



Pain in Relation to Oral Health

Although in the past pain has generally been viewed within a biomedical framework, in recent years there has been a gradual evolution to a viewpoint of pain that embraces a biopsychosocial model. This evolution is also apparent in the field of oral and facial pain and headache, as exemplified in the present diagnostic and management approaches advocated for temporomandibular disorders (TMD), for several types of headache, and for research strategies to clarify the underlying mechanisms and risk factors of these pain states.^{1,2} A somewhat analogous evolution has occurred in the field of oral health, which has often been defined in relation to the teeth and the absence of disease. A limitation of such a definition is that it does not adequately take into account a person's general health status and their own individual values, expectations, and ability to adapt. It may also overlook some disorders and pain states that may not be associated with a disease in the usual sense of the word (eg, injury-related orofacial pain, dysgeusia, TMJ dislocation) and that may involve craniofacial tissues other than the teeth. It is thus noteworthy that the FDI World Dental Federation, which represents dentists on a worldwide scale, including representation to other health-related bodies such as the World Health Organization, adopted a new definition of oral health at its General Assembly in September last year.³

The new FDI definition is:

Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.

Further attributes related to the definition state that oral health:

- *is a fundamental component of health and physical and mental well-being. It exists along a continuum influenced by the values and attitudes of individuals and communities;*
- *reflects the physiological, social and psychological attributes that are essential to the quality of life;*
- *is influenced by the individual's changing experiences, perceptions, expectations and ability to adapt to circumstances.*³

From the perspective of general health, the creation of this broadened definition of oral health by the FDI is significant because its wording helps to raise awareness about the various dimensions of oral health and more clearly establishes oral health as an important component in crucial functions contributing to the overall health, well-being, and quality of life of individuals. For those of us in the field of oral and facial pain and headache, this new definition is worthy of our attention for several additional reasons. This definition extends oral health beyond the teeth and even the oral cavity so as to include considerations of health, disease, and pain in the whole craniofacial region. In addition, the new definition emphasizes the importance of being free of pain for oral health to exist and uses wording that distinguishes between pain and disease. Such a definition and distinction place pain, and freedom from pain, front and center in oral health. Furthermore, the broadening of the definition and its attributes to encompass physiologic, psychological, and social elements that influence a person's oral health is congruent with the multidimensionality and biopsychosocial nature of pain and the impact that oral and facial pain and headache can have on an individual and their health. Quite appropriately, the definition also places oral health and freedom from pain within a common biopsychosocial framework, giving credence to recent efforts in research and on clinical fronts to clarify the mechanistic basis of pain states in the craniofacial region, to understand the biologic, psychological, and social factors that determine or modify the expression of these pain states, and to improve pain management for the better oral health, general health, and well-being of the patient.

Nonetheless, there are also challenges that need to be recognized with the creation of this new definition of oral health and its specific wording. The definition and the elements it embraces need to be widely adopted by health care professionals and policy makers within and beyond dentistry and allied professions. In addition, by expressing the importance of oral health as a fundamental element of general health and well-being, it places an onus on governments, communities, and the health care enterprise to ensure processes are in place for all individuals to have timely access to appropriate oral health care. At present, some countries do have such processes in place, but most do not. In addition, even if access to appropriate health care resources is available and utilized, freedom from pain and discomfort is presently

unattainable for many patients with a chronic craniofacial pain state since current therapeutic approaches often have limited efficacy. Thus, even if the FDI's new definition of oral health and its implications are widely adopted, measures will need to be taken to ensure these challenges can be realistically met and that processes are created to improve health care policies and delivery as well as funding for health care and research. Only then will a state of oral health be achieved at the individual and general population levels that comprehensively meets the new FDI definition.



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References

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