

Persistent idiopathic facial pain (formerly atypical facial pain)

This leaflet has been written by a European team who belong to EFIC, a multidisciplinary professional organisation who are involved in pain management and pain research.

It is intended for use by patients (or their family and carers) in discussion with their local specialists. It is not intended to replace discussion with your specialist.

The aim of the leaflet is to provide information about persistent (chronic) facial pain often called atypical facial pain.

What is persistent facial pain?

This is generally a constant pain of the face and mouth that can affect only a small part of the face or the whole of the face. In addition there may be pain in other parts of the body.

Persistent facial pain is:

- often described as dull, nagging, ache
- poorly localised and can affect any part of the face and mouth on both sides
- a constant pain with variation in its intensity.
- tiredness or stress can make it worse.

Who gets persistent facial pain?

This is a relatively rare condition. Although this condition affects any age group it is more common in older people. Both men and women can be affected – although women report it more often than men. .

What causes persistent facial pain?

Currently there has been very little research into the causes of this pain. It has common risk factors with other chronic pain conditions like irritable bowel syndrome, back pain and chronic widespread pain.

Chronic pain is an unpleasant experience and has both sensory and emotional aspects that interact through complex neural networks in the brain. Whilst people can share and relate to the sensory experience of pain; the emotional response is unique as it is influenced by our past experiences and current environment.

Therefore one person's experience of pain is not the same as another's. Most people report their pain as unpleasant but the corresponding loss of function in their lives varies from person to person.

What are the effects of living with persistent facial pain?

Living with ongoing physical symptoms can be a challenge. Some people find their symptoms do not have a major impact on their life, although they may find them annoying or frustrating. Others find it more difficult to continue with everyday activities and can find the symptoms very distressing. If you find your symptoms are causing you to feel low or interfere with your day to day activities, you may find it helpful to discuss this with your doctor.

What treatments are available?

Persistent facial pain is usually a long-term condition. It is unlikely that any treatments will completely remove the symptoms. Therefore treatment focuses on reducing the impact of symptoms on your life thereby helping you to manage the condition.

Medications

Medications, such as paracetamol, aspirin and ibuprofen do not usually relieve chronic pain. Antidepressants or anticonvulsants are often used for chronic pain relief as they modify pain processing. Using antidepressants does not mean you are depressed, although people with chronic pain can sometimes develop depression. Instead, think of the medication as a way to change the processing of pain in the brain which can in turn modify the pain response. For example, in the same way that

aspirin relieves acute pain and thins the blood, antidepressants can be used to relieve chronic pain or depression as they affect the emotional centres of the brain which are important in pain processing. Medications rarely provide complete relief but can reduce the intensity and severity of the symptoms.

Non-medical treatments

As this condition can be long-term, it may be helpful to think about what you can do to cope with the symptoms.

An important first step in managing pain better is to have knowledge about what is happening to you. There is no single way a person in pain feels or behaves. It is an individual experience. However, there are some broadly similar categories to assess the impact that your pain is having on you.

Pain has an effect on three different parts of us:

- Things we feel physically (the physical feelings of pain)
- Things we do or stop doing – the behavioural aspects
- Things we think – the negative thoughts related to your pain

Things we feel, do and think are all related to each other. For example, our physical feelings can lead to changes in the way we do things and the way we think. If we start avoiding things, we can feel worse physically and have very negative thoughts. Similarly negative thoughts can make us stop doing things and make our physical feelings worse.

This “vicious circle” of unhelpful thoughts, changes in behaviour and physical symptoms can make the pain less manageable. Clinical psychologists can support you to break this vicious circle and reduce the impact on you and your life

You can try

- Regular physical exercise
- Relaxation e.g. breathing, yoga, meditation, Pilates, tai chi, mindfulness
- Taking part in enjoyable activities
- Developing distraction techniques

References

Further information

Manage Your Pain: Practical and Positive Ways of Adapting to Chronic Pain

Michael Nicholas, Allan Molloy, Lois Tonkin and Lee Beeston, Souvenir Press Ltd, 2011 or e book 2012

ISBN-10: 0285636790

Overcoming Chronic Pain

Frances Cole, Helen Macdonald, Catherine Carus, Hazel Howden-Leach, Robinson, 2005. ISBN 1-84119-970-2 also e book

Online support for chronic pain patients:

The Pain Toolkit: www.pain toolkit.org

The Pain Toolkit is also available in French, German & Italian and many more languages. They can be downloaded from the website