

Types of Orofacial Pain and its Severity in Local Population Presented at Isra Dental College, Hyderabad

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ABSTRACT

Objective: To determine the most common orofacial pain and its severity in local population presented at Isra dental College, Hyderabad

Materials and Methods

Setting: Isra dental College Hyderabad.

Study type and duration: This observational study was conducted for a duration of 6 months, from March 2018 to August 2018.

Data collection: All the patients >12 years of the age presented with facial or oral cavity pain. Either of gender were included. Patients were interviewed regarding demographic information including duration and type of pain. VAS was used for pain assessment. All the data was recorded in self-made proforma.

Results: Total 785 patients were studied; most of the patients were 33.8% having age more than 60 years. Male were 51.1% and females were 48.9%. Majority of the patients were illiterate. Odontogenic pain was most common among 77.2% patients, followed by Temporomandibular, Muscular, Vascular, Neuropathic, Sinusitis, Psychogenic and Other with percentage 0.9, 3.3, 0.3, 4.1, 3.3, 0.5 and 10.4. Most of the patients 47.3% had moderate pain, 29.7% had mild pain and 23.1% had severe pain.

Conclusion: Odontogenic pain is the most common pain in local population and mostly patients presented with moderate pain.

Key words: Orofacial pain, severity, local population

INTRODUCTION

Orofacial pain constitutes of various presentations of oral cavity and facial pain. Facial pain is a type of pain that originates underneath an orbitomeatal line, over the neck facing the ears, whereas oral pain results due to various pathologies of oral cavity.¹ It is defined by facial and temporal pain which frequently, accompanies the restriction to temporomandibular joint (TMJ) activity.^{2,3} Given the negative effect on the standards of living of a patient, management of orofacial pain is deemed important as adequate and timely management of the underlying cause of the pain can significantly improve patients quality of life, and provide patient with social and psychological comfort, that in consequence would also enhance living standards of patients.⁴ A systematic review of Glowacki in 2015 regarding the significance of active management of pain uncovered that appropriate pain management boosts previous general mobility and previous general recovery, enhanced living standards, higher productivity, and diminished costs in healthcare.^{4,5} According to the epidemiological studies, the orofacial pain negatively effects the day-to-day activity, social and work practices.^{6,7} About 95% orofacial pain reports are believed to arise from dental conditions (including toothache resulting from dental abscess or pulpitis). The second commonest source of orofacial pain following dental pain is TMJ medical conditions (clicking, crepitus, or popping in TMJs, accompanied by intraarticular inflammatory response, mastication muscle pain, tinnitus, headache, hearing

impairment, and ear ache).^{2,8} In reference to these, other determinants of orofacial pain seem to be relatively rare, even though the complete differential diagnosis remains substantial. Pain seems to be a very common factor for emergency visits of patients to a dental clinic.^{1,9} Orofacial pain affects patients in various contexts and the commonest causes are: attending a dentist, avoiding certain food items; sleep disturbance and self-medication.^{1,9,10} No such studies have been conducted on this objective. This study is going to provide the knowledge regarding most common orofacial pain in local population, which may be helpful to create required facilities in local medical setups to treat this unpleasant condition.

MATERIALS AND METHODS

This was a cross-sectional study and was conducted at Isra dental College Hyderabad. The duration of the study was 6 months, from March 2018 to August 2018. All the patients were above 12 years and presented with a specific type of orofacial pain. Both the genders were included. Informed consent was taken from all the patients. Patients were interviewed regarding the type of pain and duration of pain. Severity of pain was measured by using visual analogue scale as 0= no pain, 1-3 mild pain, 4-6 moderate pain and 7-10 severe pain. All the information was recorded in a self-generated proforma. Data was analyzed by using SPSS version 20. Frequency and percentage were calculated for categorical variables. Mean and standard deviation were

calculated for numerical variables. Chi-square test was applied and a p-value <0.05 was considered as significant.

