain referring, it will also prevent the patients from suffering from psychological effect due to chronic pain. It is important for the patient to understand the extend of the psychological effect that one might have on themselves. The exposure of orofacial pain and its concept can be performed by exposing orofacial pain symptoms through the dental health program conducted by the community center. As in developing countries, community centers are the first health facilities where people refer themselves. Therefore, the socialization will be most effective.

As mentioned earlier, early management of orofacial pain will prevent patients from suffering from psychological effect of chronic orofacial pain. Chronic orofacial pain, in line with other types of pain experienced by the human body, can be very debilitating at times and affects the patient's daily activities as well as their quality of life.¹⁸ A study by Yazdi et al¹⁹ on 150 patients with chronic orofacial pain revealed that not only chronic orofacial pain has a detrimental effect on the patient's daily life, but it also causes the patient to be more anxious as well as depressed. It is expected that comprehending the debili-

tating effects of chronic orofacial pain will encourage the patients to seek medical treatment related to acute orofacial pain complain as soon as possible. Similar to educating people about the symptoms of orofacial pain, educating the patients and dental professionals about the debilitating effects of orofacial pain can be performed at the community centers in the developing countries.

Another party to be educated about orofacial pain in order to have a comprehensive management plan of orofacial pain in developing countries is the dentist themselves. In Indonesia alone, it was not until 2 years ago that the correct and current concept of orofacial pain was introduced to dental students. Despite of the intense efforts in socializing and familiarizing dental students to orofacial pain, unfortunately, the topic of orofacial pain as well as its competency is still not formally incorporated in the dental curriculum for undergraduate dental students in Indonesia. This current situation might also contribute to the inadequate management of orofacial pain.

A study by Jamalpour et al²⁰ in Iran about the knowledge and beliefs about Temporomandibular Disorders (TMD) and orofacial pain revealed that there was a considerable disagreement between dentist and TMD specialist about the diagnosis and chronic pain behavior domain, which indicated the need and development of the undergraduate dental curriculum concerning this particular aspect. The incorporated competency of orofacial pain is also reflected in the template of the 2012 Nigerian Curriculum of the Medical and Dental undergraduate,²¹ where there was no orofacial pain related diagnosis competency aside from the diagnosis of TMD.

Last but not least, the plan for managing orofacial pain problems in developing countries including Indonesia, can only be appropriately composed if there are sufficient epidemiological data as well as clinical data supporting the intended management plan. Therefore, research that will explore all aspects of orofacial pain in developing countries should always be encouraged, facilitated, and largely published. It is expected when people as well as dentist are properly educated about orofacial pain, the orofacial pain morbidity in developing countries can be effectively reduced and overcome.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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