

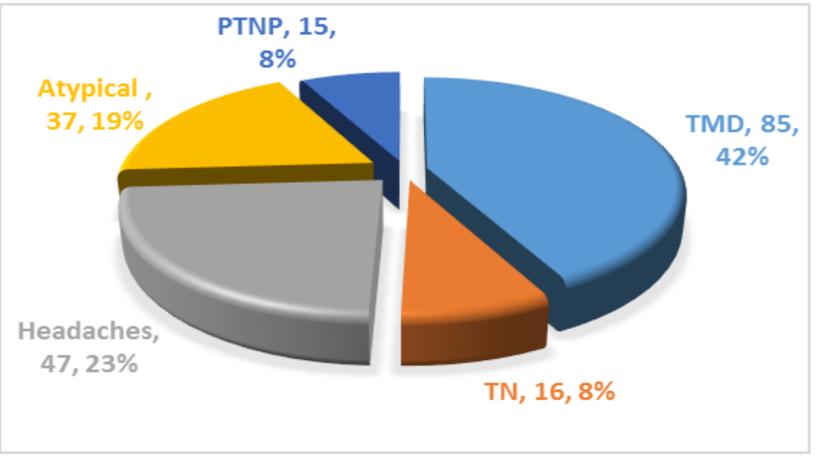
Department of Oral medicine, Sedation & Maxillofacial imaging, Hadassah School of Dental Medicine, Jerusalem, Israel The impact of chronic orofacial pain conditions on daily life – a cohort study

Haviv Y, DMD PhD; Valeri Klitinich, DMD; Doron J. Aframian, DMD, PhD; Yair Sharav, DMD, MS1;. Galit Almoznino, DMD, MSc, MHA

Objectives: To study the impact of pain on quality of life, health care utilization and restrictions in daily living among Orofacial pain (OFP) patients.

<u>Methods</u>: Medical records of 200 patients with OFP attending the Department of Oral Medicine, Sedation and Maxillofacial Radiology Hadassah Medical Center, Israel over a 2 year period were analyzed. Data included demographic information, history of physical and emotional trauma, health care utilization, pain parameters, sleep quality, quality of life and pain-related disability.

