MEDICAL TREATMENT

Generally medications are the first treatment option for TN patients. Commonly prescribed medications to treat TN are

- Carbamazepine (Tegretol)
- Oxcarbazepine (Trileptal)
- Gabapentin (Neurontin)
- Pregabalin (Lyrica)
- Valproate (Epilim)
- Phenytoin (Dilantin)
- Baclofen (Lioresal)

Analgesics and anti inflammatories, including paracetamol, ibuprofen and even narcotics are generally not effective in controlling the pain of classical TN. This is because the pain is neuropathic rather than nociceptive, and the attacks are of a brief, lightening-like paroxysmal nature.

SURGICAL TREATMENT

Surgical procedures are generally reserved for those patients who are unable to tolerate the medications, exhibit serious side effects, or if the medications are not controlling the pain attacks.

There are several modes of surgical intervention available. Both intra and extracranial procedures can be offered. Each procedure has various indications, advantages and disadvantages. There is no single medical or surgical treatment that is universally effective.

Refer your patients to the local trigeminal neuralgia support group for information, support and encouragement.

SUPPORT GROUPS

There are contacts in Perth, Midland and Albany with the Perth and Midland groups meeting regularly. Newsletters are sent to members prior to meetings and membership (including partner) is available at $20 per annum.

PERTH

Brian Power (President/Treasurer)
12 Cambourne Ave, City Beach WA 6015
Tel: (08) 9385 9550 brian_power@)bigpond.com

Julia McDonald (Secretary)
28 Narla Rd, Swanbourne WA 6010
Tel: (08) 9384 5816 juliamcdonald@ozemail.com.au

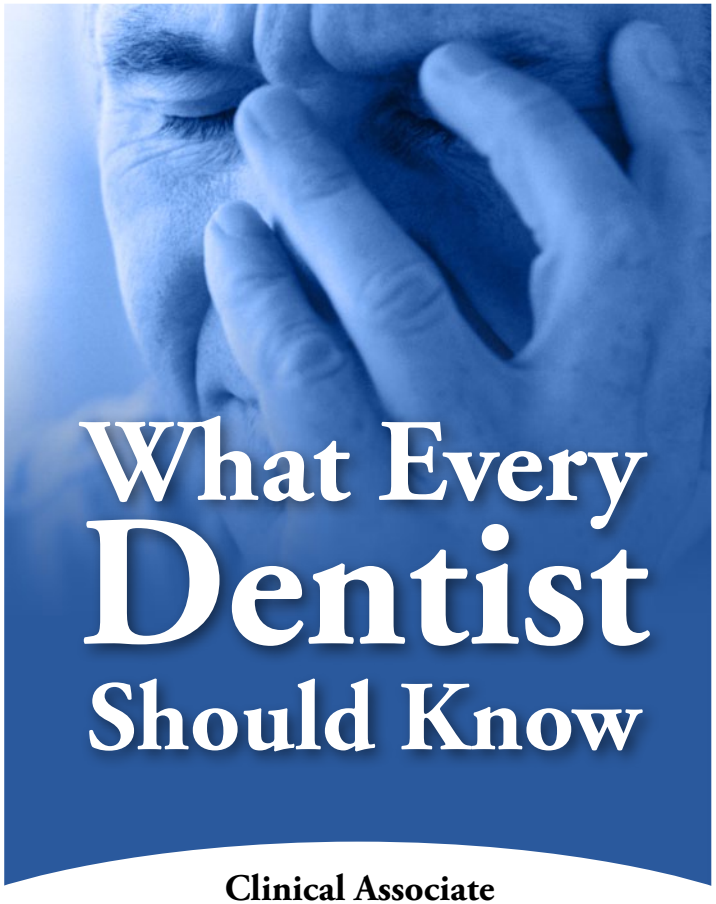
MIDLAND

Gill Wood
22 Oxley Road, Darlington WA 6070
Tel: (08) 9299 6452 gill.wood@bigpond.com

ALBANY

Bert Henke
PO Box 1323, Albany WA 6331
Tel: (08) 9845 1706 bhenke@westnet.com.au

Sincere thanks to Dr Robert Delcanho for his continued support, for sharing his valuable time and information and his empathy in helping ease the suffering of trigeminal neuralgia patients.



What Every Dentist Should Know

Clinical Associate
Professor Robert Delcanho
Faculty of Medicine and Dentistry
University of Western Australia

TRIGEMINAL NEURALGIA
Support Group WA Inc

WHAT IS TRIGEMINAL NEURALGIA?

Trigeminal Neuralgia, also known as TN or tic douloureux, is an excruciating, facial pain that classically occurs in intermittent sudden, sharp electric shock like attacks.

TN may continue relentlessly over years or may occur episodically.

However, compression may also occur from intracranial pathology, which must always be ruled out by appropriate brain imaging.

Classic TN has distinct symptoms which should be considered in the differential diagnosis of orofacial pain

- usually unilateral attacks, (bilateral 4%) involving a branch of the trigeminal nerve (rarely 2).
- short lasting (secs-mins) electrical stabs of pain that may be followed by some aching.
- Pain is usually triggered by light stimulation of a trigger area on the face or in the mouth e.g light touch, cold wind, shaving, chewing, talking, brushing teeth.
- Pain attacks may come and go occur with periods of intense pain followed by pain free remission periods that may last weeks, months or even years.
- Most patients experience pain attacks during the day but not at night. It is rare to awaken patients from sleep unless bed linen brushes a trigger zone on the face. This is an important distinguishing feature from a toothache.

HOW TO DIAGNOSE TN

Take an extensive medical/dental history.

- Ask detailed questions of the pain e.g sharp, electrical, how triggered, duration of attacks.
- Do a thorough oral, dental and TMJ examination.
- Exclude dental pulpal pathology – pulp testing, percussion, frac-finder, X-rays etc.
- Ask patient does the pain wake you from sleep?
- Consider use of diagnostic LA blocks.
- If uncertain, rather than commence RCT etc, refer patient to an orofacial pain or oral medicine consultant.

SUGGESTIONS FOR TN PATIENTS

To help your TN patients:

- Stress importance of maintaining dental health and regular dental care to prevent need for major dental treatment.
- They should carry out oral hygiene procedures when medication is at peak level of effectiveness.
- Recommend use of a soft brush and non abrasive desensitizing toothpaste.
- Use dry mouth/oral lubricant products.
- If there is an intra-oral trigger, use topical analgesic gel before oral hygiene.
- Consult Doctor to ensure TN medications are at optimal level before dental treatment.

DENTAL MANAGEMENT OF TN PATIENTS

Remember that TN sufferers have highly sensitized, irritable trigeminal nerves which may be aggravated by dental treatment. Dental treatment may end a remission phase.

- Remember TN may be confused with toothache, and so many TN sufferers have undergone unnecessary dental procedures.
- Be flexible with TN patients and work with them to schedule visits during relatively pain free periods, or during remission phases.
- Try to schedule dental visits at the time of day when TN attacks are at their least severe.
- Ask patients to take an extra dose of their TN medication, at usual times, before and after their dental visit. Discuss with patient's doctor.
- Any dental treatment, even prophylaxis, should only be carried out under effective local analgesia.
- Prophylaxis should be done after rinsing or spraying mouth with topical anaesthetic.
- It is prudent to use extra dose of long acting LA without vasoconstrictors e.g carbocaine, mepivacaine, articaine.
- Regional blocks generally preferable to local infiltrations, and provide deeper analgesia.
- If there is an identifiable intraoral trigger zone, a direct infiltration may be effective to reduce TN pain.