
Academy News

Summer 2008

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Letter from the President

Dear AAOP Members,

I greatly appreciate the honor of serving as your 2008–2009 AAOP President. I will strive to uphold the Academy's mission of alleviating pain and suffering by promoting excellence in education, research, and patient care in the field of orofacial pain and associated disorders.

This goal was certainly exemplified in our last scientific session in Los Angeles. Past President Reny de Leeuw and Program Chair Gary Klasser provided a magnificent conference. It was one of our best-attended meetings, and the preconference courses and breakfast sessions were filled to capacity. The plenary sessions had outstanding presentations ranging from new theories in molecular and genetic mechanisms in pain models to neuroendocrine immune considerations of glial cells on orofacial pain. The President's pool-side reception in the shadow of the MGM building had all of the caché of a star-studded Hollywood meeting. Genial academic debates filled the grounds.

Just prior to this meeting, Reny de Leeuw accomplished another milestone for AAOP with the publication of the 4th edition of *Orofacial Pain: Guidelines for Assessment, Diagnosis, and Management*. These AAOP guidelines capture our collective knowledge of assessment, diagnosis, and treatment of orofacial pain. They need to be disseminated to our dental communities, especially to those in academic dentistry. Our expectation is that eventually every dentist will have been trained according to these guidelines and the guidelines will become the standard for assessment, diagnosis, and treatment of TMD and OFP. The guidelines book is available from Quintessence Publishing (www.quintpub.com). AAOP honored Reny for her great accomplishment with a beautiful crystal engraved plaque, and we thank everyone on the Guidelines Committee for their diligent work.

For the upcoming year, I instituted an educational initiative for AAOP. It is my hope that the AAOP guidelines will become the leading text and reference for those teaching and learning about orofacial pain. There are 4 parts to this educational plan:

1. Inspire dental schools to incorporate OFP and TMD into their predoctoral curricula.
2. Advocate postgraduate orofacial pain program credentialing through the Commission on Dental Accreditation (CODA).
3. Energize the AAOP Ambassador Program so more AAOP members provide continuing education presentations at local, state, and national dental meetings.
4. Promote the preconference Orofacial Pain Review Course to assist our members in their journey toward earning the AAOP Fellowship Award.

AAOP had many successes over the past year. The American Dental Education Association (ADEA), after many discussions with AAOP members, concluded that TMD will continue to be part of the dental school predoctoral competencies. Without this earnest effort, TMD may have been removed or left out of many dental schools' curricula. It is important to train young dentists to recognize OFP and TMD and understand when and how to treat or refer.

The Commission on Dental Accreditation (CODA) appointed 5 orofacial pain dentists to a 5-member ad hoc committee to draft accreditation standards for orofacial pain residency programs. It took Jim Friction many years to accomplish this gigantic task. The 5 chosen orofacial pain dentists (also AAOP members) are: Henry Gremillion, Andy Kaplan, Jeff Okeson, John Wright, and Heidi Crow (Chair). We are proud of Jim Friction's accomplishment; this opportunity could pave the way for National Institutes of Health resident and research grants as well as lay the groundwork for OFP specialty status.

The Ambassador program is an important component of AAOP's efforts to educate non-AAOP members about OFP and AAOP. Peter Baragona is the Ambassador Committee Chair and is spearheading an effort to enlist a cadre of qualified AAOP members to present evidence-based OFP science to local, state, and national dental meetings using AAOP materials. It is our intention that the participants use the AAOP guidelines as a teaching syllabus and a guide for their OFP practice.

The AAOP membership has swelled with many young enthusiastic new members. The young members are the future of our organization, and all active members are encouraged to embark on the journey toward achieving "Fellowship" status. Fellowship is awarded to outstanding members who have passed both the written and oral portions of the American Board of Orofacial Pain Examination. To qualify for Fellowship status, you must demonstrate a minimum of 5 years of exceptional understanding of the treatment of temporomandibular disorders and orofacial pain through graduate or postgraduate training, research, or clinical experience, or have graduated from an advanced university-based orofacial pain program that is equivalent to at least a 2-year full-time program. The Fellowship achievement demonstrates a significant commitment to improving your care, skill, and judgment when treating patients. The Fellowship is the highest award given by AAOP for educational and clinical achievement and is a coveted honor to receive. Good luck on your journey.