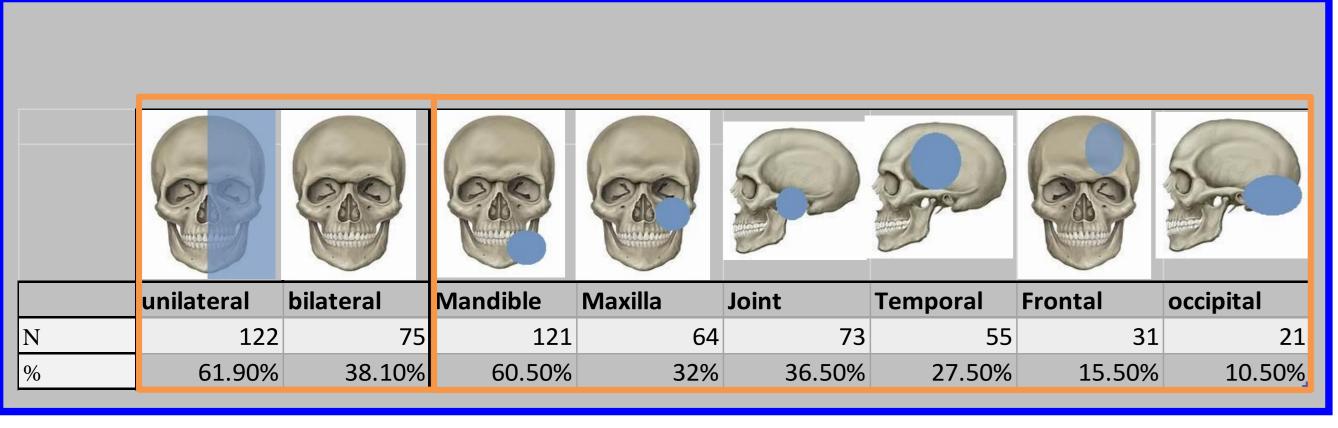




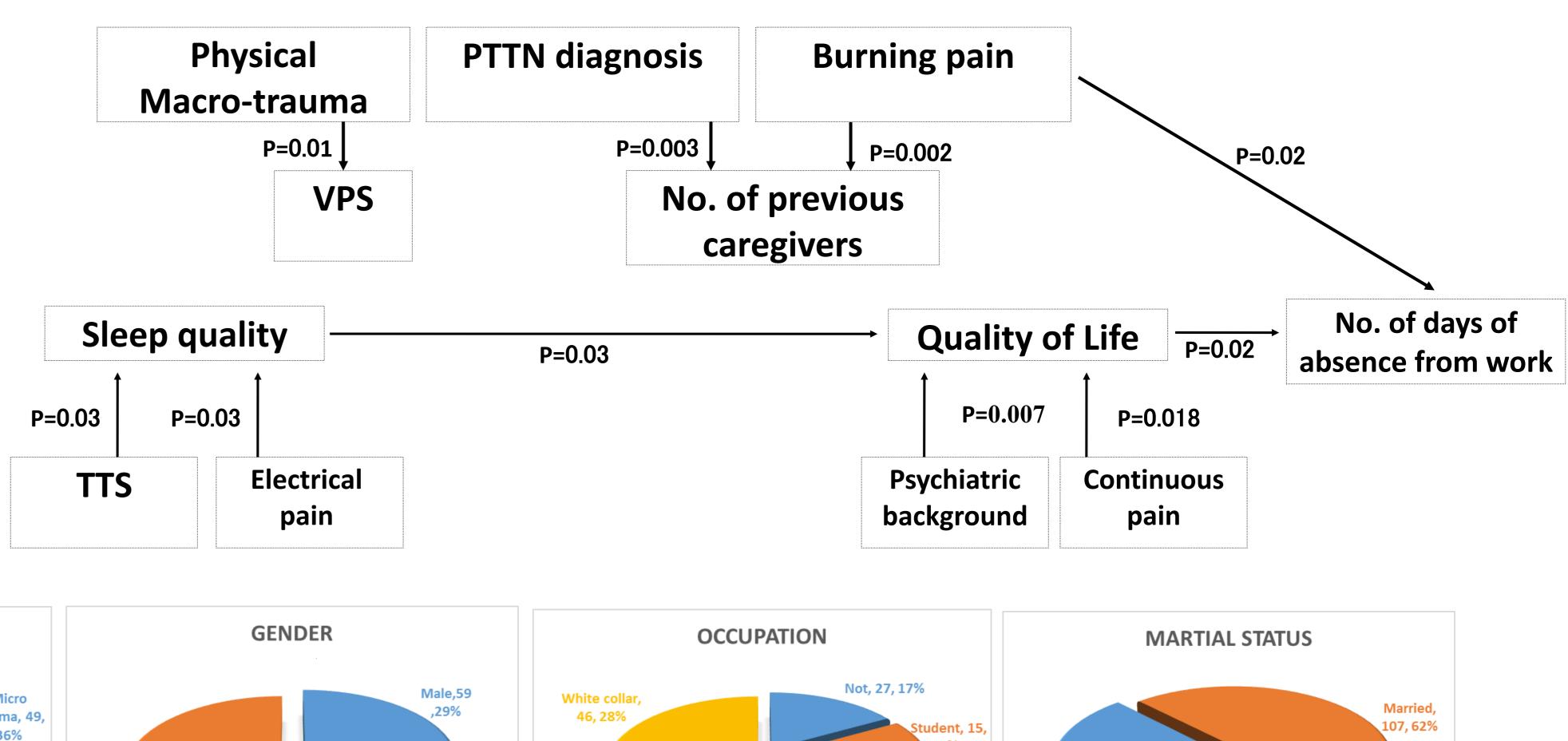
Location of pain in 200 patients

Diagnostic categories: (1) TMD - Temporomandibular disorders

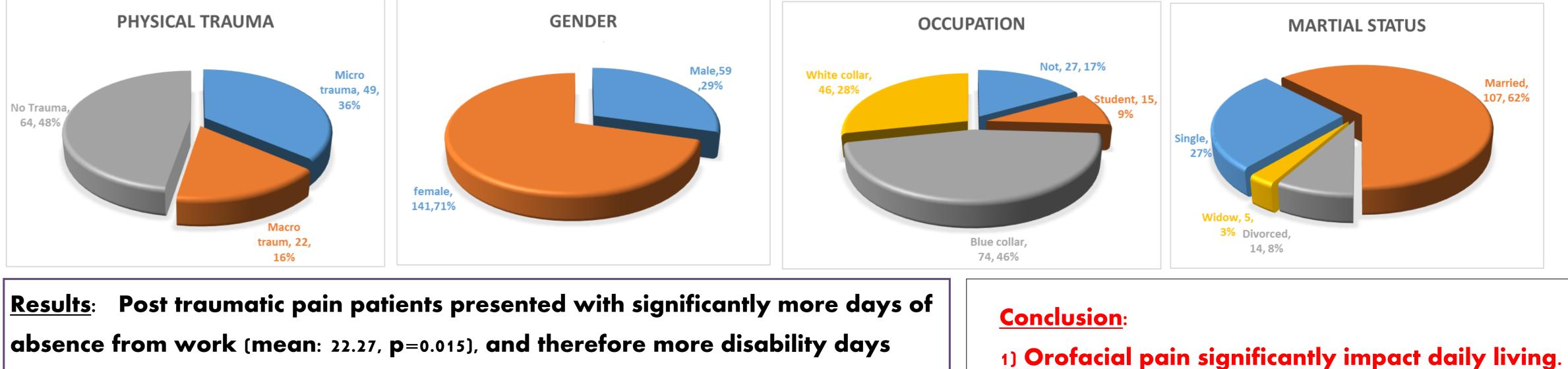
- (2) TN Trigeminal neuralgia (3) Headaches (4) Atypical and neuropathic pain
- (5) PTNP -Post traumatic trigeminal neuropathy.



Relations between occupation and other variables



The viscous cycle of patients with orofacial pain according to the multivariate analysis



(mean: 0.54, p=0.013). Those who were unemployed due to pain had higher verbal pain scores (VPS) (p=0.01), poorer quality of life and sleep quality (p=0.01 ,p=0.03 respectively). Poor sleep quality was positively associated with higher muscle tenderness to palpation scores. Waking up due to pain was positively associated with VPS (p=0.02), sleep quality (p=0.01) and the disability score (mean: 2.7, p=0.016). Poor quality of life was positively associated psychiatric background (p=0.022), continuous pain (p=0.018) and burning pain quality (p=0.003), longer duration of pain (p=0.036), higher VPS (p< 0.001) and more days of absence from work (p=0.006).

2) Clinicians and health care authorities should be aware of the consequences of chronic pain. 3) Those patients should be identified and monitored carefully, and encouraged to seek appropriate treatment, which should be directed not only for pain, but also for diagnosing and treating comorbid symptoms, in order to improve their quality of life

