

Litigation and Chronic Facial Pain

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Clinical studies have suggested that the presence of litigation in chronic pain syndromes may complicate diagnostic and treatment strategies. In addition, psychosocial factors may be prevalent in such cases. The present study explored the possible correlation in the facial pain population between patients in litigation and psychological disturbance as measured by the Minnesota Multiphasic Personality Inventory. Beck Depression Inventory and Wahler Symptom Checklist scores also were compared. One hundred eleven patients diagnosed with chronic facial pain were asked if they currently were involved in litigation related to their medical complaints. The result revealed that 18% of the 111 patients were in litigation at the time of their initial visit. The Minnesota Multiphasic Personality Inventory profiles showed that 45% of the litigation patients had four or more clinical scales above 70 (significantly elevated) on the Minnesota Multiphasic Personality Inventory. In contrast, only 18% of the patients who were not in litigation had four or more scales above the 70 criteria. Beck and Wahler scores also were more elevated for the litigation group. The results of the study indicate that chronic facial pain patients in litigation may present with more psychological disturbance as compared to those patients not in litigation.

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It has been suggested that the presence of litigation in chronic pain syndromes may complicate diagnostic and treatment strategies.¹⁻⁴ Previous research has indicated that psychosocial factors may be prevalent in such cases. Sternbach⁵ reported that patients with pending litigation had more elevated MMPI profiles than patients with no pending litigation. However, several studies have found no relationship between levels of psychological disturbance and litigation.^{6,7} While Friction⁸ reported that 8% of facial pain patients taking the IMPATH were in litigation, no correlation with psychological disturbance was made. Previous studies have utilized a variety of personality evaluation devices, including psychological inventories, in an attempt to characterize the facial pain patient.⁹⁻¹¹ However, no studies have reported on the correlation between the litigious facial pain patient and psychological disturbance.

The present study explored the possible correlation in the facial pain population between patients in litigation and psychological disturbance as measured by the Minnesota Multiphasic Personality Inventory (MMPI).¹² Facial pain patients in litigation were compared with facial pain patients not in litigation. The Beck Depression Inventory (BDI) was also administered to both the litigious and nonlitigious facial pain patients. Scores on both the MMPI and the BDI were compared for possible correlation with litigation. In addition, the Wahler Symptom Checklist scores were compared between the two groups. The Wahler score measures the

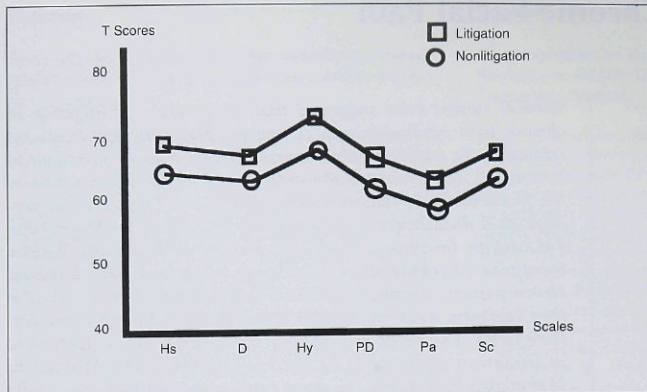


Fig 1 MMPI profile comparing patients in litigation with those not in litigation. (Scales: Hs = hypochondriasis; D = depression; hy = hysteria; PD = psychopathic deviance; Pa = paranoia; Sc = schizophrenia).

degree to which patients emphasize various physical complaints. It was hypothesized that patients in litigation would score higher on all psychological tests administered as compared to those facial pain patients not in litigation.

Materials and Methods

Subjects

The subjects were 111 patients seeking consultation and care at the University of Pacific Dental School's Facial Pain Center. All patients recorded pain as a chief complaint, with symptoms of a 6-month or more duration. At the time of their diagnostic workup, the patients were asked if they currently were involved in litigation related to their medical complaints.

Procedure

All subjects in this study were evaluated in a similar fashion. The diagnostic workup included procurement by the attending dentist of a medical history, clinical examination of the head and neck, and evaluation of the cranial nerve function. A psychiatric interview and psychometric evaluation utilizing the MMPI, BDI, and Wahler were administered to each patient. Patients who reported as being in litigation (n = 20) were compared to those patients not in litigation (n = 91). The psychological testing was administered during the initial diagnostic workup.

Table 1 Scores and Litigation Status of Subjects*

Test/scale	In litigation (18%)	Not in litigation (82%)	Significance level
Hysteria MMPI	71.8	66.2	0.0001
Paranoia MMPI	62.2	57.1	0.035
4 or more scales above 70 (+ score)	45%	18%	0.036
Beck Depression Inventory	12.35	9.86	NS**
Wahler Symptom Checklist	62.35	53.49	0.05

*N = 111
 **NS = nonsignificant.

