AMERICAN ACADEMY OF OROFACIAL PAIN

Summer 2014, Issue 2

AAOP Newsletter

President's Message:

I would first like to thank the Academy's immediate past president, Barry Rozenberg, for his leadership and for guiding another very successful year for the Academy. We appreciate all you do for the Academy's benefit.

Congratulations to Gary Heir and Jennifer Bassiur and their program committee for putting together a superb ICOT program at the Red Rock in Las Vegas! This was the AAOP's highest-attended meeting and the reviews were overwhelmingly positive. Thanks to Ken Cleveland and his administrative staff for making sure that the meeting ran smoothly, as always. And I would like to especially thank the member speakers for contributing their knowledge and skills to make this such a stellar meeting. We truly could not hold a meeting of this caliber without their participation.

The American Board of Orofacial Pain has taken the lead in the pursuit of specialty recognition. Gaining recognition as specialists would be a huge step forward for our patients, many of whom cannot get insurance reimbursement for their care. This process is still in the early stages, but we are confident that this process is moving in a direction that will improve access to care for our patient population. Thanks to Jeff Crandall and Jim Fricton for all the work that they did to get us to this point where it could be turned over to the ABOP.

This is the International Association for the Study of Pain's "Global Year Against Orofacial Pain." This initiative shines a spotlight on orofacial pain and gives a large measure of recognition to the field. Check out their website at www.iasp-pain.org for fact sheets and clinical updates.

Eric Schiffman and his committee have developed a protocol for use with the Practice-Based Research Network. We will need you to sign up to participate. Newsletter articles will keep you posted on how you can register to participate and to let you know what you need to do to be a part of this research effort.

Plans are well underway for the 2015 meeting in Denver. It should be informative and timely, and the theme of the meeting will address sleep and pain. Mark your calendars for May 7-10 and plan to attend. I hope to see you there! AAOP 2015 Information, Program & Registration.

