

Editorial: Pain

A major part of our work in paediatric dentistry is either dealing with pain or preventing its occurrence. All of us have had the experience of a child crying with pain and a distressing history of sleepless nights (Fig.1). Many parents have been affected by the distress of seeing their children so upset and want an immediate resolution of the pain.



Fig. 1

But do all health-care providers not realize the necessity of treating caries in young children? Because it seems that they assume that primary teeth cannot cause severe pain or see toothache as

an inescapable part of life that children just have to learn to deal with. Possibly, once parents and healthcare providers realize the magnitude of the impact of pain caused by caries on the quality of the lives of these children they will be more inclined to seek or perform treatment.

The diagnosis and treatment of pain in children is thus crucial to our ability to provide alleviation of dental pain. Sometimes, children or their parents are unable to tell us where the pain is coming from or which tooth is affected. This is particularly so with small pre-school children. It is also a challenge where a child is disadvantaged or whose communication skills are lessened by cultural, medical or mental limitations.

An important aspect of pain is that of threshold. It is well known that the ability of people to deal with pain varies considerably from the complete stoic who subdues pain and says they are alright but a tooth is 'giving a bit of a niggle' through to the individual for whom the slightest discomfort is the most unimaginable pain and for them it is the end of world. While this is well understood for adults it is not so for children. Communicating pain and the degree of pain is discussed by several of the papers in this series herein.

This issue of pain perception is complicated in children, particularly for the very young preschool child, whose ability to describe, reveal or give an idea of pain and which tooth, or teeth, is involved can be impossible. Thus it may be obvious that a child has an abscessed tooth (Fig 1) and that is

the probably source of pain. But where there is a mouthful of rotten teeth (Fig 2) deciding which tooth is responsible may be very difficult.



Fig. 2

For many of these young children the diagnosis of the source of pain is a challenge to the paediatric dentist. The proposal of a 'traffic light system' to assess pain in small children is suggested by the paper

herein by Dr Versloot. This looks very promising and should encourage further studies to verify its usefulness.

A further aspect of pain in children is the techniques that we should use to manage pain during any operative dentistry. This involves providing analgesia to a child who is petrified of pain (Fig 3). They may also have been conditioned to fear an injection 'needle' by parents or peers. Nevertheless, there is a need for profound analgesia for any restoration or extraction of primary teeth.

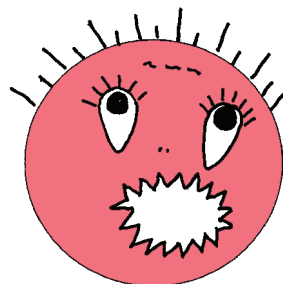


Fig. 3

The administration of local analgesia for young children is a challenge all of those in clinical practice have to face.

For too many dental practitioners it is perceived as too difficult a task and is regrettably avoided. This topic is brought up to date for us by the paper of Professor Meechan, that has been based on his presentation at our Congress in Dubrovnik last year. Finally there has been much interest in the new technique of delivering local analgesia by use of the device known as The Wand. But also pain relief is sometimes needed post-operatively and we need to keep up to date on the most effective and appropriate analgesics for children.

The management of pain in children, and particularly in young children continues to be of paramount importance to the dental care of children.

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