

## FAST FACTS: Oral Pain

The oral cavity (oropharynx) consists of the mouth, pharynx (throat), and jaw. It serves both digestive and respiratory tract functions. The teeth are the most common source of oral pain and are particularly vulnerable to the processes of aging. However, there are many other possible causes of oral pain, some are listed below. Oral pain may also be referred from other body regions and may actually be a symptom of disease in another body area.

### Possible causes of oral pain

- Dental problems: Cavities; chipped, loose, damaged teeth; food between teeth; gum disease; abscess; tooth grinding.
- Oral conditions: infections such as thrush, shingles or cold sores; cancer or tumors of the mouth or tongue; disorders of the salivary glands.
- Jaw conditions: temporomandibular joint (TMJ) syndrome; arthritis; fracture or infection; cancer or tumor.
- Pain from other causes: cardiac pain (pain in lower jaw and/or neck); sinus infection (pain in upper teeth); central post-stroke pain; persistent idiopathic facial pain (cause unknown); facial pain attributed to multiple sclerosis; burning mouth syndrome.

### Assessment

Consider using one of these assessment tools:

The Oral Health Assessment Tool (OHAT) and Oral Health Assessment of Older Adults

The Kayser-Jones Brief Oral Health Status Exam (BOHSE)

- Characteristics of the pain (e.g. onset, acute vs. chronic, location, radiation, chemotherapy; precipitating factors).
- Associated symptoms: fever, weight loss, unable/unwilling to eat, fatigue, chest pain, shortness of breath, halitosis.
- Swelling around the jaw line or neck, not eating or chewing, facial grimace.
- Examine mouth and throat, using an adequate light source. Assess condition of:
  - The oral cavity (lips, gum line, oral mucosa, and tongue): The oral cavity should be pink, moist, and intact.
  - The presence or absence of natural teeth and/or dentures: Natural teeth should be intact and dentures (partial or full) should fit comfortably and not be moving when the older adult is speaking.
  - Ability to function (speak, chew and swallow) with or without natural teeth and/or dentures.
  - Difficulty swallowing.

### Interventions

- Dental care for older adults requires attention to their physical and medical conditions.
- Ask if the older adult has a dentist. If not make a referral to one.
- Consult a pharmacist to determine if any of the older adults medications contribute to poor dental health.
- Educate on proper tooth care, flossing, biannual dental appointment for teeth cleaning.
- Use a new toothbrush at least every 3 months.
- Pharmacologic: non-opioid, various mouth wash prescriptions.

- Non-pharmacologic: oral hygiene including tongue and lips, soft foods, avoid spicy or acidic foods if these worsen symptoms; relaxation techniques; distraction, e.g. reading, TV, activities, music, etc.
- Reassessment frequently.

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## References

Chalmers JM, King PL, Spencer AJ, Wright FA, Carter KD. The oral health assessment tool--validity and reliability. *Aust Dent J*. 2005 Sep;50(3):191-9. doi: 10.1111/j.1834-7819.2005.tb00360.x. PMID: 16238218.

Kayser-Jones, J., Bird, W.F., Paul, S.M., Long, L., & Schell, E.S. (1995). An instrument to assess the oral health status of nursing home residents. *The Gerontologist*, 35(6), 814-824. Figure 2, p. 823.

Leung KC, Chu CH. Dental Care for Older Adults. *Int J Environ Res Public Health*. 2022 Dec 23;20(1):214. doi: 10.3390/ijerph20010214. PMID: 36612536; PMCID: PMC9819414.

[Try This General Assessment 18.pdf \(hign.org\)](#) Oral Health Assessment of Older Adults: The Kayser-Jones Brief Oral Health Status Examination (BOHSE).

## Resources for clinician Geriatric Oral Health Education

Geriatric oral health: Smiles for life oral health. Smiles for Life Oral Health | A national oral health curriculum. (2023, January 13). <https://www.smilesforlifeoralhealth.org/courses/geriatric-oral-health/>.

Gerialearning. Iowa Geriatric Education Center - The University of Iowa. (n.d.). <https://igec.uiowa.edu/gerialearning>.