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LETTER TO THE EDITOR

Burning mouth syndrome is an oral disease connected to emotions

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ABSTRACT

Burning mouth syndrome presents several challenges, which involve the ignorance of the disease and the psychological and economic barriers for the patients who suffer from it. This letter has a reflection on how the syndrome is related to emotions.

KEY WORDS:

Burning mouth syndrome; Facial pain; Emotions; Oral medicine.

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Dear Editor,

I am thinking about how feelings are intimately related to general health, and in particular, to oral health. I am a dentist, and I am dedicated to the field of oral medicine. On Thursdays, I go to my private practice after my work at the University of Talca (Chile). During these days, I come across strange oral diseases. At the time of this writing, something amazing happened to me. I have been giving the same diagnosis for several weeks: burning mouth syndrome (BMS).

According to the Headache Classification Committee of the International Headache Society, BMS is a recurrent intraoral burn experienced for more than 2 hours every day for more than 3 months without a clinical cause[1]. The most frequently affected area is the tip of the tongue. Patients say that the sensation is similar to that of burning caused by a hot liquid, such as a soup, tea or coffee. Imagine how that feeling experienced for several months or years would feel, and most of the time, it has no cure.

In cases like this, dental exams recede into the background since conversation becomes the protagonist. Patients are usually postmenopausal women of middle age and older who bears some manifestation of anxiety, stress or depression triggered by their environment.

The facts and life experiences reported by BMS patients include situations that dentists are not accustomed to hearing. In addition, frustration accumulates from visits to many specialists who have failed to make the correct diagnosis.

I incorporate this question into my clinical routine: are you happy? So far, none of my BMS patients have answered yes. The literature says that psychological and emotional factors, personality characteristics or life events cannot be directly considered causes of this syndrome. However, psychosocial factors could perpetuate this condition once its symptoms have been established[2]. This is critical since BMS patients have to accept professional support from a psychologist and, eventually, a psychiatrist to bring emotional balance. Two treatment options that seem to help relieve BMS symptoms are cognitive behavioral therapy and the use of topical clonazepam (on the tongue)[3].

BMS is a complex condition for a dentist to treat. First, the dentist must convince the patient to seek psychological or psychiatric support so that he or she will learn to see the world differently (most patients resist). There is a need to talk about people's emotional and mental health. In Chile, it is a taboo subject. People believe that psychological and psychiatric therapies are for the "crazy". That must change. If a patient does dare to seek attention, then he or she must face its high costs. The price of a month of psychological support can reach 120,000 Chilean pesos (~127 USD), in a country where the average retirement pension is 193,000 Chilean pesos (~204 USD). This is a true social problem.

Second, the dentist must convince a colleague from another area of specialization to form a team with him or her to help the patient return to a state of complete balance. I can say with certainty that my medical colleagues do not know about BMS. As an academic and practitioner, I am determined to change this. This text represents a step in that direction.

Oftentimes, oral health is separate from general health. But in BMS, the relationship between oral health and general health is extremely close. BMS is anchored in emotions, and its good prognosis largely depends on the recovery of the patient's happiness.

CLINICAL RELEVANCE

An effective treatment of burning mouth syndrome is related to the recovery of happiness.

COMPETING INTERESTS

The author declare no competing interest.

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References

1. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018;38(1):1-211. doi: 10.1177/0333102417738202.
2. Jaaskelainen SK, Woda A. Burning mouth syndrome. Cephalalgia. 2017;37(7):627-47. doi: 10.1177/0333102417694883.
3. Zakrzewska J, Buchanan JA. Burning mouth syndrome. BMJ Clin Evid. 2016;2016:1301.