

Chronic Orofacial Pain in Older Adults

The link between chronic pain and aging is interdependent, yet it has not received adequate attention in medical and dental research. Chronic pain in older populations can contribute to functional limitations, reduced mobility, and decreased independence. It may also exacerbate other conditions, such as depression, anxiety, sleep disturbances, and even cognitive decline.¹

Overall, chronic pain becomes more prevalent with advancing age. It can be estimated that over 50% of older adults experience some level of chronic pain, which can often impact their quality of life.² Chronic pain in an aging population can arise from various underlying conditions, such as arthritis, osteoporosis, neuropathy, cancer, degenerative spinal conditions, and/or from past injuries or surgeries. Aging is also associated with physiologic changes in the nervous system, including alterations in pain processing and perception. This can result in an increased sensitivity to pain or decreased ability to cope with pain; ie, less efficient pain modulation.³

Older adults with multiple chronic conditions often use multiple medications. Polypharmacy can complicate pain management, as certain medications may have interactions or side effects that impact pain perception or treatment. Managing chronic pain in older adults can be challenging due to age-related changes in drug metabolism and potential drug interactions, requiring individualized approaches considering overall health and functional status. Therefore, comprehensive pain management should include a multidisciplinary and holistic approach. This includes a combination of pharmacologic and nonpharmacologic interventions, addressing comorbidities, self-management strategies, and providing social support.

Similar to other chronic pain conditions, the prevalence of chronic orofacial pain tends to increase with age. This can be attributed to age-related changes in the oral structures, including the teeth, periodontium, TMJ, and soft tissues, as well as the cumulative effects of oral and systemic diseases and conditions.

The common notion is that the occurrence of myogenic TMDs decreases with age, while degenerative changes in the TMJ and neuropathic pain conditions such as burning mouth syndrome, trigeminal neuralgia, or glossopharyngeal neuralgia become more prevalent. Aging-related factors such as arthritis can contribute to developing or worsening of joint-related TMD symptoms. In our experience, myogenic TMDs in older adults have different characteristics than younger ages. While there is less muscle tenderness, we see more muscle weakness that does not allow full function and overload on the deteriorated muscles.

Managing chronic orofacial pain in older adults often requires collaboration between dental professionals, orofacial pain specialists, primary care physicians, and other health care providers. A team-based approach ensures age-friendly and comprehensive assessment, appropriate treatment planning, and optimal outcomes.^{4,5} Treatment may include a combination of medication management, physical therapy, oral appliances, behavioral interventions, and lifestyle modifications. Due to age-related factors, medication choices and dosages may need to be adjusted, and potential interactions with other medications should be carefully considered. Good oral hygiene practices and regular dental visits might become more challenging; however, they are crucial for maintaining oral health and managing chronic orofacial pain.⁶

As the percentage of older adults in the population continues to rise, the high prevalence of chronic orofacial and general pain presents new challenges for the health care provider community. Currently, there is no evidence-based approach for the treatment of older adults suffering from chronic orofacial pain. More research and attention should be directed toward addressing the unique needs of this growing population.

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Quintessence Publishing has lost a dear friend and valued colleague in the passing of Lori Bateman. Lori was part of the Quintessence family for over 30 years and retired in 2022 as the director of journal publications. While her retirement was cut short due to her lung cancer diagnosis, she still got to enjoy some time in her garden, in yoga class, and with her daughter, Anna.

During her time at Quintessence, Lori developed invaluable relationships with our authors and editors-in-chief as well as with industry partners, and she leaves a legacy in the journals she helped to build: *The International Journal of Oral and Maxillofacial Implants*, *the Journal of Oral & Facial Pain and Headache* (formerly *Journal of Orofacial Pain*), *The International Journal of Periodontics & Restorative Dentistry*, and *The International Journal of Prosthodontics*. She also had an indelible impact on countless staff, including the many editors she developed to work alongside her as well as others who have come and gone over the years. She planted the seeds for a department built on thoughtfulness, care, and of course editorial precision, and those seeds have taken root and continue to sprout in her absence.

For the staff at Quintessence, Lori was a colleague and a friend, but for me personally, Lori was a heart and a compass. In business, there are always the hard decisions that need to be made, but Lori helped me to temper them with empathy and understanding for our editors-in-chief, our contributors, and our authors. Lori cared so much for the people she worked with.

Lori will always be part of our Quintessence family, even if she is no longer with us. She will be remembered as a sharp mind, a kind soul, and a trusted friend. Rest in peace, Lori.

William Hartman

Executive Vice President & Director
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