Advances in our field continue

Fostering Excellence and Encouraging Continual Learning in Orofacial Pain

Gary M. Heir, President
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.....Let's get to know each other

.....Let's get other health care providers to learn about who we are

..... Let's get other health care providers to learn what we do

Effects of COVID-19

So What Else is Going On?

ABOP has taken the Board exams online. The Written and Oral Examinations will be held in September. This move was necessitated by the interest of the health and safety of our examiners and candidates. The written examination will be administered at testing centers throughout the world. The oral exam will be online with proctoring.

In Press: The following editorial is published in the July edition of The Journal of the American Dental Association. Some of our Diplomates may find it useful when demonstrating validity of our specialty to colleagues, and local dental boards. Remember, this appeared in The Journal of the American Dental Association!

Commentary

Guest Editorial

Orofacial pain, the 12th specialty

The necessity

Gary M. Heir, DMD

On March 31, 2020, the National Commission on Recognition of Dental Specialties and Certifying Boards recognized orofacial pain (OFP) as the 12th specialty in dentistry. Recognition of this specialty solidifies another link between dentistry and medicine, acknowledging that the orofacial region, oral cavity, and masticatory system are an integral part of total patient care.

The rationale for recognizing OFP as a specialty includes the following:

- improve access to care: provide a resource for referral of patients not responding to basic therapy;
- maintain educational standards for postgraduate OFP training programs: provide trained clinicians and faculty;
- emphasize the importance of OFP in undergraduate dental education: enhance patient care through OFP training for new dentists;
- protect and serve the public
  - identify qualified dentists treating temporomandibular disorders (TMDs) and OFP,
  - insure a standard of care through a credentialing board.

OFP is defined as pain perceived in the face or oral cavity caused by diseases or disorders of regional structures or dysfunction of the nervous system or through referral from distant sources.[1] The specialty of OFP is dedicated to the evidence-based understanding of the underlying pathophysiology of these disorders and to assist in comprehensive, often multispecialty patient care.[2]

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THE NEED

According to the National Institute of Dental and Craniofacial Research, the prevalence of temporomandibular joint and muscle disorders, a musculoskeletal component of OFP, ranges from 5% through 12%.[3] Similar data apply to other OFP disorders reported in 10% through 25% of the general population. The percentage is higher for patients who have TMDs alone.[4]

OFP and TMDs represent a significant, often disabling chronic pain, second only to chronic low-back pain.[5] In the United States, TMDs and OFP are a public health problem affecting up to 15% of the adult population and 7% of the adolescent population.[6]

ACCESS TO CARE

In the large population of symptomatic patients, many have been treated extensively with well-intentioned but ill-advised therapies owing to the lack of recognition of the many OFP disorders. The typical patient, by the time of referral to an OFP clinician, has exhausted insurance benefits, is disenchanted and suspicious of further treatments; and demonstrates anxiety and depression as well as financial and social distress. Specialty recognition can only have a positive effect on this trend.

Untreated pain becomes chronic, and chronic pain can become permanent. Approximately 15% through 18% of patients with OFP and TMD fall into that unfortunate category. In a 2002 study, it was reported that "18% of subjects received [temporomandibular joint disorder] treatment over 20 years with a success rate of 85%."[7] Clearly, the need for prompt and appropriate care is present.

The National Institutes of Health reports the cost of TMD and OFP management in the United States per annum, exclusive of imaging, has reached $4 billion.[8]

MAINTAIN EDUCATIONAL STANDARDS

OFP often mimics dental pain. Acute dental pain is not within the purview of the OFP dentist. Acute pain is identified readily and properly treated by the general dentist or dental specialist. However, limited knowledge in OFP disorders frequently leads to mechanistic remedies with devastating, often permanent, adverse outcomes. OFP specialists must show knowledge, diagnostic skills, and treatment expertise in areas including etiologies of OFP, but they must understand systemic disorders that result in OFP and dysfunction as well.

The Commission on Dental Accreditation (CODA) provides standards for advanced education in OFP to "Provide education in orofacial pain at a level beyond predoctoral education relating to the basic mechanisms and the anatomic, physiologic, neurologic, vascular, behavioral, and psychosocial aspects of orofacial pain."[9] These standards ensure that the OFP clinician is adept at taking a history and performing a complete OFP clinical evaluation and knows when and why to use adjunctive testing to arrive at an accurate diagnosis and treatment plan. An introduction to these areas of knowledge must be at the undergraduate level. New dentists must have basic knowledge of pain physiology, OFP, and TMDs. Graduating clinicians must, at minimum, be able to identify OFP of nonodontogenic origin.

OFP can be the manifestation of a systemic disorder; therefore, the diagnosis of chronic pain is often elusive and time consuming. Management may be multidisciplinary, requiring consultations with other related health care providers. The specialty in OFP confirms the place of dentistry as a member of the comprehensive pain management team.

