

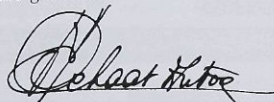
The Way Forward

Over the past decade, major advances have been made in our understanding and in the management of orofacial pain. New techniques for diagnosis and suggestions for treatment for the pain and dysfunction have emerged from basic research and have found their validation in clinical studies. This era has been characterized, for example, by a shift in the view that was held of the development of temporomandibular disorders and related pain: away from mechanistic dogma and idealized concepts on how teeth should fit together, to insights into the origins of pain and the pathophysiology of muscle and joint function. In addition, thanks to the efforts of many groups, a start has been made in defining better the subgroups of pain disorders in the orofacial area, based on testable and reliable criteria.

Many of these beneficial developments are also the result of improved communication between the dental community and other medical disciplines: over many years, dentistry had developed its own curricula, its own terminology, its own scientific literature, and its own congresses. Without denying the special situation of the masticatory system in many respects, this "isolation" was associated with a lack of implementation in the orofacial area of new findings concerning pain, muscle and joint physiology, and treatment approaches. Through the efforts of the dental research community, which felt the need for bridging the gap between basic science and clinical application (see Editorial, Volume 11, Issue 1, 1997) and which was exposed to other research in motor and sensory physiology, dentistry gained a presence within scientific societies dealing with pain. Orofacial pain gradually took its place within the congresses, the journals, and the organizations, and dentistry was eventually considered a respected partner in the field of pain diagnosis

and management. The interaction between the different medical disciplines has led to the implementation of additional new knowledge into our field and to improvements in research design and the interpretation of clinical research data. We are grateful to the initiators and players in this process.

This journal is one of the "mirrors" of these developments: thanks to the efforts of many reviewers and coworkers, we try to maintain and encourage high standards in the research that is presented. In addition, critical reviews and commentaries provide the readership with enough background to judge whether new insights and suggestions are ready to be applied in their daily work. Another result of the improved communication and cooperation between dentistry and the other medical disciplines is the increasing number of dental colleagues taking major responsibilities in regional or national pain societies. During the recent Ninth World Congress of Pain, organized by the 7,000-member International Association for the Study of Pain (IASP), this development reached a summit by the installation of our Editor-in-Chief, Barry Sessle, as the new president of the IASP. Barry deserves this honor as an acknowledgment of his enormous contributions to pain research, especially in the trigeminal area, and of the communication and organizational skills he has applied to the dental and medical community over the years. We owe him our congratulations and gratitude.



Antoon De Laat, LDS, GHO
Associate Editor