RESULTS

A total of 785 patients were studied, most of the patients were 33.8% falling under the age group of 60 years and above, followed by 28.7% falling under the age group of 31-40 years, 25.0% and 12.5% were within the age group of 15-30 years. Males were 51.1% and females were 48.9%. Most of the patients 69.2% were from urban areas and 30.8% were from rural areas. Most of the patients were illiterate and a few were on a lower educational level. 75% patients were married and remaining 25% were unmarried. Table. No.1

Table 1: Patient distribution according to age and gender n=785

Variables	Frequency	Percent
Age		
15-30	98	12.5
31-40	225	28.7
41-50	196	25.0
51-60	266	33.8
Total	785	100.0
Gender		
Male	401	51.1
Female	384	48.9
Total	785	100.0
Residential status		
Rural	242	30.8
Urban	543	69.2
Total	785	100.0
Educational status		
Illiterate	276	35.2
Primary schooling	165	21.0
Matric	160	20.4
Intermediate	113	14.4
Graduation	63	8.0
Post-graduation	8	1.0
Total	785	100.0
Marital status		
Married	589	75.0
Unmarried	196	25.0
Total	785	100.0

Table 2: Patient distribution according to type of pain and its severity n=785

Type of pain	Frequency	Percent
Odontogenic	606	77.2
Temporomandibular	07	0.9
Muscular	26	3.3
Vascular	02	0.3
Neuropathic	32	4.1
Sinusitis	26	3.3
Psychogenic	04	0.5
Other	82	10.4
Total	785	100.0
Severity		
Mild	233	29.7
Moderate	371	47.3

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Vascular	02	0.3
Neuropathic	32	4.1
Sinusitis	26	3.3
Psychogenic	04	0.5
Other	82	10.4
Severe	181	23.1
Total	785	100.0

Odontogenic pain was most common among 77.2% patients, followed by Temporomandibular, Muscular, Vascular, Neuropathic, Sinusitis, Psychogenic and Other with percentage 0.9, 3.3, 0.3, 4.1, 3.3, 0.5 and 10.4. Table. No.2

Most of the patients 47.3% had moderate pain, 29.7% had mild pain and 23.1% had severe pain. Table. No.3

DISCUSSION

In this study most of the patients were 33.8% falling under the age group of 60 years and above. On the other hand, the study of Hadlaq EM et al¹¹ reported that more than half of the participants (52.2%) were below the age group of 30 years, this age is very less in contrast to this study because our age range was higher. Hadlaq EM et al¹¹ further showed that males were 51.2% and females were 48.8%, these findings are similar to this study as male were 51.1% and females were 48.9%. In another study Omitola OG et al¹² stated that 56.9% were females and 43.1% were males. Odai ED et al¹³ reported that 54.6% had age group of 20–39 years, while females were 54.1%. Another study sated that the orofacial pain is higher in female in comparison to males.¹⁶

In this study, Odontogenic pain was most common among 77.2% patients. A recent study of orofacial pain revealed that out of 2200 patients, 43% patients had odontogenic pain and 32% patients had periodontal pain.¹⁶ Riley et al.¹⁷ found temporomandibular joint pain in 7.7 % cases, facial pain in 6.9 % patients and odontogenic pain in 12 %). Wan et al.¹⁸ found odontogenic pain the commonest 62.0%. Mittal P et al¹⁹ reported that odontogenic was most common 57.6 % followed by TMJ pain (14.8 %), facial pain (13.2 %). Oberoi SS et al²² reported that odontogenic pain was the most common in 57.6 % patients.

In this study, 47.3% of patient’s reported complains of moderate pain, 29.7% reported mild pain and 23.1% reported severe pain. Contrary to findings mentioned above, Maulina T, et al¹⁵ reported that 40.7% of the participants had severe pain, 31.7% had moderate pain and 27.6% had mild pain. Oberoi SS et al²² reported that most of the patients had grade III pain 34.8 %, followed by grade II in 26.8 %, grade I in 22.4 % and grade IV in 16 %. Dental pain is a commonly reported oral health problem which can cause a detrimental impact on patient’s physical, social and psychological well-being.¹⁹ Therefore, management of odontogenic pain still remains of primary importance and analgesics including opioids and non-

opioids are commonly prescribed to eliminate the pain and discomfort.

CONCLUSION

It was concluded that, patients who presented to dental surgery with complains of oro-facial discomfort, pain of odontogenic region was the most common cause among these patients, with majority of patients presenting with moderate intensity. Due to lack of dental facilities at local areas and factors such as dental anxiety, financial instability, and lack of awareness, most of the patients presented after self-medicating. Their quality of life was significantly impaired due to recurrent orofacial pain. Therefore, more dental care facilities should develop in local areas to ensure proper and timely treatment of orofacial pain.

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