PROTECT AND SERVE THE PUBLIC

A standardized curriculum for teaching TMDs and OFP was adopted by CODA-accredited postgraduate programs in the United States. The Core Curriculum ensures a similar educational experience for all those successfully completing a rigorous, full-time, 24-month training program.

The American Board of Orofacial Pain was founded in 1994 in response to the need for a valid certification process for OFP dentists. The first formal examination was offered in 1995, based primarily on the guidelines of the American Academy of Orofacial Pain, the sponsor of the specialty and Core Curriculum. The American Board of Orofacial Pain has meticulously incorporated accepted CODA standards into psychometric testing for competency, as well as made data available to CODA-approved programs to aid in assessing their educational efficacy.

Countless numbers of patients, some with dire diagnoses such as intracranial neoplasms manifesting as dental or facial pain, have undergone dental extractions and endodontic procedures that were not only unnecessary but harmful in that they may have delayed appropriate, perhaps even lifesaving, diagnoses and treatment. There are numerous cases of cerebellopontine angle tumors causing trigeminal pain in the oral cavity and face that were misdiagnosed as dental pain. Countless numbers of teeth have been extracted or treated endodontically for headache disorders. Patients with somatic symptom disorder have been subjected to unnecessary procedures, with injurious outcomes. Had the patients in these cases been referred appropriately to an OFP specialist, the outcomes of these cases surely would have been different.[10]

To aid in an evidence-based diagnosis and treatment and avoid scenarios as noted above, accredited programs provide didactic instruction and clinical training in multidisciplinary pain management of the care of patients with OFP to ensure that on completion of a program, the OFP graduate is able to perform the following:

- accurately diagnose and develop an appropriate treatment plan addressing each diagnostic component of a patient's complaint;
- incorporate risk assessment of psychosocial and systemic factors into the development of the individualized plan of care;

- take primary responsibility for the management of a broad spectrum of patients with OFP in a multidisciplinary OFP clinic or among multidisciplinary services;
- be knowledgeable of
  - physical medicine modalities,
  - pharmacotherapeutic treatment of OFP including systemic and topical medications and diagnostic and therapeutic injections,
  - intraoral appliance therapy, either for TMDs or for sleep-related breathing disorders,
  - nonsurgical management of orofacial trauma,
  - behavioral therapies beneficial to patients with OFP.

Proof of competency follows a dual track. Those 2 tracks are successful completion of an accredited program and external validation of didactic skills and clinical acumen through board examinations. With CODA-accredited postgraduate programs and their external validation, through an examination and certification process, the primary purposes for the specialty are addressed: protect and serve the public and access to care of evidence-based treatment. ■

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A word or two from the Associate Editor:

As a recent graduate from a CODA approved orofacial pain program and Diplomate of ABOP for the past few years, I recognize all the efforts that go into earning the status of Diplomate. My classmates and I worked and studied with the hopes of our chosen field becoming a specialty, and now it is here!

All Diplomates of ABOP, especially recent graduates, must recognize our responsibilty to further the science and evidence based treatment of our patients. I hope you will all

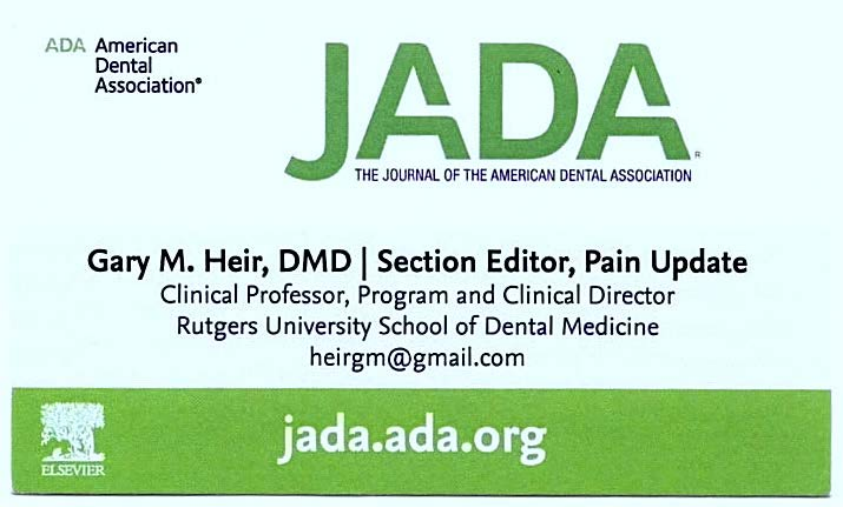
encourage and support programs to that end, and make our specialty SPECIAL!

I would also like to invite all to use resources available to us, particularly the AAOP forums, to advertise positions for new Diplomates, either in private practice or academics.

Let's share our knowledge to help our patients.

Manvitha Kuchukulla

Don't forget, If you have a paper you'd like to submit for publication…



Have a great summer and Happy Independence Day!!!

Gary Heir


HAPPY
AMERICAN BOARD OF OROFACIAL PAIN
ABOP
4th JULY
INDEPENDENCE
DAY