EDITORIAL

Pain and dentistry

The International Association for the Study of Pain defines pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage." This unpleasant experience is closely associated with dentistry. As dentists, we deal with pain on a daily basis, and we are often able to help patients with acute and excruciating conditions. In fact, dentists are better trained to control pain than any other health care providers. Some procedures dentists are trained to perform require exceptionally advanced skills. For example, the nerve blocks we routinely deliver are procedures physicians perform only after several years of additional training and specialization. However, simply being skilled to perform the pain-control procedures may not be sufficient. I have come to believe (and I may be wrong) that through routine work and overexposure to patients in pain, dentists tend to forget the complexity of this unpleasant experience and instead focus solely on the procedure.

The patients' side of the pain and dentistry story is intriguing. Patients seek dental treatment when they are in pain, but conversely, some will avoid dental treatment because they are afraid of the possibility of pain during treatment (although they certainly know that treatment avoidance may result in an even more painful condition). Commonly, this fear has no basis, but in some cases, it results from previous unpleasant experiences. Is it because dentists induce more pain than other surgeons or care providers? Probably not: It is more likely because of the area of the body for which we are responsible. The oral cavity is densely innervated, more so than most of the other body areas (the fingers and genitalia may be as or even more innervated). Additionally, we must note the unique psychological aspects of the oral cavity, though they are certainly beyond the scope of this editorial. All of the aforementioned make pain control a crucial element of successful dental treatment: We have to make sure the patients do not feel any discomfort or pain during the treatment, as well as a certain length of time posttreatment. It is understandable that surgical procedures are followed by postoperative pain and that patients tolerate it differently. As long as patients are aware that this is normal, posttreatment pain can be controlled and tolerated in most cases.

One of the major challenges dentists have to face is the fact that pain is not an objective experience and that as care providers we cannot measure or easily evaluate patients' sensations. In most cases, dentists will be able to "know" that the patient feels pain or not, but this is certainly not a quantifying evidence-based method. Pain measurement is an important tool, but this is a broad topic that should be covered in a full-length review article.

Oral or orofacial pain is not limited to teeth; as dentists, we are in charge of the bone and soft tissue, as well. Aphthous ulcers, traumatic injuries, or pericoronitis are examples of common painful soft tissue pathologies with which dentists are trained to help patients. To my concern, there is some lack of knowledge in the diagnosis and treatment of less common painful pathologies and chronic orofacial pain conditions. Dental pain is typically not chronic, but every experienced dentist can remember several cases in which the pain never subsided, despite excellent care and dental treatment. Most of the cases are idiopathic; however, one cannot rule out misdiagnosis or referral of chronic orofacial pain condition to the teeth area, leading sometimes to unnecessary dental treatment. Pain is considered chronic if it lasts more than a month after the tissue heals or if it persists longer than 3 months. The mechanisms of chronic pain are entirely different and may be associated with the excitation of the central nervous system, as well as long-lasting pathology of a peripheral tissue. The role and the origin of chronic orofacial pain and the correlated differential diagnosis is another interesting topic that may be worthy of a separate article.

Knowing and understanding pain physiology is essential for the dental profession. We should move beyond the common procedures we are trained to perform and look for a broader picture. We must try to understand the influence of this unpleasant experience on the patients (and on us as care providers) and expand our differential diagnosis beyond the common dental and periodontal pathologies. Our patients—and profession—deserve it.

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