

# **2527 Orofacial Pain and Quality of Life in Elderly Chinese People**

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There is little information on the nature and impact of orofacial pain (OFP) in elderly southern Chinese people in Hong Kong. Objectives: To determine OFP characteristics, related disability and effect on quality of life (QoL) in elderly community dwelling Chinese people with OFP symptoms. Methods: A cross-sectional, case-control design using HKU's Family Medicine Unit (FMU) as the sampling frame. Initial contact was made by telephone with registered elderly patients to explore whether they had recent OFP symptoms, then invite participation in the study. At the FMU, standard questions were asked about OFP symptoms in the previous month and the OHIP-14, GHQ-12 and pain-related disability questions were administered prior to a standard clinical examination. Results: 95 people with OFP and 100 matched controls without OFP participated (age 55-74 years; 88 males, 107 females). The mean number of pain symptoms per subject was 2.3 (SD=1.7), with toothache the most common symptom (58.9%) and shooting pain across the face the least (6.3%). More than half described moderate to severe OFP. The prevalence of neurological/vascular (NV), musculoligamentous/soft tissue (MST) and dentoalveolar (DA) OFP diagnostic subtypes was 35.8, 33.7 and 30.5% respectively. The mean OHIP-14 summary score was significantly higher in OFP subjects (9.9 [SD=9.7]) than controls (2.9 [SD=4.8]) [ $P<0.001$ ] and significantly higher in MST (12.1 [SD=10.6]) and DA subtypes (13.2 [SD=9.7]) than the NV sub-type (5.1 [SD=6.6]),  $P<0.001$ . GHQ summary scores of  $\geq 4$ , indicating greater psychological distress, were more common in OFP subjects than controls (11.6 vs 5.0%,  $P=0.009$ ). 19.8% of OFP subjects indicated that their condition interfered with daily life activities and in 9.1% it affected ability to work. Conclusions: General and oral aspects of QoL appeared to be substantially impaired in elderly Chinese people with OFP. MST and DA pain sub-types had the greatest adverse impact on oral QoL. Supported by CRCG-HKU

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