Maureen Lang
President, AAOP

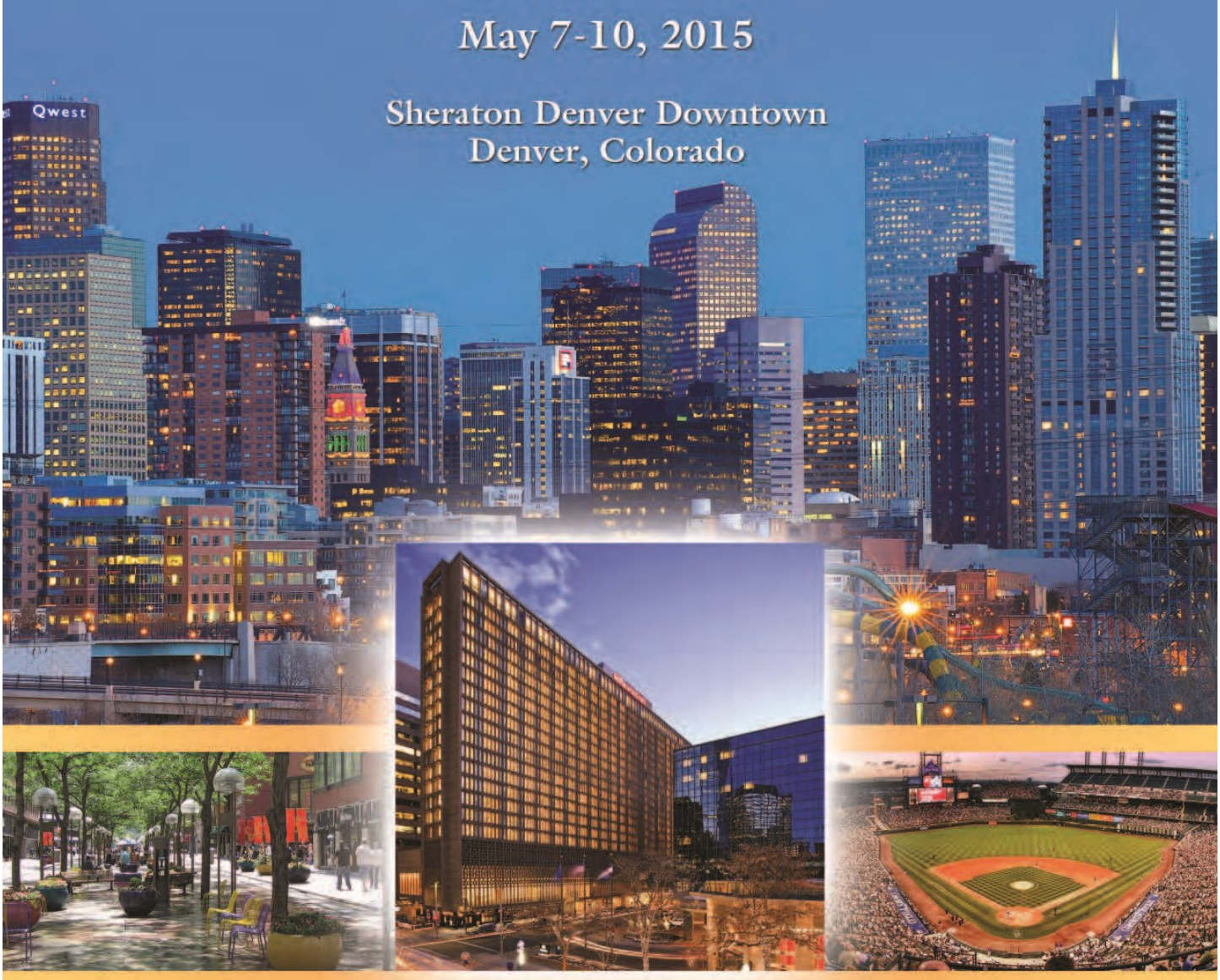
AMERICAN ACADEMY OF OROFACIAL PAIN

AAOP 39TH SCIENTIFIC MEETING

Sleep and Pain: A Translational Approach to Comprehensive Care

May 7-10, 2015

Sheraton Denver Downtown
Denver, Colorado



Editorial

The 38th annual session in Las Vegas, with all of our sister academies in attendance and contributing, was a resounding success. Drs. Heir and Bassiur did an excellent job of putting together an educational and entertaining meeting. The global awareness of orofacial pain was clearly on display as well as the focus on increasingly well-designed and meaningful research in the field. In addition it is becoming more mainstream within the ancillary medical specialties as evidenced by the diversity in our attendees and speakers. There is much to look forward to in our field based on what I saw and heard at this meeting, despite the increasingly difficult playing field currently evolving in the US healthcare system.

This particular issue and some of the ways in which the body of orofacial pain literature influences it reminded me of an article from a few years ago that I find just as meaningful today as when I first read it. "When Bad Evidence Happens to Good Treatments"[1] by Dr. Dan Carr is a thoughtful read about the field of Evidence-Based Medicine (EBM), and mechanisms employed to misrepresent scientific research with the intent of restriction of clinical care and reimbursement. It is also a wonderful dialogue on the underpinnings of current EBM and the innate drive of reductionism that afflicts all of us. The primary issue clearly elucidated in the conclusion is that, simply put, many treatments are denied based on means derived from research that show little improvement over placebo. However, as we all know from treating orofacial patients, there are responders to most treatments that are clearly significant responses over placebo in those subgroups. We often see patient for whom certain treatment modalities offer inadequate benefit and thus we move to offer other alternatives or combinations of therapeutic approaches before we find the combination that works best for that individual. This involves the multidisciplinary approach we all employ covering physical medicine, psychological modalities, pharmacotherapy, and surgical procedures. The difficulty in having to individualize our approach due to the inherent variability in response is what makes this field at once both frustrating and rewarding. But to have the research used in such a way as to deny our patients access to the process puts us in an increasingly difficult position. Hopefully we will be able to forge ahead to specialty status and gain some influence for the benefit of our patients.

I encourage everyone to take some time to read the referenced article, as Dr. Carr is an eloquent writer as well as a long-time advocate for pain care both in policy-creation and clinical care. While you may not agree with everything put forth in the article, certainly we can all agree that the issue of EBM affects all of us whether acting as a provider or being treated as a patient. We should also all focus on making sure that it is not misused in the treatment of pain in our countries, and do what we can to have our voices heard.

[1]Carr, DB. When Bad Evidence Happens to Good Treatments. Regional Anesthesia and Pain Medicine May/June 2008;33(3):229-240.