Results

The results revealed that 18% (20 patients) of the 111 patients were in litigation at the time of their initial visit. The MMPI profile showed a significant difference between patients in litigation and those not in litigation (Fig 1). The Hysteria and Paranoia scales were significantly higher for those patients in litigation. The MMPI profiles also showed that 45% of the litigation patients had four or more scales above the 70 level (significantly elevated) on the MMPI, which is evidence of possible psychopathology. In contrast, only 18% of the patients who were not in litigation had four or more scales above the 70 criteria (Table 1).

In regard to the BDI, litigation patients scored higher than nonlitigation patients, although this difference was not statistically significant. The

Wahler Symptom Checklist scores were significantly higher for the litigation group as compared to those for the facial pain patients not in litigation (Table 1). The Wahler scale measures the patient's tendency to endorse various somatic complaints. Thus, all psychological inventories administered revealed a trend of more elevated scores for those facial pain patients in litigation as compared to nonlitigation patients.

Discussion

Previous research has been inconclusive on the relationship between litigation and psychological disturbance within the chronic pain population. Some previous studies have suggested a positive relationship between psychological disturbance and the litigious pain patient. In contrast, other studies have found no correlation between litigation and psychological disturbance in the chronic pain population. No definitive studies have been reported with those patients suffering from facial pain. The results of the present study suggest that facial pain patients involved in litigation may present with more contributing psychosocial factors. This in turn may complicate not only diagnosis, but treatment procedures and outcome. Future research studies should separate the litigation patients into personal injury and Workers' Compensation categories. It may be desirable to further define categories of facial pain patients as to specific diagnosis.¹¹

Finally, it may be inferred from this study that practitioners treating chronic facial pain may need to utilize more in-depth psychological evaluation of patients who are involved in the litigation process. The results of the study indicate that chronic facial pain patients in litigation may present with more psychological disturbance as compared to

those patients not in litigation. Chronic facial pain patients often need an interdisciplinary diagnosis and treatment approach. In cases of litigation, it may well be essential.

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Resumen

Dolor facial crónico en personas que tienen pleitos de tipo legal.

Los estudios clínicos han indicado que la posibilidad de tener un pleito de tipo legal en casos de síndromes de dolor crónico puede complicar las estrategias de diagnóstico y tratamiento. Además, los factores psicosociales pueden ser prevalentes en tales casos. El presente estudio exploró la posible correlación existente en una población que sufría de dolor facial; específicamente en pacientes que tenían pleitos legales, y que padecían de disturbios psicológicos, de acuerdo a las medidas obtenidas por medio del inventario de Personalidad Polifásico de Minnesota. También se compararon los puntajes del Inventario de Depresión de Beck y la Lista de Verificación de Síntomas de Wahler. Ciento once pacientes diagnosticados con dolor facial crónico fueron interrogados; se les preguntó si estaban envueltos en pleitos relacionados a sus problemas médicos. Los resultados revelaron que el 18% de los 111 pacientes estaban envueltos en algún pleito durante su visita inicial. De acuerdo al Inventario de Personalidad Polifásico de Minnesota, el perfil del 45% de los pacientes envueltos en pleitos correspondía a cuatro o más escalas clínicas arriba de 70 (significativamente elevadas). Por otro lado, sólo el 18% de los pacientes que no tenían pleitos tenían cuatro o más escalas arriba de 70. Los puntajes de Beck y Wahler también estaban más elevados en el grupo de personas con pleitos. Los resultados de este estudio indican que los pacientes con dolor facial crónico y que están envueltos en pleitos pueden presentar más disturbios psicológicos en comparación a aquellos pacientes que no tienen pleitos.

Zusammenfassung

Rechtsstreit und chronische Gesichtsschmerzen.

In klinischen Studien wurde festgestellt, dass Rechtsstreitigkeiten ein chronisches Schmerzsyndrom in Diagnostik und Therapie erschweren können. Ausserdem kann die Prävalenz psychosozialer Störungen in solchen Fällen erhöht sein. Die vorliegende Studie untersuchte den möglichen Zusammenhang zwischen Patienten in Prozessen und psychologischen Störungen — gemessen mit dem Minnesota Multiphasic Personality Inventory — in einer Population mit chronischen Gesichtsschmerzen. Ergebnisse aus dem Beck Depression Inventory und der Wahler Symptom Checklist wurden ebenso in die Untersuchung einbezogen. 111 Patienten mit chronischen Gesichtsschmerzen wurden befragt, ob sie gegenwärtig in einen Prozess verwickelt seien im Zusammenhang mit ihren medizinischen Problemen. 18% der 111 Patienten standen zum Zeitpunkt ihres ersten Besuches in einem Prozess. Das Minnesota Multiphasic Inventory-Profil liess erkennen, dass 45% der prozessierenden Patienten in mindestens vier der klinischen Skalen Werte von 70 erreichten, also signifikant erhöht waren. Demgegenüber zeigten nur 18% der Patienten, die nicht prozessierten, Werte über 70. Beck- und Wahler-Test brachten für die prozessierende Patientengruppe erhöhte Werte. Die Resultate der Studie zeigen, dass Patienten mit chronischen Gesichtsschmerzen, die in einem Prozess stehen, mehr psychologische Störungen aufweisen, als solche die nicht prozessieren.