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CLAY WILLIAMS

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On the Cover

Dr. John Gregg examines sensory nerves of a patient with facial pain. The examination is part of an in-depth neurologic examination that each patient is given upon entering the pain clinic. Purpose is to determine if there are neurologic disorders that might be contributing to the pain problem. Other tests include electromyography, nerve conduction studies and electroencephalography.

COMMENT

Shot Follow-up Stressed



Irvin

By
John Irvin
Coordinator
Immunization Program

DATA from a recent immunization level survey indicate that only 38 percent of North Carolina's two-year olds have completed a minimal basic immunization series, i.e. three or more doses of DTP and oral polio vaccines and vaccination against measles and rubella. One-fifth of the two-year olds had less than three DTP shots, and one-third had less than three doses of oral polio vaccine. One-third were unvaccinated against measles; one-half had not had rubella vaccine. Private medicine and local health departments provided immunizations to an almost equal number of children, and only five percent of the surveyed population had had no immunizations of any kind. Why did 95 percent of the two-year olds begin immunizations while only 38 percent completed a relaxed basic immunization series? I believe it was largely attributed to the lack of a systematic and flexible approach to serving the patients. First, the child must be kept in the immunization system. Keeping him there requires record keeping and appropriate follow-through at the local health department and private physician level. Secondly, private and public medicine must be flexible and take advantage of every immunization opportunity. New immunization recommendations now permit the simultaneous use of DTP, oral polio, measles and rubella vaccines in children over 12 months of age. Proper utilization of this new option should in itself greatly reduce the number of underimmunized children.

Strange Pain . . . UNC Establishes Clinic

FOR over a year the 62-year-old woman had suffered periodic episodes of tortuous pain in her lower jaw. The episodes, which lasted as long as 20 minutes at a time, left her exhausted, and more than a little confused as to the reason for such excruciating pain.

The pain began as something resembling a dull toothache. Later, it progressed to sharp, stabbing pain that could be induced by the slightest touch. A gentle breeze, even the touch of food on the lips would cause intense pain. Finally, she was referred to the newly organized pain clinic at the Dental Research Center, a part of the UNC Medical Complex, Chapel Hill. The clinic is made up of a group of doctors who are examining, studying, discussing and treating patients with pain problems on a team basis.

A physical examination revealed diabetes and high blood pressure. In fact, according to Dr. John M. Gregg, an investigator at the Dental Research Center, who sparked development of the pain clinic, the patient's physical condition had deteriorated to the

point where surgery had to be ruled out as a means of providing relief.

Next, an attempt was made to locate the actual source that was triggering the pain, which generally appeared on a two-week cycle. After a complete physical examination, findings were presented to members of the clinic staff—which includes specialists from the departments of neurosurgery, anesthesiology, psychiatry, internal medicine, pharmacology, physiology, occupational and physical therapy, as well as the School of Dentistry. The diagnosis was tic douloureux, a syndrome which causes acute pain of the facial nerves.

The patient was placed on an anti-convulsive drug which had the effect of dampening the stabbing pain. Dr. Gregg pointed out that it took a while for the patient to adjust to the drug, but she has now been comfortable for nearly three months. "She is receiving supportive psychological care because of the emotional trauma she has experienced. The corps of doctors will reevaluate her case in the near future to determine if the prescribed treatment is good for

the long run," he said.

Dr. Gregg explained that although pain is a phenomenon that occurs in all parts of the body, many kinds of bizarre and chronic pains appear in the jaw and face region. The incidence of pain in the jaw and face may be higher than for any other region of the body of comparable size. "Perhaps the reason why is because there is periodically so much disease: in the jaw associated with teeth, the throat associated with tonsils and face associated with sinus tissues," he said.

Many authorities feel that pain or the anxiety concerning pain is the greatest single deterrent to proper oral health care. Dr. Gregg contends that because of painful experiences early in life, patients often avoid seeking the kinds of routine treatment, such as dental infection control, that ironically could prevent the more severely painful conditions that result from neglect. "The actual performance of even routine treatment activities such as dental extractions, dental restorations and periodontal therapy can be made more difficult or in some cases impossible when the dentist is unable to control the pain or the pain-anxiety of his patients.

"Chronic pain of the jaw and face that results from disease of nerve tissues is another aspect of the health problem," Dr. Gregg continued. "These disease conditions do not appear as one uniform, recognizable type of pain. Symptoms may be mild and of a

burning or itching quality that is felt at the skin or membrane surfaces, or pain may be felt deep within muscles or within the bony tissue.