Robert Mier, DDS, MS

email: bobmier@mac.com

Practice-Based Research Network Participation

Those of you who were at the AAOP 2013 annual meeting heard Dr. Gregg Gilbert's presentations regarding the opportunity to participate in the NIDCR-funded National Dental Practice-Based Research Network. This is a way for practitioners and dental organizations to advance knowledge of dental practice and find ways to improve patient treatments. This research is conducted in the practice setting and has direct benefits for clinical practice.

Dr. Gilbert discussed the opportunity for the AAOP membership to form a TMD and Orofacial Pain research network. This is a unique opportunity for the AAOP to develop and participate in research to assess the effectiveness of different treatments and develop predictors of treatment outcome. The AAOP already has an *ad-hoc* committee addressing this, and Dr. Eric Schiffman and his team have developed a study that will yield valuable information for our practices and for our patients.

To participate, you first need to enroll at http://www.nationaldentalpbrn.org and complete the enrollment form. Be sure to enter AAOP in the open text field on the enrollment form where it asks about membership in associations. Future emails and newsletters will also provide more information regarding this study and participation in the Network.

Maureen Lang, DDS MS

DEADLINE FOR VERIFYING ACCURACY OF INDUSTRY GIFTS TO CLINICIANS PRIOR TO PUBLIC RELEASE IS AUGUST 27, 2014.

In an effort to disclose and discourage conflicts of interest between Industry and clinicians, hospitals and teaching institutions, the CMS Web Site will publish payments, gifts, and other items of value given to clinicians by Industry from August 1, 2013 through December 31, 2013. These "items of value" may range from free meals, patient samples to free continuing education materials.

AAOP members are advised that the deadline for challenging the accuracy of Industry reports regarding clinician gifts and other reportable items to the made public through the Open Payments program (formerly known as the "Physician Payments Sunshine Act") is August 27, 2014. AAOP members are also advised the multi-step process can be time consuming. Clinicians interested in verifying the accuracy of these Industry reports prior to release to the public should plan accordingly. For more information, go to CMS.gov/open payments.

Sal Manrriquez, DDS, FAAOP, FAHS
Chair, Industry Relations Committee
August 12, 2014

Drs. Mackman and Crandall before the show

New AAOP Fellows

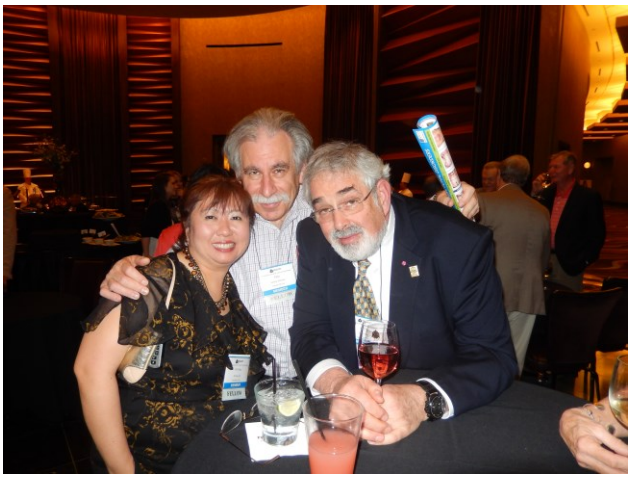
Physical Therapy Fellow John Vicchio

Drs Lu, Dhadwal, and Maloney at the President's Reception

President's Reception

Dr Kaspo and his lovely wife, Drs. Wright and Shaefer

A good time was had by all at the President's Reception!!



Drs. Jennifer Bassiur and Gary Heir, congratulations to them both for an excellent program and meeting.

Research Funding Opportunity: Invitation to submit grant proposals

The AAOP is committed to supporting the research efforts of students in the field of orofacial pain at every level. This is an announcement of funding to support orofacial pain research of up to $5,000.00 per selected and approved proposal.

American Academy of Orofacial Pain (AAOP) Research and Grants Committee Fund (RGF) was created to support research efforts in orofacial pain. The AAOP's RGF supports (listed in order of funding priority) research proposals of residents and fellows in orofacial pain training programs, dental students, AAOP members, and then proposals from other researchers which pertain to the field of orofacial pain.

