

A Time to Recognize Success and Another Challenge

This issue of the *Journal of Orofacial Pain* represents the 25th anniversary of the first issue of the Journal (formerly known as the *Journal of Craniomandibular Disorders: Facial and Oral Pain*). In its first issue in February 1986, then Editor-in-Chief Hal Perry noted: “The debut of a new journal directed toward common perplexing and challenging areas of the health sciences is heralded with this, the first issue of the *Journal of Craniomandibular Disorders: Facial and Oral Pain*. The editors, editorial board, and publisher acknowledge the challenge of success. We proudly proclaim the editorial objectives to publish prevailing research and clinical material of the behavioral, dental, and medical sciences directly or indirectly addressing craniomandibular disorders, facial and oral pain.” Now, 25 years later, we can look back and readily recognize the remarkable growth and success of the Journal, such that it now ranks as one of the top journals in the dental and pain fields. Its success is a tribute to the efforts of the editors, the editorial and production staff at Quintessence, the reviewers, and the authors of the published articles. As editor-in-chief, I thank them all for their significant contributions.

The Journal continues to focus on the assessment and management of orofacial pain and related conditions and on the underlying mechanisms, which brings me to a special feature of this issue of the Journal. Assessment and management of orofacial pain, especially when chronic, have been the topics of numerous books and articles, largely because of the unknown etiology and unclear pathogenesis of many chronic orofacial pain conditions and the frequent clinical difficulties in diagnosing and managing them. Consider then how challenging are the assessment and management of patients who cannot effectively communicate their pain experience to the clinician. There is considerable literature on how to assess pain in nonverbal patients, for example in very young infants before they can speak and verbalize clearly their pain, and, as a consequence, a number of measures have been developed to address this challenging clinical situation.¹ An analogous clinical challenge applies to older patients suffering from dementia who are unable to communicate verbally with the clinician. The Topical Review by Dr Lobbezoo and colleagues² in this issue of the Journal highlights this clinical dilemma, with a particular focus on these patients who are also suffering from orofacial pain. The Meeting Review by Drs Hennequin and Woda also touches upon a related topic.

The Topical Review notes the paucity of papers that have addressed this topic as it applies specifically to orofacial pain. It also notes that multiple assessment tools and approaches have been advocated for pain assess-

ment in the demented patient, including the advantage of utilizing the observational experiences of those caregivers who have been involved in the long-term care of such a patient. A number of observational pain assessment approaches for nonverbal patients have been developed, but the Review notes that, unfortunately, none of these has been designed specifically for orofacial pain assessment in patients with dementia, and generally they have not been helpful for assessing orofacial pain in these patients. This indeed is lamentable given that the control of the patient's orofacial pain is reported to be the main desired outcome by clinicians and relatives of patients with dementia. Furthermore, the Review notes that if left inadequately managed, the orofacial pain may impair chewing and related ingestive functions that can lead to loss of appetite and nutritional deficiencies. It also cites several studies revealing the alarming undertreatment of patients with dementia. Unless assessment approaches appropriate for orofacial pain diagnosis are developed and utilized, this clinical dilemma is going to become a crisis in the near future since changing demographics are expected to result in an increased incidence of dementia as the human life span increases and since more and more people keep their teeth into old age. The poor oral hygiene that is often characteristic of these patients, coupled with the retention of their natural dentition, will likely increase the risk that these teeth will be subject to dental caries and periodontal disease and thus elevate the incidence of orofacial pain in patients with dementia.

Dr Lobbezoo and his colleagues have provided a great service in bringing to our attention this clinical challenge that has received so little consideration in the dental and clinical literature. It would be most fitting if this lead article in the 25th anniversary issue of the *Journal of Orofacial Pain* would draw the interest of a number of orofacial pain clinical scientists and inspire them to develop reliable and valid assessment tools for patients who cannot verbalize their orofacial pain experience.

References

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2. Lobbezoo F, Weijnenberg RAE, Scherder EJA. Topical review: Orofacial pain in dementia patients. A diagnostic challenge. *J Orofac Pain* 2011;25:6–14.



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