



Qualitative exploration of the experience of seeking healthcare for Orofacial Pain (TMD) patients

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P9

Background

Temporomandibular joint dysfunction (TMD) encompasses a group of musculoskeletal and neuromuscular conditions that involve the temporomandibular joints (TMJs), the masticatory muscles, and all associated tissues (Greene CS1, 2010) with a prevalence of approximately 5%-12% in adults population (I.K. Crombie, 1999; Schiffman E, 2014).

Epidemiological studies on TMD have been done in several countries worldwide and TMD pain appears to be 1.5 - 2 times more common in women than men (Michael Von Korff, 1988; LeResche L, 1997) and occurs in young and middle-aged adults (Michael Von Korff, 1988; LeResche L, 1997; Lipton JA, 1993), as well as children and adolescents by 4 - 7% (Wahlund K, 1998; Nilsson IM, 2005).

In Saudi Arabia TMD patients' receive care from various specialties such as: general dentist, general physician (GP), oral surgeon, prosthodontist, orthodontist, oral medicine specialist or Ear Nose Throat specialist or others. Fortunately, orofacial pain clinic has recently been available in tertiary care centers in the big cities.

Healthcare system in Saudi Arabia relies on the referral system. In this system, the patient's first contact is typically with a general physician or general dentist who assesses the patient and creates the patient's management plan. Thus, the patient might suffer until he is accurately diagnosed.

Patient navigation is a barrier-focused intervention which aims to assist patients who are completing a healthcare goal (Kristen J. Wells, 2008; Freeman HP, 1995; Dohan D, 2005).

There is evidence that patient navigation is effective in improving receipt of chronic conditions (Kristen J. Wells, 2008).

Aim

To investigate the experiences of orofacial pain (TMD) patients' in seeking healthcare services, to improve our understanding of difficulties experienced by the patients, which may help in designing effective orofacial pain (TMD) control programs and interventions to improve health outcomes among them.

Methods

A qualitative approach (face to face interviews) was used to provide in-depth understanding of the experiences of adult patients suffered from orofacial pain. 12 interviews (male= 2, Female= 10) were conducted. Their age was ranged from 19 - 57, average= 38 years. Patients were recruited from a tertiary healthcare facility after ethical approval taken.

Results

All of the study participants suffered from pain related to TMD. They sought medical help in order to get diagnosis and to relieve the pain. The majority of them navigate through many healthcare facilities until they safely arrived to orofacial pain clinic.

Results (cont.)

Through their navigation they encountered challenges to manage their pain. There were supportive and barriers factors to assist them managing their problem.

Physicians' lack of knowledge about TMD and wrong referrals are factors that prolonged patients access to the specialist. Lack of interest and misconceptions about the main cause of suffering were noticed in most of the patients as barrier factors.

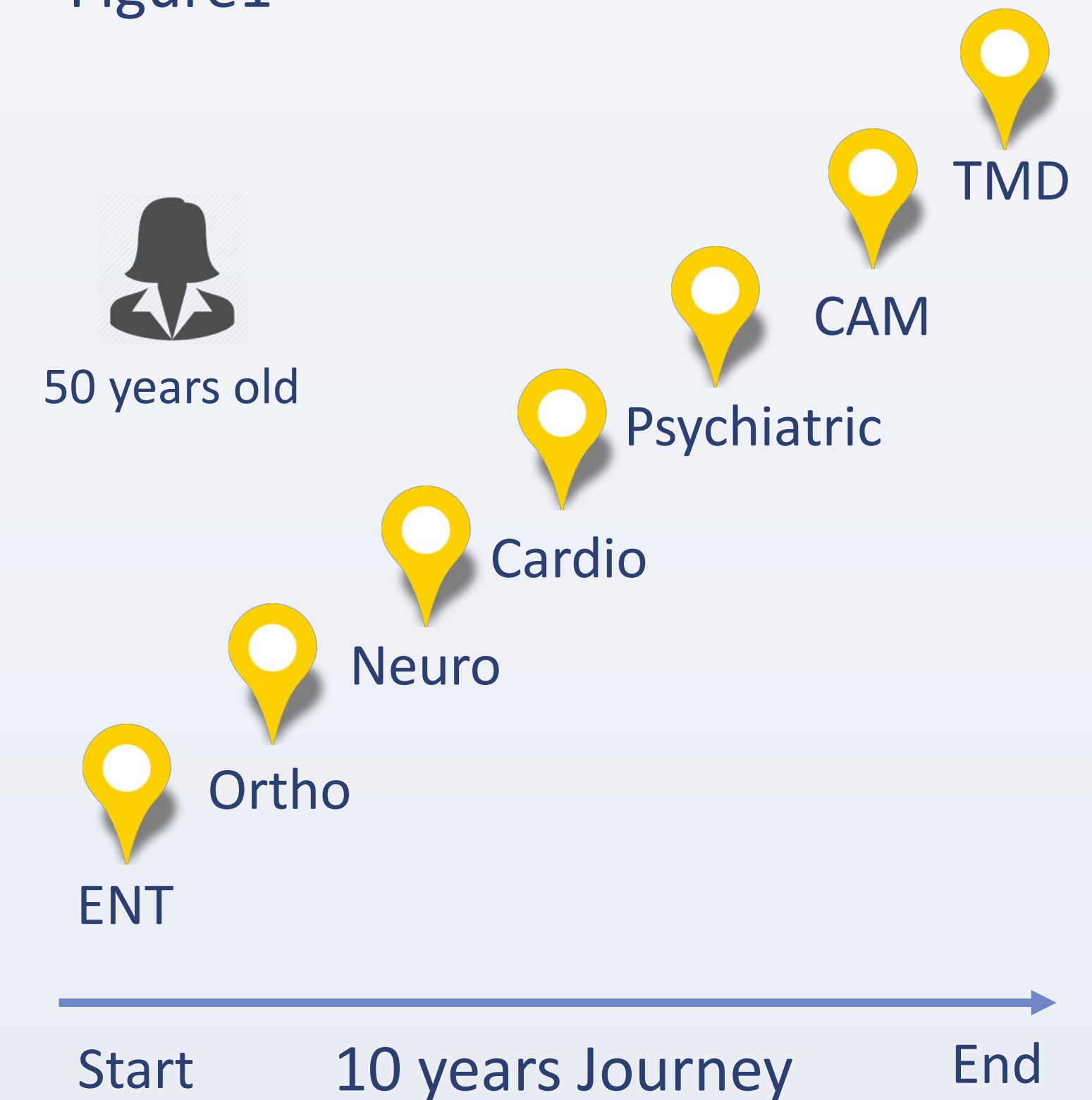
Consequences of untreated TMD such as: its effect on teeth appearance, psychological state, or on patients' state progress have considered as facilitator factors, which helped to motivate them take action and seek health care. Physicians' who were having background about TMD, have been acted an important role in helping patients receive special health care.

The most supportive factor, that patients after they reached the specialist, have been more aware of their case and its causes. Thus, helped them to be motivated to complete and adhere to their treatment plan that designed by the specialist.

Participants' years of suffering ranged between 4 months to 30 years. With an average of 10 years and a half. This variation attributed to their level of awareness, attitude toward their health problem, symptoms' severity, effects of uncontrolled TMD on their health and social life, and availability of health professionals' help.

Figure 1. shows one of the participant's journey with TMD until she reached the specialist.

Figure 1



Conclusion

According to what mentioned in Result section, increase awareness among professionals and public is crucial to help saving patients' time and reduce their pain suffering. Increase awareness (Health Education) would play a major role in preventing TMD incidences. Adjustments in referral system have to be considered.

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