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# What is the Patient Telling You?

## Some general screening questions

Every clinician should have a series of initial sorting or screening questions which are regularly asked when they are diagnosing a patient's orofacial pain problems. These initial questions should include most of the following:

- "What can I do for you?"
- "What sort of pain are you having?"
- "Do you have a reaction to heat, cold or sweet?"
- "Where is the pain? Can you put your finger on where the pain is?"
- "Does anything make the pain worse?"
- "When did the pain start?"
- "Where did the pain start?"
- "Does anything relieve the pain?"
- "Have you been able to sleep?"

## What can I do for you?

Special attention should be paid to responses to the initial general question: "What can I do for you?"

Amongst other things, answers to this question help to

- identify the problem,
- identify any language problem the patient may have (In some circumstances chronic pain remains undiagnosed only because a patient has not been able to communicate the problem to treating practitioners.),
- identify the emotional state of the patient and their level of distress,
- identify the expectations of the patient (Can you help me? You have to help me! You will not be able to help me.),
- identify the urgency of the patient's treatment needs,
- identify the 'response type' of the patient.

In general, there are three different response patterns that patients use when describing pain: *historical*, *diagnostic* and *factual*.

Historical reporting does little to assist with the identification of the patient's problems ("I saw so and so and he/she said such and such..."). While it is sometimes helpful to know which practitioners the patient has already seen, and what tests may have been carried out, historical reporting unfortunately often clouds the issue and does little to explain the actual pain problems with which the patient is presenting. It can also be extremely time wasting. Similarly self-diagnostic patients ("I had this pain that I thought was such and such, but then I thought it was...") give little information on the pain state they are experiencing, but rather their reaction to it. Patients who report their pain in a factual manner make diagnosis a lot easier.

When confronted with a patient who is not reporting factually, it is necessary to explain to them the need to know about the actual pain problems they have experienced and/or are experiencing, rather than their or others' interpretation of it ("If I am going to help you with your pain problems I need to know first exactly what pain you have experienced, and what you are experiencing right now").

**NOTE: Never accept a diagnosis without confirming it yourself. Always assume the patient is identifying the wrong condition or the wrong tooth until you prove otherwise.**

### **Pain description**

The question *“What sort of pain are you having?”* will elicit a varied response. Some patients can describe the pain accurately; others have difficulty putting words to their experience. Pain descriptions are also influenced by the level of the arousal of the brain stem, prior pain experience, the patient’s emotional state, and various personal or ethnic behavioural traits. When describing pain, patients will nevertheless often use **descriptors** that are quite specific for the different types of pain and it is necessary to be aware of these.

The **McGill Pain Questionnaire** lists more than 70 descriptive words in twenty different categories that patients can use to describe pain. Some of these descriptors are quite specific for dental pain, others are not.

**Emphasis should be placed on the use of descriptors that are not characteristically used for the description of dental pain** (in particular, descriptors that include words such as **jangling, burning, shaking, electricity, movement and itching sensations**). The words **dull** and **constant** are commonly used descriptors for muscle pain. **Itching** is often a descriptor for soft tissue or periodontal conditions.

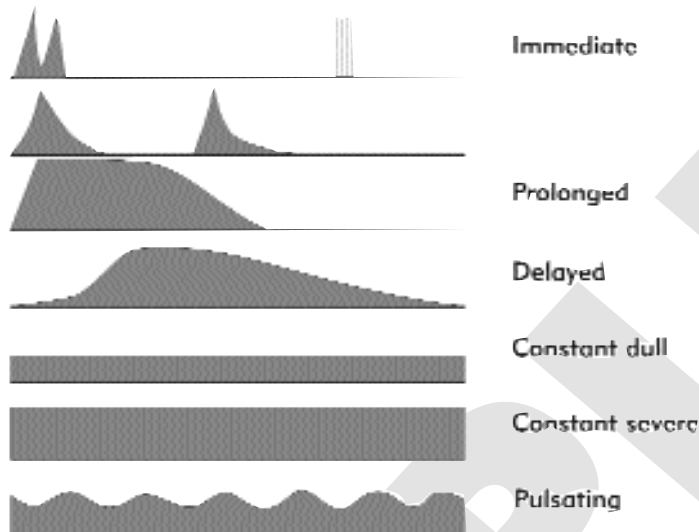
### McGill Pain Questionnaire (Melzack and Torgeson)