Information about the grant proposal application can be found on the AAOP website. To apply a letter of intent and the research proposal should be sent to:

Dr Jeffry Shaefer

4 Monument Circle

Hingham, Ma 02043

If you have questions about the funding process, Dr Shaefer can be contacted at jshaefer@partners.org or by calling 781-749-0157.

The AAOP's continued support of research efforts in the field will strengthen the AAOP by encouraging grant recipients to become (lifelong) members of the AAOP. AAOP members are encouraged to donate to AAOP Research Fund at the time of their annual dues renewal. These donations will enhance the reputation of the AAOP by promoting evidenced–based decision-making for the treatment of our orofacial pain patients.

Jeff Shaefer DDS, MS , MPH

Chairman AAOP Research and Grants Committee

American Board of Orofacial Pain

To become a Diplomate of the ABOP one must pass the Written Examination and the Oral Examination, respectively. Individuals must meet certain guidelines prior to being approved to sit for the Written Examination. For more information on qualifying guidelines and to register please download the 2015 ABOP Examination Bulletin, the Bulletin may be downloaded here: http://goo.gl/mr21dq. You may also contact the ABOP at abop@talley.com, call us at 856-224-4266, or visit us at www.abop.net.

Joseph R. Sapp | Executive Director
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Postgraduate Programs in Orofacial Pain:

MASSACHUSETTS GENERAL HOSPITAL

Orofacial Pain Residency

at Massachusetts General Hospital

The Department of Oral and Maxillofacial Surgery at the Massachusetts General Hospital (MGH) is pleased to announce a two-year Orofacial Pain Residency program. This program will offer advanced training in orofacial pain and related conditions. The program consists of clinical training with program core faculty and elective rotations through various related Departments within the MGH/Partners Healthcare System, including; Center for Pain Medicine, Physical Therapy, Head and Neck Imaging, Neurosurgery, Neurology, Division of Sleep Medicine, Behavioral Psychology, Oral Medicine, and the John Graham Headache Center. Clinical training is supplemented by a comprehensive didactic program. Teaching opportunities at MGH and Harvard School of Dental Medicine (HSDM) will also be available.

Program Director:
Steven J. Scrivani, D.D.S., D.Med.Sc.
Director, Division of Oral and Maxillofacial Pain
Department of Oral and Maxillofacial Surgery
Massachusetts General Hospital
55 Fruit Street – Warren 1201
Boston, MA 02114
Email: sscrivani1@partners.org

Contact:
Eliana Mejia
Department of Oral and Maxillofacial Surgery
Massachusetts General Hospital
55 Fruit St. – Warren 1201
Boston, MA 02114
Email: evmejia@partners.org

Potential applicants should send the following information to Eliana Mejia:

1. Curriculum Vitae
2. Official Dental School transcripts
3. Official transcripts from GPR/Postgraduate Programs (if applicable)
4. 3 Letter of recommendation
5. A personal statement

Postgraduate Programs in Orofacial Pain

Tufts University School of Dental Medicine

ADVANCED EDUCATION PROGRAM IN TEMPOROMANDIBULAR DISORDERS AND OROFACIAL PAIN

Postdoctoral education in temporomandibular disorders and related head, neck, orofacial pain, and dental sleep medicine is a full-time two-year interdisciplinary certificate program *with an option of a third year leading to a Master of Science degree*. The program is designed to provide students with the latest theories in chronic pain management from both a dental and a medical perspective.

Clinical training is conducted on a one-on-one basis at The Craniofacial Pain, Headache and Sleep Center, an interdisciplinary center utilizing multiple current approaches to diagnosis and treatment. The faculty consists of dental medicine specialist, physician specialists and other health care providers with training and expertise in pain, who are involved in the teaching and clinical practice of pain management.

The students learn how to evaluate and diagnose patients utilizing state-of-the-art clinical technology. The training also includes pain control modalities such as pharmacotherapy, biobehavioral interventions, electromyographic (EMG) biofeedback techniques, oral appliance therapy, trigger-point injections and anesthetic nerve blocks. The Center incorporates additional alternative and complementary medical modalities such as acupuncture, acupressure, herbal therapies, nutritional counseling and chiropractic remedies. The students supplement their clinical training with medical rotations through such specialties as; neurology, psychology, anesthesia, otolaryngology, radiology oral and maxillofacial surgery, oral and maxillofacial pathology and other pain-related specialties.

