The very first step to treating patients with suspected migraines is the easiest one to remember, says Pav Khaira. “As dentists, we are not allowed to diagnose migraines and headaches, or to give them a classification,” says the dentist, who has a special interest in migraines and pain relief. Any dentist considering increasing the focus on pain relief offered by their own practice must keep this in mind, he says. “Whatever they do has to be done in conjunction with a GP or neurologist, or whoever the patient’s medical specialist is. That is very important. One of the first questions I ask patients when they come in to my practice for the first time is ‘Have you seen a doctor?’”

No resistance
Pav insists that keeping the patient’s doctor informed of any dental treatment is vital, and he would not provide treatment to anybody who refused him permission to contact their doctor. “But I’ve never had any resistance. I explain that I am not allowed to diagnose this kind of thing and that they have to be monitored by one of my medical colleagues. They are very, very happy with that if it offers them the prospect of being pain free,” he says.

Exclusion criteria are used to confirm that the patients are indeed suffering from migraine. “It’s a tick box process,” says Pav. “If they answer yes to x number of questions, and if the symptoms are not attributable to any other pathology, then they are classed as suffering from migraines.” The involvement of doctors...
Clinical

Migraine sufferers don’t tend to put formal classifications on their level of headache

should ensure that symptoms do not have another cause, such as perhaps a tumour or the after affects of a stroke.

Interestingly, the classification system used by the wider medical profession when talking about migraines is almost overcomplicated for the use that the dental profession can put it to. While this is for a good reason, as part of the methodology doctors use to approach any problem, it can be simplified for dentistry, says Pav. Migraine sufferers don’t tend to put formal classifications on their level of headache, but other people do. The sufferers are more interested in being pain free.

“I don’t pretend to know as much as a neurosurgeon or doctor does about this type of issue but, from my understanding, there are loads of different classifications. It is over-fragmented,” says Pav. “For example, if you have these symptoms you have a chronic headache; if you have these symptoms you have got a tension headache; if you have these symptoms you have a classical migraine; with others it’s a migraine with aura. However, to me, it’s actually all in the same rainbow, it’s just that the presentation of the symptoms is slightly different. The vast majority of the patients respond in the same manner.” Studies suggest that of patients suffering from these symptoms you have a 95% chance that they are suffering from a migraine.

When migraine is confirmed the patient is put through a full systems analysis, which can be far more thorough than most of them are expecting. “You can’t do it just on the back of a questionaire,” says Pav. “You have to know what is going on with the jaw joints, whether there is any history of trauma, and you look at the ligaments and see if there is any evidence of injury there. And it’s important to identify and to deal with all of the issues. If the patient has three problems and you are dealing with one of them you are not going to be very successful. If there are three problems you need to deal with all three, in order to get pain relief.”

A range of dental treatments is available for migraine sufferers, with the most proven results coming from the NTI-tss (Nociceptive Trigeminal Inhibition - Tension Suppression System), an occlusal splint system supplied by S4S. Pav has applied the NTI-tss to numerous patients with high rates of success. When fitted, this reduces the intensity with which patients clench and grind their teeth by around 80%, allowing muscles in the jaw to relax. Migraines can be described as an abnormal response to sensory dysmodulation. As dentists, the nociceptive feedback to the sphenopalatine ganglion from the trigeminal nerve plays a major role.

When they are examined, patients are generally surprised to be given such a thorough check at a dental clinic, often mentioning that nobody has ever carried out such detailed tests before, says Pav. And this is the key to one of the most significant benefits to this approach to pain management.

“I really think people should be taking an interest in it. Even if they don’t want to do pain management work,” says Pav. “If you ask the right questions and do a proper examination you can avoid issues with big restorative cases. It’s directly related to restorative dentistry. If you are doing lots of crowns and veneers, you can avoid a lot of difficulties by understanding what is going on with the pain. I have landed myself in trouble in the past while doing restorative work, and had I gone through the same diagnostic criteria I go through now, I would have avoided a lot of heartache.”

With both migraines and dental problems often caused by the grinding and clenching behaviour associated with bruxism, simply restoring damaged teeth can be a short-term solution. “If you don’t manage the underlying causes of the problem you can end up in a situation where the same problem reoccurs,” says Pav.

Careful examination can, in conjunction with the proper training, throw light on other issues too, says Pav: “It can help explain some of the more bizarre pains and sensitivities patients are having when you understand this approach you can diagnose a lot of them. And that includes sensitivity of teeth, facial pains and neuroaglias. If you understand the anatomy of what is going on you can really help. I’m not saying you can solve 100 per cent of cases, but you can offer pain relief to a lot of these patients and they are very grateful for it.”

Migraine sufferers often, due to the nature of the condition, suffer in silence. But being released from the debilitating pain of constant headaches can lead to enormous improvements in their quality of life. Migraines most commonly affect women, but sufferers can be from any walk of life.

Pav has recently encountered a patient in his teens, who was in such frequent pain that he was only attending school on average twice a week. The problem had been ongoing for three years, with the obvious implications such pain has on education. “If we can get him out of pain he can go back to school and get on with his life,” says Pav.

The second instalment of this article will look at how migraine and bruxism issues manifest themselves in the mouths of patients.

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Lower B/F2

About the author

Dr Pav Kahira, the founder and director of the Migraine Care Institute, is a dentist with a special interest in migraine and pain management. Shortlisted twice for the accolade of Best Young Dentist, he trained at Kings College London and the University of London. He has extensive experience of treating migraine sufferers.

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