



FDI DRAFT POLICY STATEMENT

Odontogenic Pain Management

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CONTEXT

Odontogenic pain, also known as dental pain or tooth pain, is a common condition worldwide and the most prevalent form of orofacial pain. When dealing with odontogenic pain, dentists should base their clinical and pharmacological decisions on a methodical, ethical and objective evaluation with the strongest evidence available, and not on personal clinical experiences or anecdotal knowledge. Therefore, a global consensus is necessary among health professionals to coalesce analgesic classic concepts and emerging trends to establish an effective strategy for treating odontogenic pain and control the misuse of analgesic medications.

SCOPE

This Policy Statement covers general aspects for consideration during odontogenic pain diagnosis and treatment selection. It is addressed to National Dental Associations, dental academic groups and dentists, to improve proper management of this condition. No drug therapies are discussed or recommended, as drug availability and preferences vary throughout the world.

DEFINITIONS

Pain: Unpleasant, sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage¹.

Odontogenic Pain: Pain originating from dental structures, pulpal or periodontal².

PRINCIPLES

Pain is a common experience with profound social implications. Its economic burden extends to health services, loss of workdays, decreased productivity, difficulty learning, and disability compensation. Treatment of odontogenic pain needs an adequate approach as the prevalence of this condition is still a significant health burden worldwide.

POLICY

FDI supports the following statements:

- Any clinical or pharmacological decision for pain management should be supported by the patient's complete medical information; including age, history of

33 systemic diseases, drugs or medication intake, recent surgical or clinical
34 interventions, psychologic/psychiatric condition and/or treatment, or pregnancy.

35 • A differential diagnosis of dental pain is needed before any intervention;
36 distinguishing between odontogenic pathologies and non-odontogenic painful
37 etiologies. A detailed description of pain and the complete diagnostic sequence
38 are mandatory, including adequate clinical and radiographic examination.

39 • Appropriate anesthetic blockade is recommended in most cases before any
40 clinical intervention for odontogenic pain management. The clinician is
41 encouraged to personalize the selection of the anesthetic technique and solution,
42 to assure the adequate depth and duration of treatment, considering potential
43 allergic reactions. Alternative strategies should be considered to prevent and
44 manage possible anesthetic failures that can lead to uncomfortable treatments.

45 • Any treatment decision should include an adequate clinical approach (i.e.
46 palliative, restorative, endodontic, etc.) and the selection of pharmacological
47 adjuvants when needed. Such decisions should be made based on the best
48 available evidence, taking cost-effectiveness considerations and with the patient's
49 consent.

50 • Pharmacological interventions must consider evidence of previous adverse or
51 allergic reactions to certain drugs, and plausible drug interactions should be
52 pondered in the presence of concomitant pharmacological treatments.
53 Dependence and addiction resulting from the use and/or abuse of drugs to control
54 pain (such as opioids) should be considered during development of the patient's
55 treatment plan. Dentists are encouraged to actively participate in
56 pharmacovigilance, reporting possible drug adverse reactions when present.

57 • Post-operative analgesic protocols should be selected according to the severity
58 and clinical presentation of pain. It is advisable to not only select analgesic
59 compounds with the desirable clinical effect, but also with as few adverse reactions
60 as possible. No pharmacological treatment should be initiated without confirmation
61 of the initial diagnosis and the dose must be controlled by prescribing only the
62 necessary amount of medications.

63 • If pain cannot be controlled by standard clinical and pharmacological protocols,
64 the patient should be referred for specialist attention as soon as possible.

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66 **KEYWORDS**

67 Pain, Diagnosis, Treatment

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69 **DISCLAIMER**

70 The information in this Policy Statement was based on the best scientific evidence
71 available at the time. It may be interpreted to reflect prevailing cultural sensitivities and
72 socio-economic constraints.

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74 **REFERENCES**

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76 [pain.org](http://www.iasp-pain.org).
- 77 2. Okeson J. Bell's oral and facial pain. 7th ed. Chicago, Ill: Quintessence Pub Co; 2014.