In addition to the clinical training, students in the three-year program construct a research proposal as part of their preparation for their research and thesis, which is essential for completion of the Master of Science requirements. Faculty areas of research interest include, but are not limited to; gross anatomy, histology, dental occlusion, neurology, psychology, muscle function, pharmacological trials, complementary medicine, functional brain imaging, temporomandibular joint surgery, rehabilitation motion devices, and many more.

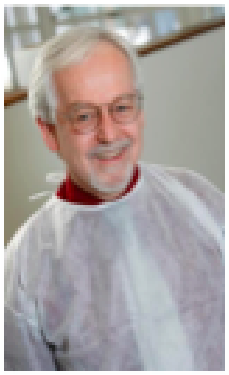
Upon successful completion of the Master of Science program, students will be qualified to participate in the clinical practice of temporomandibular disorders and orofacial pain management, to take the exam for board certification in orofacial pain, and to pursue independent research. Students also learn how to run an interdisciplinary pain practice or program and how to interact with a variety of health professionals.

For further information or questions please contact Robert W Mier DDS MS at Robert.mier@tufts.edu.

USC University of Southern California

Ostrow School of Dentistry of USC

Master of Science in Orofacial Pain and Oral Medicine Program



Program Director

Glenn T. Clark DDS, MS

Professor of Dentistry
Director of the Orofacial Pain and Oral Medicine Program
Chair of the Section of Diagnostic Sciences
Director of the Distance Education Program in Dentistry
Ostrow School of Dentistry of USC

Program Description: This **32.5 units** program uses a blended learning format (part online and part face-to-face) to educate practicing dentists from around the world to be expert clinicians in both Orofacial Pain and Oral Medicine. Students in the master's degree program will be able to continue practicing dentistry in their home location while they participate. Students will take online courses and attend weekly video conferences and work on their capstone research project and case-based e-Portfolio from home and need to commit at least 12 hours per week to the program.

Face-to-face learning occurs each summer trimester when the students attend the Ostrow School of Dentistry in Los Angeles for a minimum of two or more weeks for help with their capstone project, to build their case portfolio, and extensive competency skills training and testing.

Graduates of this program will be eligible to take the board examination of the American Board of Orofacial Pain.

The field of orofacial pain encompasses:

- Masticatory musculoskeletal pain
- Neurogenic orofacial pain
- Sleep disorders related to orofacial pain
- Temporomandibular disorders
- Headaches
- Orofacial motor disorders including orofacial dystonias and bruxism
- Intraoral, intracranial, extracranial and systemic disorders that cause orofacial pain

The field of oral medicine is concerned with the diagnosis and treatment of:

- Oral mucosal diseases and infections
- Burning mouth
- Immunopathologic diseases
- Neoplastic diseases
- Osseous diseases (i.e. BRONJ)
- Salivary gland disorders and dysfunction
- Pharmacologic and systemic disorders causing oral disease

For more Information: http://ofpom.usc.edu

Distance Learning Department
Ostrow School of Dentistry at USC
UPC DEN 127M/C 0641
Los Angeles, CA 90089-0641
Email: ofpom@usc.edu
Phone: (213) 821-5831

SLEEP MEDICINE COMMITTEE NEWS

The Sleep Medicine committee met on May 1 at the AAOP annual meeting. There were a number of items discussed and I wish to highlight the ones that are significant at this point. They are:

1. Each edition of the AAOP newsletter will contain four to six brief reviews of articles on sleep and specific to oral appliance therapy. You will find the first of these at the end of this brief updated report. I want to acknowledge the efforts of Drs. Aurelio Alonso and Ivonne Hernandez in spearheading this project. They will continue to review the literature and guide this process. The intent of this is to provide the membership an awareness of the literature that they can in turn use to educate and market oral appliance therapy to referrers and others. This is needed because of the continued misconception in the medical community about the limited effect of oral appliances.
2. The committee is going to endorse a document intended to demonstrate outcomes that may eventually prove useful for insurance companies to recognize who is qualified to provide oral appliance therapy. This data would be collected in a methodical way in each individual practice to eventually be of value that would support the value of oral appliance therapy.