The table below lists groups of words that may describe your pain. Leave out any group that is not suitable. Circle only a single word in each group – the one that applies best. (Sensory descriptors group 1-10, affective descriptors 11-15, evaluative descriptors 16-20)

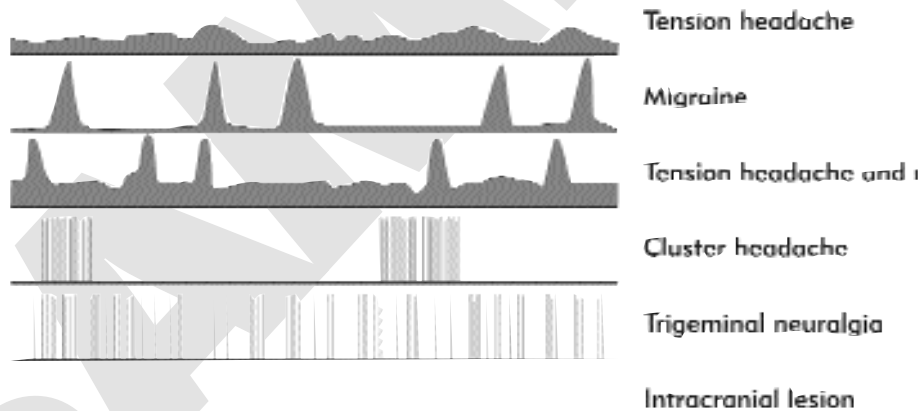
<b>1.</b> flickering quivering pulsing throbbing beating pounding	<b>2.</b> jumping flashing shooting	<b>3.</b> pricking boring drilling stabbing lancinating	<b>4.</b> sharp cutting lacerating	<b>5.</b> pinching pressing gnawing cramping crushing
<b>6.</b> tugging pulling wrenching	<b>7.</b> hot burning scalding searing	<b>8.</b> tingling itchy smarting stinging	<b>9.</b> dull sore hurting aching heavy	<b>10.</b> tender taut rasping splitting
<b>11.</b> tiring exhausting	<b>12.</b> sickening suffocating	<b>13.</b> fearful frightful terrifying	<b>14.</b> punishing gruelling cruel vicious	<b>15.</b> wretched blinding
<b>16.</b> annoying troublesome miserable intense	<b>17.</b> spreading radiating penetrating piercing	<b>18.</b> tight numb drawing squeezing tearing	<b>19.</b> cool cold freezing	<b>20.</b> nagging nauseating agonising dreadful torturing

When taking a pain history it is often helpful for later review to record the pain diagnosis profile and location of the pain diagrammatically in the notes.

Line drawings can be used to characterise the type and severity of the pain. Record the descriptions the patient uses.



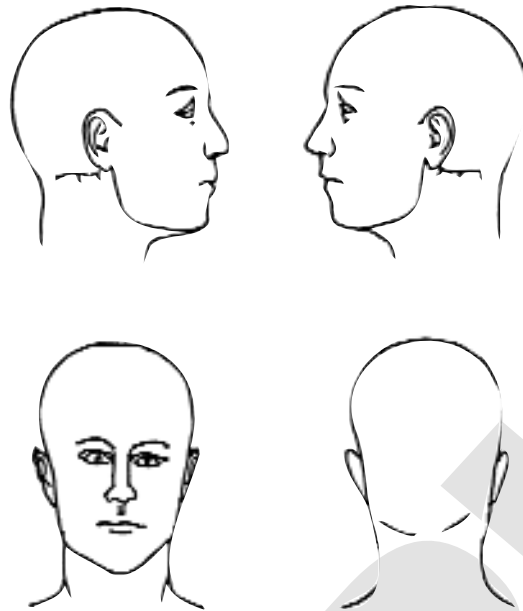
Pay particular attention to the use of non-dental descriptors e.g. jangling, burning, shaking, movement and itching.