Mark your calendars for our next annual AAOP scientific meeting, scheduled March 6–8, 2009. It will be held in Austin, Texas, and at this meeting we will honor Parker Mahan for the wonderful things he has done for the field. The meeting will be held at the picturesque, newly renovated Barton Creek Resort and Spa. Donald Primack and Ed Wright, co-chairs of the Program Committee, have assembled an extraordinary panel of speakers on a variety of orofacial pain and TMD topics. The preliminary program is already posted on our website (www.aaop.org) for you to preview. We are excited that the program will include a preconference headache symposium and the always-popular preconference head dissection course.

Austin is the cultural center of Texas; it is the home of the University of Texas, LBJ Presidential Library, Texas History Museum, Bat Cave, and the Fazio and Crenshaw championship golf courses, where we will hold a golf tournament for the AAOP Research Fund. Steve Messing and the Research Committee will provide a scramble golf event on Friday afternoon. This past year the Research Committee awarded 2 research grants, and the future of the research grant program depends upon membership generosity. So please support our grant program by an annual gift or by participating in the golf event in Austin. Contact Steve Messing (smgmd@aol.com) for additional information about the golf event.

Since the year we entered into the International Conference on Orofacial Pain and Temporomandibular Disorders (ICOT) agreement, we have had an ICOT meeting in a different continent of the world every 4 years. The first ICOT meeting was held in the United States, and then each of our sister academies (European, Asian, Australian and New Zealand, and Ibero–Latin American) have taken their turn to host the meeting. On August 27–29, 2009, the Ibero–Latin American Academy will host the ICOT meeting in Praia do Forte, Bahia, Brazil. There are already more than 20 AAOP members committed to attending this meeting and I encourage everyone to take advantage of this wonderful opportunity to meet with our colleagues from around the globe. Please read the ICOT brochure at www.icot2009.com.br/ and the instructions on how Americans can obtain visas to travel in Brazil in the meetings section of our website.

I am a firm believer in volunteerism, and there are many AAOP volunteers who spend countless hours helping with committee, council, and officer activities. I want to personally thank everyone who expends time, energy, and talent on behalf of AAOP. Without you, AAOP would cease to function.

Another form of volunteerism comes in the relationships we have with our patients. Gestures of goodwill, such as helping an indigent patient in need, invigorate the spirit of the healing arts for you and your staff. Christian Stohler provided an erudite presentation which highlighted the placebo effect when rendering care to patients in pain. He noted that a qualified medical practitioner who could tap into the patient's belief system could enhance treatment outcome by stimulating a barrage of neurochemical reactions that help alleviate pain and suffering. This is a component of the science of psychoneuroimmunology.

We can enhance the psychoneuroimmunological activities for ourselves and our coworkers by partaking in conscious benevolence. I challenge each AAOP caregiver to take on a special patient pro bono this year. Tell no colleague of this kind act and watch how it enlivens your office from the inside out. The staff will model your compassion and empathy, and all of your patients will benefit from this charitable act. This will give "Access to Care" a new meaning to you and your staff.

Have a Happy and Healthy Summer,
Matthew Lark, DDS, MAGD
2008–2009 President AAOP

Predoctoral TMD Education

By Ed Wright

The American Dental Education Association (ADEA) recently approved their predoctoral dental school competencies. I am happy to say that the TMD competency stating that students should be able to “prevent, identify, and manage temporomandibular disorders” remained in their approved version. This phrasing was used for most of the other specialty areas in dentistry, and their definition for “manage” includes referral.

Most dental schools use the ADEA competencies to derive their dental school competencies, and the new competencies give a stronger emphasis to TMD than the old version. I feel this will help to promote the amount of TMD education dental students are provided. I want to thank everyone for their support, which helped get the ADEA to put TMD back into the ADEA Competencies for the New General Dentist.

In the 2006–2007 dental school year, dental school course directors submitted to the ADA (through the dental school) the number of hours that orofacial pain was taught in each of their courses. This is the first time that OFP hours have been collected, and this information was recently released by the ADA. Since the numbers were submitted by individual course directors, some are questioning the accuracy of the information. If you would like a list of the OFP hours submitted to the ADA by each school, please e-mail Ed Wright at ewright@satx.rr.com.

Orofacial Pain Recognized as an Emerging Specialty

By Jeff Okeson

In March 2008, the Commission on Dental Accreditation (CODA) formally recognized the field of orofacial pain as an emerging specialty of general dentistry. This is a significant step forward in the recognition of our field of study. CODA has established a committee of 5 members to develop the curriculum guidelines for the accreditation process of all postgraduate training programs in orofacial pain. These guidelines will lead to the standardization of all teaching programs, which will recognize the importance of the field of orofacial pain in the dental profession.

