

Meeting of the European Academy
of Craniomandibular Disorders (EACD)
September 23–26, 2010
Naples, Italy

The main theme of the 2010 EACD meeting was pain and dysfunction with an emphasis on diagnosis and therapy. It was perfectly organized by Dr Ambra Michelotti from Naples.

The meeting was preceded by a course on complex rehabilitation problems. The course included lectures from Drs Sammartino and Zarone from Naples, Italy; Palla from Zurich, Switzerland; Jokstad from Toronto, Canada; Preti from Turin, Italy; and Klineberg from Sydney, Australia.

The first day of the 2010 EACD meeting was devoted to jaw and body movement disorders. It started with a lecture by Dr Frank Lobbezoo from Amsterdam, The Netherlands, who talked about orofacial pain, oral movement disorders, and dementia. His presentation included a systematic assessment of the literature on orofacial pain diagnosis in patients suffering from cognitive impairment or dementia, since little information is available in the literature on how to assess orofacial and/or dental pain in these patients. Dr Lobbezoo suggested the development of a specific tool for assessment of orofacial pain in this vulnerable patient population. Dr Merete Bakke from Copenhagen, Denmark, talked about the efficacy of botulinum toxin for the treatment of oromandibular dystonia and bruxism. The lecture dealt with dysfunctional problems in the orofacial area caused by local or general diseases, including dystonia and spasticity, treated with injections of botulinum toxin that may also be a treatment option for painful, benign masseter hypertrophy, and for recurrent dislocations of the temporomandibular joint (TMJ). Dr Guido Macaluso from Parma, Italy, talked about the management of bruxing patients in dental practice. Bruxism may have harmful consequences on the stomatognathic apparatus by causing damage to teeth, prosthetic restorations, and dental implants. Dr Macaluso discussed various aspects of bruxism, including movement, consequences, and comorbidity, and presented possible treatment modalities for bruxism, such as oral appliances, mandibular repositioning appliances, pharmacotherapy, and cognitive-behavioral therapies. Dr Jaques van der Zaag from Amsterdam, The Netherlands, talked about

rehabilitation in patients with severe dental wear and presented a conservative treatment approach as well as a dynamic treatment sequence for this group of patients.

In the afternoon, Dr Sandro Palla from Zurich, Switzerland, discussed parafunction and possible overload of the stomatognathic system. The presentation included recent insights into the behavior of the masticatory system during different parafunctional activities. Dr Alain Woda from Clermont-Ferrand, France, talked about the clinical implications of mandibular posture and discussed the relevant literature on this subject. Also, Dr Chiarella Sforza from Milan, Italy, talked about a related issue, namely, the way in which pain affects body movements and posture. Dr Sforza presented data on the movements of mimetic muscles and TMJ condyle rotation and translation in normal subjects (of different ages) as well as in patients with facial nerve alterations, TMJ problems, and skeletal and dental imbalances. Dr Giuseppe Perinetti from Trieste, Italy, presented up-to-date knowledge on posturography (the correlations between the stomatognathic system and body posture) and concluded that the current evidence does not support its usefulness as a diagnostic aid in dentistry.

The second day of the meeting was devoted to language, body, and body language. Dr Paul Pionchon from Clermont-Ferrand, France, talked about the narrative-based approach in the management of orofacial pain patients. According to Dr Pionchon, it is possible with narrative methods for the pain practitioner to focus his/her attention on the patient and by offering his/her whole self towards healing to get back into the human dimension of medical experience. Dr Giovanni Mauro from Parma, Italy, presented the diffusion model of pain language and quality of life in orofacial pain patients. He reviewed the characteristics of pain language and quality of life in orofacial pain patients and in temporomandibular disorder (TMD) patients and showed how an overlap exists between the pain neuromatrix and the language neuromatrix. The lecture included a discussion on the McGill Pain questionnaire, gender and cultural differences in

pain language, and pain language as placebo. Dr Thomas List from Malmo, Sweden, presented a review of systematic reviews concerning management of TMD. His conclusion was that there is some evidence that the following can be effective in alleviating TMD pain: occlusal appliances, acupuncture, behavioral therapy, jaw exercises, postural training, and some pharmacological treatments. Evidence for the effect of electrophysical modalities and surgery is insufficient, and occlusal adjustment seems to have no strong evidence-based effect. Dr Anton De Wijer from Nijmegen, The Netherlands, discussed physiotherapy in TMD patients with regard to communication and emphasized that practice skills in communication are important to judge the different factors contributing to a patient's disability. Or, as expressed by a quote of G. Engel: "They (the patients) need to know and understand and they need to feel known and understood."

The meeting concluded with a session on pharmacological and clinical approaches to chronic and neuropathic pain. Dr Michele Mignogna from Naples, Italy, presented a lecture on oral complaints and other unexplained medical symptoms in orofacial pain patients. The lecture presented results of a study on the prevalence of unexplained extraoral symptoms in burning mouth syndrome (BMS) patients which showed that a large number of these patients are additionally afflicted with other somatic extraoral comorbidities. Dr Dominik Ettlin

from Zurich, Switzerland, presented the evolving understanding of cerebral cortical aspects of orofacial pain. Dr Ettlin presented data from studies in which electric stimuli were applied to maxillary teeth while online ratings of perceived pain intensity were recorded during functional magnetic resonance imaging measurements. The findings were discussed in the context of pertinent pain research from other groups. Dr Antoon De Laat from Leuven, Belgium, talked about current and future perspectives on the pharmacological treatment of chronic orofacial pain. Dr De Laat presented recent research on the role of sodium and calcium ion channels that regulate membrane potentials or generate action potentials, and the new receptors that have been identified. The last lecture was presented by Dr Sebastiano Maffettone from Rome, Italy, who presented a philosophic perspective regarding communication and pain.

The entire meeting was characterized by high-level presentations, a vivid participation of professionals, interesting and stimulating discussions, and excellent organization. It undoubtedly contributed significantly to our understanding of pain, dysfunction, diagnosis, and therapy mechanisms in TMD and orofacial pain.

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