"Patients may find the pain strange in sensation such as a crawling, drawing or buzzing feeling. The pain may be constant and appear without warning, or at the other extreme it may appear in instantaneous stabbing and shocking spasms that are brought on by simply touching the face. These last types of symptoms are characteristic of a form of trigeminal neuralgia (tic douloureux) which is known to be one of the most severe forms of pain known to mankind," he said.

The oral surgeon ventured that pain cannot be removed from emotion. "In the susceptible personality, the person who is dependent and somewhat depressed, a chronic pain is more likely to have a negative effect. Because of the very basic nature of pain itself with its obnoxious and fear-producing qualities, there are gradual rises in the anxiety levels of patients as the pain persists. As a matter of fact, this psychiatric component may eventually come to outweigh in importance the underlying basic pain sensation."

What are the causes of pain in the facial region? "Acute neuritis (inflammation of nerves) may arise from a great variety of lesions in the area including infection, tumors, direct injuries, and other visible reactions. In other cases chronic facial pain may re-



DR. JOSE GHIA . . . anesthesiologist, performs a nerve block on a patient with a pain problem. The procedure is used both to aid in diagnosis of the specific problem and also to bring immediate relief of severe pain problems that might arise from sources such as pinching of nerve roots and from poorly controlled cancer in various body regions.

sult from systemic disease conditions. For example, a number of the metabolic diseases states such as diabetes mellitus or pernicious anemia may cause chronic and often bizarre burning sensations in the facial tissues. Disease and aging processes in the blood vessels themselves can starve the tissues of oxygen and cause pain on this basis alone. Temporal arteritis (inflammation of the arteries in the temple) is an example of a condition in which the entire side of the face may be exquisitely painful because of thickening and inelasticity in the blood vessel walls.

"Perhaps the greatest source of

persisting pain conditions in the facial region is trauma or injury itself. When the sensory nerves are damaged either due to accidental facial fractures, through cutting during necessary surgery, the nerve tissue may react by degenerating. Unfortunately, nerves have the least ability to repair themselves of all the body tissue. The regenerated nerves often do not function as they once did. Most of the post-traumatic pains are only mildly aggravating and of a burning or itching character.

"New patient services and treatments, research and education are the general areas in which pain problems are being attacked," Dr.

Gregg stated. "A number of new drug therapies are available. Acute types of pain associated with medical or dental care are beginning to be controlled by new combinations of systemic drugs that can simultaneously sedate and calm the anxious patient, raise the pain threshold to give pain relief, permit necessary uncomfortable treatments, and at the same time provide better safety for the vital functions of the heart, lungs and brain.

"These treatments are opening up new avenues for the management of extremely anxious or psychotic individuals as well as the unmanageable pediatric or mentally retarded patients. Many of the newer techniques involve the use of 'dissociative' drug techniques, where the patient remains semi-conscious but has been placed in a detached or 'trance-like' state by the drug."

Dr. Gregg noted that another type of drug therapy that has now gained wide acceptance is the use of anti-convulsive drugs to control the severe stabbing pains of trigeminal neuralgia. "Although anti-convulsive drugs are giving encouraging results with most kinds of facial pain, ironically, there appears to be little effectiveness for the milder forms of pain that are seen more frequently in the facial region.

"Surgical approaches are being combined with physiological techniques for inhibiting the transmission of pain. Hypnosis is being used as an effective technique for

controlling milder and chronic forms of pain. Acupuncture has also proven effective in relieving patient pain, although the basis for its effectiveness is not yet clear."

Perhaps the most promising innovation in patient services in the treatment of pain is the development of the team approach. Dr. Gregg, acting as spokesman for the UNC team of specialists, cited relieving pain as the team's primary objective. "We hope to do this by serving as a source of information to physicians and dentists over the state who have to care for difficult pain problems. The day may come when computer assistance might help to transfer knowledge and assistance about pain problems to dentists and physicians in outlying areas that are not accessible to the major treatment centers. Too, through the team approach it is probable that research projects will come forward that will make clear the mechanisms behind pain problems, along with logical solutions to these problems," he said.

The research program relating to pain at the Dental Research Center at UNC is part of a national effort sponsored by the National Institute of Dental Research. Facial pain has also been singled out as a principal area for research by Dr. Seymour Kreshover, director of NIDR, for the 1970's. Beginning with the 1972 school year, the subject of pain is now taught all four years at the UNC School of Dentistry.