The committee members are Heidi Crow (chair), Jeffrey Okeson, Henry Gremillion, Andrew Kaplan, and John Wright. The first meeting of this committee was held in Chicago at the ADA building June 5 and 6, 2008. This “emerging specialty” status has been a long and time-intensive process, and the Academy members owe a great deal of gratitude for the tireless efforts of Dr Jim Friction over many years. Jim has been a major force in this effort and without his leadership, this might not have been accomplished.

New AAOP Fellows

Congratulations to the following members for their accomplishment of becoming Fellows of AAOP.

Douglas Vrona, DMD
Westport, MA

Danny Croat, DMD, MS
Spartanburg, SC

Joe Fearon, DDS, FAGD
New York, NY

Mike Montgomery, DDS
San Antonio, TX

Catalina Morarasu, DDS
Roseville, MN

Cletis Foster, DDS
Indianapolis, IN

Stacie Saunders, BSc, DDS
Bedford, NS
Canada

New AAOP Members

Congratulations to the following individuals who joined AAOP over the past year. Please look through the names and if you recognize someone, please send them your well wishes.

Earl Bercovitch, DDS
Beverly Hills, CA

Orlando Bienes, DDS
Miami, FL

Kreg Boynton, DDS
Wichita, KS

Jeffrey Casiglia, DMD, DMSc
Salem, MA

Brice Chang, DDS
Vancouver, WA

James Colt, DDS
Colorado Springs, CO

Gary Core, DDS
Phoenix, AZ

Erin Cox, PT
Montreal, PQ
Canada

John Curran
Winnipeg, MB
Canada

G. Gary Demerjian, DDS
Burbank, CA

Ali Eghtesadi
Germantown, MD

Veronica Franscini-Paiva, DDS
Zurich, Switzerland

William Funk, DMD
Bowling Green, KY

Subha Giri, BDS
Plymouth, MN

Robert Goetze, DDS
Salinas CA

Meralee Guhl, PT, DPT
New York, NY

Ulises Guzman, DDS
Gainesville, FL

Richard Haines, DMD
Sugarland, TX

Phuu Han, BDS, PhD
Los Angeles, CA

Alexander Hochheiser, DMD
Willingboro, NJ

Paul Iadarola, DDS
Bethesda, MD

Michele Jehenson, DDS
Los Angeles, CA

Jill Keaton
Pikeville, KY

Marwan Khayat, BPT
Bethesda, MD

Hyung Kim, DDS
Fullerton, CA

Ian Lauzon, DDS
St. Jerome, PQ
Canada

Stephen Lee, DDS
Atlanta, GA

John Little, DDS
Sea Girt, NJ

C. Anthony LoPresti, DDS, MS
Staten Island, NY

Arlene Messer, DDS
Rochester, NY

Robert Mier
Warwick, RI

Renato Pacheco
Jundiai, Brazil

Andres Pinto, DMD
Philadelphia, PA

Larry Pritchard, DDS
Waco, TX

Arthur Roberts, DDS, MD
Greenwood, IN

Marcela Romero Reyes, DDS, PhD
Los Angeles, CA

Stewart Scharfman, PT, MS
Floral Park, NY

Todd Soares, PT
Santa Rosa, CA

Rafael Sustento
Newhall, CA

Alden Suzui, DDS
Honolulu, HI

Katherine Hudson Tan
New York, NY

Jack Walz, DDS
East Peoria, IL

Mark Watanabe, DDS
Honolulu, HI

Rene Yabar, DDS
Tracy, CA

The 2009 AAOP Meeting, Austin, Texas, March 6–8

by Ed Wright and Don Primack
2008-2009 Program Co-chairs

We hope you were able to attend the 2008 AAOP meeting in Los Angeles. It was fantastic and congratulations go to Gary Klasser, the program chairman, and his committee for putting together such a wonderful conference.

We are already planning for the 2009 AAOP conference. It will be in Austin, Texas, at the Barton Creek Resort and Spa on Friday March 6 through Sunday March 8. Preconference courses will be held Thursday, March 5, and ABOP Board examinations and some committee meetings will be held on Wednesday, March 4. Through member surveys, AAOP members have requested that every 3 years or so, the meeting take place at a “resort” and so next year’s meeting will be at a fantastic resort. Please take a moment to look at Barton Creek’s website (www.bartoncreek.com).

