

TRIGEMINAL NEURALGIA

(Tic Douloureux)

NOLENSVILLE FAMILY MEDICINE

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BASIC INFORMATION

DESCRIPTION

A condition involving the 5th cranial (trigeminal) nerve that causes episodes of severe facial pain. The nerve and its branches supply sensation to the face, scalp, teeth, mouth, and nose. The condition is more common in adults over age 40. Women are affected more than men.

FREQUENT SIGNS AND SYMPTOMS

- Attacks of severe facial pain, described as “jabbing” or “searing” or like an electrical shock. These attacks (or bouts) of pain usually last for seconds, or sometimes for 1 to 2 minutes. A dull ache may be felt between bouts, or there may be little or no discomfort.
- Facial spasm (or tic) often occurs at the same time as pain.
- Only one side of the face is usually affected, but it may occur at different times on both sides.
- Pain is often triggered by touching or stroking the face, brushing teeth, shaving, exposure to wind, or chewing.
- Attacks may occur several times a day. They may disappear for weeks or months.
- A less common form, called atypical trigeminal neuralgia, may cause less-intense symptoms.

CAUSES

The exact cause is unknown (often called idiopathic). It may involve a nerve or blood vessel problem such as injury, irritation, inflammation, or disease.

RISK INCREASES WITH

Multiple sclerosis.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOMES

Symptom relief is usually possible with treatment. Sometimes surgery may be required. A patient may experience pain-free intervals (lasting from months to years), and then the pain returns exactly as before.

POSSIBLE COMPLICATIONS

Interference with normal activities from frequent, severe pain episodes.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

• Your health care provider will do a physical exam of the affected facial area and ask about your symptoms and activities. This is usually enough for diagnosis. Medical tests may be done to check for other problems.

- Most patients obtain pain relief with drugs. However, as time goes by, the drugs may become ineffective in some patients and the pain then “breaks through.”
- Alternate type of treatments have been used by some, but they are not always effective. These include acupuncture, herbal remedies, chiropractic care, electrical stimulation, hypnosis, myotherapy (muscle release), and others.
- Surgery may be effective when drugs don’t help. The different procedures available will be explained to you.
- Maintain good oral health with dental checkups at least twice a year.
- Learn to control stress. It may trigger or worsen pain.
- To learn more: Facial Neuralgia Resources, website: www.facial-neuralgia.org or Trigeminal Neuralgia Association, 2801 South Archer Rd., Suite C, Gainesville, GA 32608; (352) 376-9955 (not toll free); website: www.tna-support.org.

MEDICATIONS

- Anticonvulsant (antiseizure) drugs are often prescribed to help relieve the pain.
- Other drugs including antidepressants, muscle relaxants, or antispasmodics may be helpful in some cases. Ordinary pain relievers are not helpful for this disorder.
- Products applied to the skin may help some patients. These include capsaicin (Zostrix) or lidocaine. Ask your health care provider before using.
- Experimental drugs are being researched and tested.

ACTIVITY

No limits. Avoid blasts of hot or cold air.

DIET

- Try to eat foods that don’t involve much chewing.
- Chew on the unaffected side.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of trigeminal neuralgia.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Special notes:

More notes on the back of this page