



The Multidisciplinary Approach to Treating Facial Pain

Conference Video Series Questions | Live Chat

Q: Ok, having the patient try to “in-learn their pain”, that is good, ok now I see TMS (or rTMS) but what other than rTMS is being tried and how is that going regarding outcomes? — Aaron Running

A: I don't think we have any great studies about TMS yet for facial pain. I believe UCSF is running a study on this.

Q: What about the hypermobility of the atlantoaxial axis. My C2 rotates 11 degrees on dynamic CT. I have a congenital neck condition called Klippel-Feil — Vi Van

A: This is a very new area of interest for which there is not a lot of research, so I do not think I can comment.

Q: What about Eagle syndrome? — Vi Van

A: This is a cause of glossopharyngeal neuralgia, which presents as pain in the back of your throat and deep inside the ear

Q: For atypical TN, Cymbalta has nerve pain alleviating properties. I have used these with some relief for my constant pain. — Aaron Running

A: I agree this is a good medication for neuropathic pain, it is not first line for TN but can certainly be tried as second line or for atypical.

Q: Other than CBT, what about the various types of bio-feedback therapies? — Aaron Running

A: The pain psychology world is always working on developing new strategies including ACT (acceptance and commitment therapy) and Biofeedback as you noted, meditation, hypnosis and exploring the interaction between PTSD and Pain.