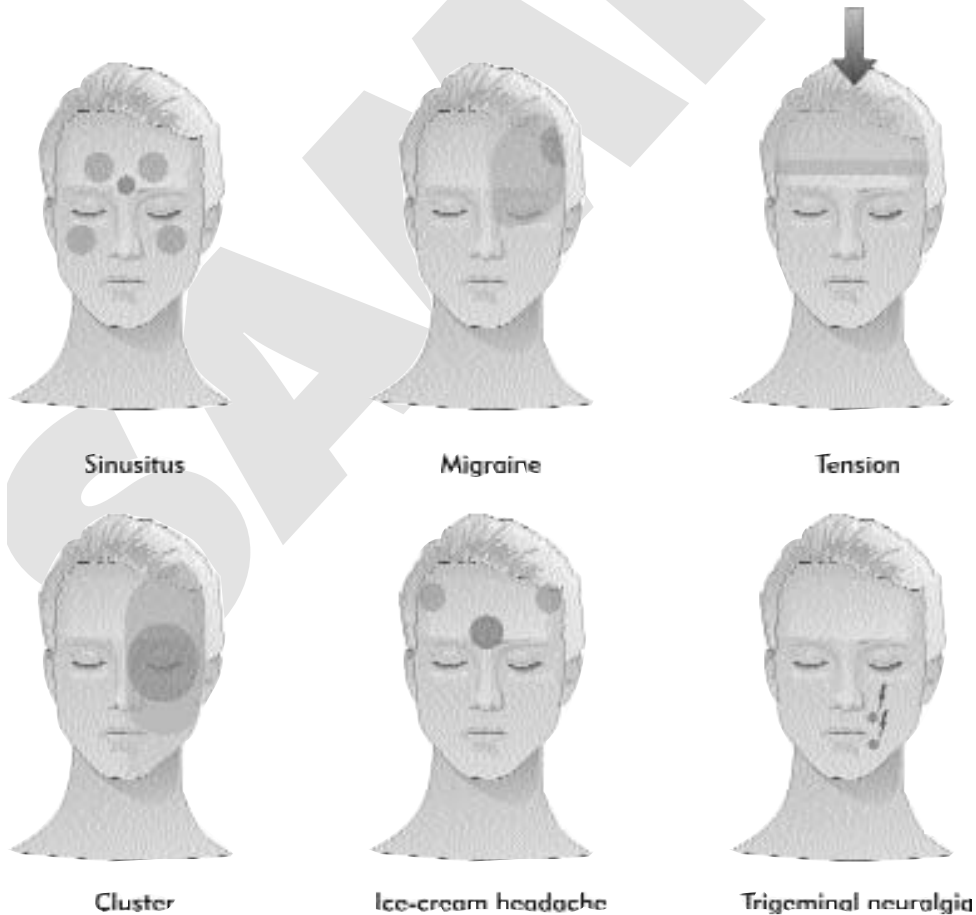
Adapted from: Lance, JW. *Mechanism and Management of Headache*, 5<sup>th</sup> Edition 1993.

Particular attention needs to be paid to any patient who has a ‘first off’ severe headache of increasing severity or of a headache which has associated neurological symptoms (e.g. facial numbness or visual disturbances) as the possibility of an intracranial lesion needs to be considered. Immediate referral to a neurologist or an emergency medical centre may be necessary.

Diagrams should be used to describe the position of the pain



As with dental pain certain headaches also show distinctive patterns, which can be shown diagrammatically.



Adapted from: Lance, JW. *Mechanism and Management of Headache*, 5<sup>th</sup> Edition 1993.