Austin is a lovely and diverse city with a tremendous amount of cultural, political, and historical treats for those interested in venturing outside the resort. The resort itself offers a world-class spa and 4 challenging golf courses. Speaking of golf, AAOP is finally going to sponsor a golf tournament with the goal of raising money for the AAOP research fund. The golf tournament will be Friday afternoon. For those not interested in golf, there will be courses available Friday afternoon, or you may choose to indulge in spa or other resort activities.

It’s a bit early to present the program itself as we must first get signed contracts from our speakers, but in our next newsletter we should be able to tell you the names and topics of at least some of our presenters, and we promise you that you will not be disappointed! We have a terrific meeting planned with nationally and internationally known speakers who will share the most current information as well as many basic-level courses for our less-experienced providers.

Please take a moment now to mark your calendars for the 2009 AAOP conference in Austin, Texas, March 6 through 8. Look for more information about the conference in our next newsletter.

Updated Orofacial Pain Study Guide Available

By Gary Heir

In 1995, AAOP published the first study guide for orofacial pain. This was not the AAOP Guidelines, but it was a list of topics and articles that it was felt a competent orofacial pain dentist would know. It was used as a handout for a review course we offered at that time to provide a bibliography to those who wanted to improve their self-study in orofacial pain. The study guide was updated in 1999. It was an adequate update but seemed to lay dormant for some time.

After many years, the review course in orofacial pain was held once again at our Philadelphia meeting. The enrollment for this preconference course was overwhelming; nearly standing room only. When asked for an encore, we decided to revise the study guide for distribution to the participants as a new handout for the Los Angeles pre-meeting program; again, a sell-out course. The past 2 review courses have seen approximately 120 participants.

With the unswerving aid and support of Ed Wright and the entire international faculty of the review course, the study guide was revised again to what we felt was a superb reference guide of required knowledge of orofacial pain. However, as the study guide began to take shape, the idea came to us that this document might be even more accurate if we had the cooperation of the program directors of orofacial pain programs from US dental schools. Off it went to every course director in the country.

As the orofacial pain course directors from every program in the United States reviewed this document and gave us their feedback, the booklet was revised and refined several times. The study guide was edited by Gary Heir and Ed Wright; it was reviewed by the review course faculty and many Fellows of AAOP as well. At the Los Angeles AAOP meeting, Gary Heir organized a meeting of all program directors. The program directors seemed to reach a consensus to accept this document as a starting point of discussions to achieve a unified core curriculum in orofacial pain throughout the United States dental school orofacial pain programs. This huge task, if successful, will demonstrate that there is a unified approach to education in orofacial pain at an academic level in the US, and that unified front can be of significant importance to any effort towards CODA recognition and eventual specialty status.

If you are interested in obtaining a copy of the new study guide, please contact the central office for details. It has been given to AAOP for further distribution.

The New Jersey Dental School Orofacial Pain Program

By Gary Heir

The New Jersey Dental School's Division of Orofacial Pain is 1 of 13 OFP programs in the United States and Canada. Eli Eliav is the director of the OFP division and director of research; Gary Heir is the clinic director. The program is dedicated to caring for OFP patients, conducting innovative research, and exploring methods of obtaining more definitive diagnoses and effective treatments.

One of our current clinical trials employs quantitative sensory testing (QST), which measures pain and pain thresholds. Through thermal, mechanical, and electrical stimuli, this system attempts to quantify the level of pain and sensation loss, thereby establishing consistent levels between patients. We found that heat stimulates thin nerve fibers, cold stimulates medium-thickness fibers, and mechanical stimuli activate thick fibers. These various nerve-fiber thicknesses are also stimulated by different frequency ranges of electricity.

We are also attempting to use the QST to differentiate pain that is from peripheral inflammation, nerve damage, and central nervous system involvement. Being able to make this differentiation would enable clinicians to determine whether the pain is due to a peripheral source, a central source, or a combination of these factors. The QST is also being used to assist us differentiate between pain from facial muscles, malignancies, TMD, neuropathies, and altered sensation from dental implants. We recently started using QST on atypical odontalgia.

Another clinical trial we are performing involves burning mouth syndrome (BMS). Using QST, our researchers were the first to demonstrate that these symptoms are associated with reduced chorda tympani nerve activity. The 2 main sensory nerves to the tongue are the chorda tympani and lingual nerves, which perceive heat, cold, and pressure. In a healthy person, these nerves provide balanced afferent input, but in 85% of our BMS patients we found that the chorda tympani nerve has become less active, allowing for an over-representation of lingual nerve activity. We believe this leads to the perception of burning based on the loss of the inhibitory effect from the taste input, mediated by the chorda tympani, and thereby causes the burning pain. We may be beginning to understand the pain mechanism involved, and we are looking for techniques to restore the chorda tympani/lingual nerve balance.

