

News

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***Facial Pain Clinic treats joint,
muscle problems

DALLAS--In medical circles they sometimes call it the "great imposter" because, like syphilis, it simulates so many other diseases.

Facial pain is often referred to the eyes, ears, sinuses or teeth. So patients may consult countless specialists and spend thousands of dollars trying to find a cure. The cure may never come because the diagnosis is often missed.

The primary problem is frequently muscle pain.

"It is not unusual for a patient to come to us with a bag of splints, a sockful of medicine and a CAT scan," explains Dr. Stephen Hill, assistant professor, Division of Oral Surgery and director of the newly formed Facial Pain Clinic at The University of Texas Health Science Center. Such treatments don't work because they treat the symptoms of head and neck pain, not the cause.

And the cause? Stress.

An estimated 40 to 60 percent of the population have some oral habit of clenching their teeth.

"They may not be gnashing their teeth, but performing some contraction of the muscles resulting in muscle hyperactivity. This slight constant pressure over a long period of time causes muscle pain," explains Hill. "Due to our psychological make-up, we are dealing with stress and tension by showing our emotions on our faces. Clenching teeth in response to stress as a means of dealing with it psychologically is a very common finding."

This constant muscle tension causes muscle pain; muscle pain in the head and neck area tends to aggravate adjacent structures resulting in dysfunction. So patients may experience eye discomfort, earaches, headaches or toothaches. This has been labeled "myofascial pain dysfunction syndrome." It consists of: tenderness of muscles about the jaws upon touch; limited opening of the mouth or temporomandibular joint (TMJ) clicking or popping; lack of tenderness upon touch of the temporomandibular joint and no evidence of temporomandibular joint disease upon X-ray.

There has been an upsurge of interest in the last five years in the temporomandibular joint which acts as the hinge between the lower jaw and the skull. This has caused "conflicting information and

(over)

inappropriate treatment" in some patients, according to Hill. Using arthrotomography -- injecting dye into the joint -- medical experts have gained new knowledge about disc movement and internal derangement in the jaw, says Hill. This enables them to determine if the joint is damaged or a disc displaced.

Despite this knowledge, the treatment will differ from specialist to specialist.

For instance, the dental profession may link the way the teeth come together (occlusion) with TMJ problems. Based on this assumption, therapy may include grinding the teeth or splint therapy. The splint interposes a thickness of plastic between the teeth to prevent patients from biting down and popping their disc forward. Both procedures have limited application and are being overutilized, according to Hill.

"For many years it was felt, and it is still prevalent, that the way your teeth meet has a lot to do with TMJ problems," says Hill. "But there is not a lot of scientific evidence to support that...Most TMJ and facial pain experts would say occlusion does not play a major role in the determination of face pain or TMJ pain."

Due to the number of symptoms involved, he says there is much confusion in diagnosis. Therefore, many patients are labeled as TMJ patients when what they really suffer from is muscle tension (myofascial pain dysfunction syndrome). Says the oral surgeon: "Frequently the main problem is not a joint problem itself, but the musculature. If you can control their muscle hyperactivity, you can control the amount of disturbance they have in the joint."

One of the first lines of defense is psychological counseling to screen for stress factors contributing to the pain. The Facial Pain Clinic is aimed at recognizing that the problem may be stress-induced and finding therapies to relax facial muscles. Treatment options range from muscle massage to ultrasound to biofeedback.

Some 60 percent of patients with myofascial pain are easily treated with any form of therapy; of the remaining patients, approximately half can be treated with conservative therapy and the rest are resistant to conservative therapy, Hill says.

Conservative therapy includes counseling, mild analgesics, muscle massage, physical therapy, relaxation therapy and behavior modification. "Patients with myofascial pain are success-oriented and usually place pressure on themselves. Part of our therapy is to recognize that and to find other outlets for stress," he says.

Outlets may include physical exercise or relaxation therapy. But making patients aware of the underlying cause is the first step to successful treatment.

The clinic also treats chronic temporomandibular joint conditions such as dislocated discs or degenerative joint disease. Specialists who staff the clinic include physical therapists, psychologists, oral surgeons, neurologists, and a neurosurgeon.

A large component of the new clinic will be treatment of facial trauma cases from Parkland Memorial Hospital. Hill says most injuries about the head and neck result from aggravated assaults. "So most of the patients we see have lower jaw fractures, one of the most frequently injured bones in the facial skeleton."

While the majority of facial trauma patients will recover most of their joint function if managed appropriately at the initial time of injury, follow-up care is crucial for complete recovery. Physical therapy after surgery increases motion of the joint, reduces discomfort and improves joint function.

Facial pain is not strictly an adult problem. Noting that: "Our personalities are formed by the time we are five years old," Hill says medical experts are finding facial pain problems in younger populations. He recalls a nine-year-old girl with myofascial pain. The child felt academic pressure and pushed herself to perfection. By internalizing stress, she developed muscle pain.

He says he is even seeing degenerative joint disease in teen-agers. This disease is characterized by cartilage failure which leaves the bare bone of the joint exposed. This condition causes inflammation in the joint and severe discomfort.

The treatment for joint disease is largely based on the research and clinical work done at the health science center by past chairman of the Division of Oral Surgery, Dr. Robert V. Walker. He has been working on TMJ problems since the mid-50's and developed many of the surgical techniques in use today.

"The patients dictate much of their treatment," says Hill. "If the problem increases to a degree that it interferes with their way of life, we will help."

Should a conservative medical program of anti-inflammatory drugs not work, steroid injections in the joint or surgery may be required in some patients.

As a referral source for a large portion of the Southwest, the Oral Surgery Department performed 60 TMJ surgeries last year. The opening of the James W. Aston Ambulatory Care Center will enable that department to expand its services.

Says Hill: "We now have a unique opportunity to provide a necessary service to the Dallas community. By having all the specialties represented in such a close area, it will be very convenient for patients to be seen by multiple specialties that may be involved in the treatment of patients with head and and neck pain."

He is hopeful in the next decade there will be a more universally recognized standard of treatment for TMJ and facial pain patients.

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