Please look at the synopsis of the articles that follow and if you wish to comment on the value of this or how it could be improved please contact Dr. Hernandez, Dr. Alonso or me.

Dennis R. Bailey, DDS
Chair, Sleep Medicine Committee

SLEEP MEDICINE COMMITTEE LITERATURE REVIEW
July 2014

The following are a series of referenced and reviewed evidence based articles from literature related to sleep medicine and specifically oral appliance therapy. These reviews can be used to educate referrers, patients, sleep centers and others about oral appliance therapy specifically as it applies to the role of the dentist in sleep medicine.

Objective versus Self-Reported Compliance of Oral Appliance Therapy by Dieltjens et al; Chest 144(5) 1495-1502.

Summary: This one year prospective clinical study assessed the therapeutic effectiveness of oral appliance therapy through compliance measurements. The subjective measures for compliance included the use of diary and questionnaires while the objective measures were completed with the aid of an intraoral microsensor. This study showed that the therapeutic effectiveness of oral appliance is characterized by a suboptimal efficacy combined with a high compliance.
Comment: The strength of this study is that it presents a valid objective measure for compliance of Oral Appliance Therapy. Objective measurement of compliance is one of the main drawbacks when it comes to compare efficacy with CPAP. This represents an important step towards the validation of effectiveness of Oral Appliance Therapy.

This is also supported in a chapter in Dental Clinics of North America, April 2012 (Vol56 No 2) entitled "Effectiveness and Outcome of Oral Appliance Therapy" by Piska BT and Almeida F. Oral appliances improved blood pressure, sleepiness both objective and subjective measure and quality of life.

"Preferred Treatment" By Wolfgang Schmidt-Nowara, MD J Clinical Sleep Medicine 2013;9:319-324

Review: (there was no abstract) This commentary discusses the preference by patients for oral appliance verses CPAP. This is based on the fact that most patients are less than severe and less than 10% of patients even use an oral appliance as compared to those who are recommended CPAP. It should be noted that most patients prefer an oral appliance when offered this as a choice. In addition when patients who are less than severe (AHI < 30) are considered it is shown that the risk for stroke and CV disease are minimal [1]. In this "age of consumer empowerment" people need to know about an oral appliance as an option.

Comment: This commentary is a powerful indication that oral appliances are not only a good option as was determined in the 2006 Standards of Practice Parameters paper but they are also an unsung method by which patients may be adequately managed. It should be noted that Dr. Schmidt-Nowara is a past president of AASM and has been a proponent of the use of oral appliance therapy.

1. Marin JM et al "Long-term cardiovascular outcomes in men with obstructive sleep apnea-hypopnea with or without treatment with continuous positive airway pressure: an observational study. Lancet 2005;365:1046-53

Oropharyngeal crowding and obesity as predictors of oral appliance treatment response to moderate obstructive sleep apnea by Tsuiki et al. Chest, 144 (2): 558-563

Summary: This prospective study conducted in a Japanese population diagnosed with moderate OSA showed that they may not be responsive to oral appliance therapy if they are obese and present with oropharyngeal crowding.
Comment: This study confirms previous findings of Doff MHJ et al (2013) who indicated that obese patients tend to be non - responsive for oral appliance therapy. It appears that mandibular advancement has a positive effect in increasing the retropalatal space in non - obese patients but not in obese patients. The dentist should consider the effect of Oral Appliance in an obese population when discussing this therapy to patients.

Health Outcomes of Continuous Positive Airway Pressure versus Oral Appliance Treatment for Obstructive Sleep Apnea by Phillips CL et al. Am J Respir Crit Care Med 2013; 187: 879-887.

Summary: This randomized crossover open label study compared the health outcomes effects of 1 month of treatment of OSA with CPAP versus OA therapy. Health measures included cardiovascular, neurobehavioral and quality of life. The results after a month were similar for OA and CPAP therapy in patients with moderate-severe OSA. The findings of this study suggest that the greater efficacy of the CPAP is offset by poorer compliance relative to OA.