Our BMS research receives corroboration from a wide range of faculty members from various departments at the New Jersey Dental School at the University of Medicine and Dentistry of New Jersey. Scott Diehl, PhD, director of the Center for Pharmacogenetics, is looking for common genes among BMS sufferers through DNA analyses of saliva. Others investigators are Vincent Ziccardi, DDS, MD, and Barry Zweig, DDS, both in the Department of Oral and Maxillofacial Surgery; Gary Hartwell, DMD, Department of Endodontics; and Louis DiPede, DMD, and Robert Flinton, DMD, both in the Department of Restorative Dentistry.

Another study we are pursuing involves OFP among HIV patients. It is well known that HIV patients have oral lesions secondary to their systemic condition; however, their orofacial pain is generally overlooked. Most HIV patients have generalized muscle pain as a side effect of their antiviral medications. When researchers focused on the patients' masticatory muscle pain, it was observed that this pain occurred significantly more frequent in HIV patients and that it was not related to the medication. We also found that the longer patients had HIV, the greater was their sensory perception loss, except for pain perception loss. We are spreading the word that HIV patients' OFP is not a medication side effect and should be appropriately addressed.

Our researchers have also looked at the nutritional and mental status of HIV patients in conjunction with faculty from clinical nutrition and psychiatry. We observed that the patients' nutritional and psychological needs were related to their disease and pain levels. Our findings suggest that HIV patients require a multidisciplinary treatment team, including a nutritionist, psychologist, and orofacial pain expert.

The Orofacial Pain Division also performs basic science research. We are currently researching how cytokines can be used to reduce chronic pain. Cytokines are proteins secreted during the inflammatory process, which can be proinflammatory, anti-inflammatory, and pleiotropic substances. We are researching how anti-inflammatory cytokines can be stimulated to naturally stop chronic pain. We are currently experimenting with animal models, observing the amount of inflammatory cytokine the cells secrete and administering an excessive corresponding amount of anti-inflammatory to counter the effect. We have found 2 cytokines that can significantly reduce the animal's pain.

The Orofacial Pain Program at the New Jersey Dental School, University of Medicine and Dentistry of New Jersey, is an exciting and vibrant

OFP program that combines comprehensive clinical experience with a focus on the diagnosis and management of the orofacial pain patient as well as a highly respected research center where mechanism and treatment for orofacial pain are explored. We have many Fellowship and master's degree candidates from the United States and locations representing nearly every part of the world. We currently accept 5 residents each year for the 1-year Orofacial Pain Fellowship program, for which they receive a certificate. We also accept Masters in Dental Science/Orofacial Pain candidates for a 2-year MS program which requires clinical or laboratory research.

For additional information, or to apply for this program, contact Eli Eliav (eliavel@umdnj.edu), Gary Heir (heirgm@umdnj.edu), or Richard Pertes (rpertes@aol.com).

Place Your Website Address on AAOP's Website

When individuals are searching the Internet for a TMD provider located nearby, some look at the AAOP website. If you would like a hyperlink to your website added to your AAOP website page, please e-mail Darla Dobson (updates@talley.com) your request and website's URL address. The AAOP Council has decided that this will be a free benefit of your membership.

Access to Care—Your Patients Deserve It

By Barry Rozenberg

Thirty states within the United States do **not** have a mandate requiring their insurance companies to provide medical coverage for TMD/orofacial pain. The TMJ and Orofacial Pain Society (TOPS) of America is a non-profit patient advocacy organization to help patients with problems associated with their TMD and/or orofacial pain. All we need to do is direct our patients to their website, www.tmjsociety.org, and TOPS will do the rest. The AAOP urges you to take advantage of their patient advocacy, so please inform your patients.

New AAOP Newsletter Editor

I deeply appreciate the privilege of being your AAOP Newsletter Editor and have enjoyed reporting the activities of our academy over the past 6 years. I have been selected as AAOP's Secretary-Elect and know it is time for someone else to take over this wonderful task. Ghabi Kaspo (facialpain@comcast.net) has graciously agreed to be your new AAOP Newsletter Editor and will provide our next issue. I wish Ghabi the best with his new endeavor.—*Ed Wright*