Comment: the findings of this study confirm that patients tend to prefer OA therapy (51%) over CPAP (23.1%). This along with the fact that both therapy may be equally effective, suggest that the current guidelines of indicating OA therapy for mild to moderate apnea and or patients non tolerable to CPAP should be revised.

Oral Appliance Treatment for Obstructive Sleep Apnea: An Update Sutherland K, Vanderveken OM, et al. J Clinical Sleep Medicine 2014;10(2):215-227

Summary: This paper indicates that oral appliances are an emerging alternative to CPAP. The evidence seems to suggest that oral appliances are potentially effective in a larger majority of patients even those who are severe. CPAP does demonstrate superiority as it relates to reducing OSA parameters during a sleep study however this does not necessarily result in improved health outcomes clinically. The similar effectiveness of oral appliances compared to CPAP is directly related to greater use nightly of the oral appliance. The issue currently now focuses on the use of titration devices during the sleep study as well as temperature sensitive devices to monitor adherence.

Comment: This paper has many good attributes in justifying the use of an oral appliance verses CPAP. Patient preference and adherence is a major factor. The article does compare oral appliances to other forms of therapies and also discusses oxygen saturation and the desaturation index also known as oxygen desaturation index (ODI). This was shown to be more significant than AHI improvement in a paper published in March from Toronto [1]. The paper demonstrates improvement in various health related outcomes comparing oral appliances to CPAP and again in general rates oral appliances favorably mainly because of improved adherence and number of hours of use. This paper also discusses the use of CPAP and oral appliances in combination as a way to improve overall outcomes and improve CPAP tolerance.

1. PLOS Medicine, Feb 214 Vol 11 Issue 2. Institute of Health Policy Univ of Toronto. www.plosmedicine.org

"Effect of Oral Appliances on Blood Pressure in Obstructive Sleep Apnea: A Systematic Review and Meta-analyis" By Iftikhar et al., Journal of Clinical Sleep Medicine 2013; 9: 165-174A

Review: This systematic review and meta-analysis evaluated the effect of an oral appliance on blood pressure in patients with OSA. The authors concluded that oral appliances reduce systolic blood pressure, diastolic blood pressure, and mean arterial blood pressure. Because the nature of the studies were mostly observational, the authors emphasize of the importance of more randomized clinical trials CT to confirm the effects of oral appliance on blood pressure.

Comment: It is known from previous studies that obstructive sleep apnea (OSA) is a risk factor for development of high blood pressure (HBP). CPAP is still the main modality used in the management of OSA, and if well tolerate and used accordingly it can reduce HBP. Oral appliances (OA) is an alternative modality when CPAP fail to reduce AHI and/or patient compliance. This study showed that OA could be an viable way to reduced patients HBP due to OSA , however more studies need to be perform to confirm this hypothesis.

"Effects of Treatment with Oral Appliance on 24-h Blood Pressure in Patients with Obstructive Sleep Apnea and Hypertension: a Randomized Clinical Trial" By Andren et al., Sleep Breath 2013; 17: 705-712

Review: This is a randomized clinical trial on the effects of oral appliance therapy on blood pressure. The authors concluded that in patients suffering from both OSA and hypertension; oral appliances modestly reduced the blood pressure. The success rate increased when they excluded patients with normal baseline blood pressure and when they exclude patients with AHI ≤ 15.

Comment: It is know that the more severe the OSA is the higher the chances are to develop HBP and other cardiac condition. OA seems to be an effective and more comfortable way to reduce OSA. It is important to emphasize that maybe some patients may have some side effects as the mandible is moved forward and the results may not be as expected.

Quick Links

AAOP: AAOP

ABOP: ABOP

AAOP Board: AAOP Council Members

European Academy of Craniomandibular Disorders: EACD

Australian/New Zealand Academy of Orofacial Pain: ANZAOP

Spanish Society of Craniomandibular Disorders and Orofacial Pain: SEDCYDO

Ibero Latin American Academy: AILDE

American Headache Society: AHS

American Pain Society: APS

American Dental Association: ADA

Physical Therapy Board of Craniofacial & Cervical Therapeutics PT Board

AAOP 2015 Registration and Hotel Room Block are Now Open

To review the program, make hotel reservations and register for the 2015 annual meeting please login to the AAOP website and select the following link: AAOP 2015

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