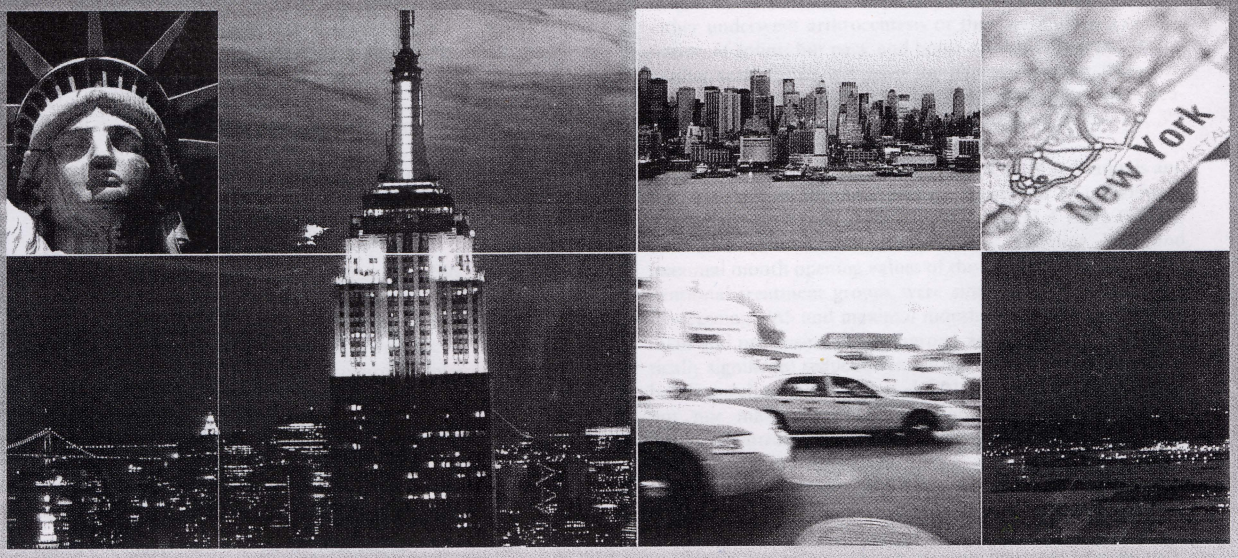
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ance, to learn about pain assessment correlated to pain care management.

Methods: 519,821 total VAS measurements of all population were statistically analyzed at day 1 (before operation), day 2, average of day 3 to 10, and last day. The VAS were observed for every patient during its hospitalization, and for all the patients compared between internal, surgery and oncology departments.

Results: More than half million enteries representing 167,000 patients' electronic data reagrding pain assessment during the years 2003–2007 were retrospectively retrieved. 159,162 hospitalizations from the sample, and VAS measures were taken from 85,470 patients. Total of moderate to sever pain was at 69,704 patients. Data showed VAS decline over the time of pain management. We indicated a significant reduction of VAS during the hospitalization days, and a significant correlation between the department segregation and VAS procedure and reduction.

Conclusion: The pattern of average pain change and stabilized a VAS reduction was seen as a pattern during 5 years. Using systematic guidelines to manage daily pain, decentralization, and authorizing departmental nurses to treat pain injunction with physicians clearly shows the contribution.

PA104 DEVELOPMENT OF A MULTIDISCIPLINARY NEUROMODULATION SERVICE FOR CHRONIC PAIN PATIENTS IN NEWCASTLE UK

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Background and Aims: The chronic pain nurses in Newcastle U.K. have developed a comprehensive neuromodulation service to meet the needs of the patients who are referred for chronic pain management.

The service is multidisciplinary and has over 250 patients with a permanently implanted neuromodulation system. The aims of the service are to improve the patient information and understanding; follow an agreed pathway of care and educate ward and theatre nursing staff in neuromodulation devices.

Methods/implementation: The Clinical Nurse Specialists have developed a comprehensive educational programme for both patients and staff, we now have written information and educational group sessions for patients prior to implantation.

We have also developed a pathway of care and a follow up service for all trials and permanent implants.

Results: Audit has demonstrated a high level of patient satisfaction with the service, also an improvement in patients understanding and expectations of the device. This has led to more appropriate decisions being made regarding patients long term care.

We also have a research project underway to examine the effects of neuromodulation on patients pain and quality of life. The nursing initiatives have lead to a more comprehensive service with better interdisciplinary team work and patient management.

Conclusion: The nursing developments for neuromodulation have transformed the service to a streamlined, patient centred service. Offering accurate, understandable information. A full follow up service and a robust nurse education programme has been implemented. This has improved the service we offer to patients and contributed to positive outcomes.

PA105 ARTHROCENTESIS VS CONVENTIONAL METHODS IN THE PAIN AND FUNCTIONAL STATUS OF THE PATIENTS WITH TEMPOROMANDIBULAR DISC DISPLACEMENT WITHOUT REDUCTION

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Aim: To compare the short- and mid-term results of arthrocentesis and conventional treatment (splint, heat and exercise) in patients with early temporomandibular joint (TMJ) disc displacement without reduction (DDw/oR).

Methods: One-hundred-twenty consecutive patients, who had been followed by a multidisciplinary TMJ unit with the diagnosis of DDw/oR were enrolled in the study. Patients either underwent arthrocentesis or they were given a combination of splint, hot pack and home exercise program. Visual analog scale (VAS) was used for pain assessment. Maximal mouth opening, lateral movement and protrusion were measured. Repeat measurements were performed on the 1st, 3rd, and 6th months following treatments.

Results: Arthrocentesis group consisted of 54 individuals and the conventional treatment group consisted of 56 individuals. The mean age values of the groups were 33.4 years (15–63) and 34.8 years (17–61), respectively. Baseline VAS and maximal mouth opening values of the arthrocentesis and conventional treatment groups were similar (P values > 0.05). Concerning VAS and maximal mouth opening, lateral movement and protrusion the intragroup analyses showed a statistically significant reduction in both groups when compared to baseline values (all P values < 0.01). Regarding VAS values, but not maximal mouth opening, the difference values between control and baseline measurements were significantly higher in the arthrocentesis.

Conclusion: We imply that early treatment either with conservative methods or with arthrocentesis is beneficial in DDw/oR. However, arthrocentesis seems to be superior with respect to pain management. Therefore, arthrocentesis may be indicated in patients where painful complaints do overwhelm despite other conservative treatments.

PA106 EFFECTS OF HYPNOSIS ON DENTAL PAIN THRESHOLD. PRELIMINARY REPORT

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Background and Aims: Hypnosis may decrease pain perception in dentistry, but no quantitative data are available. The aim of this study was to check the effects of hypnosis on dental pain threshold.

Methods: Fifteen healthy subjects (four males and 11 females, age 28 ± 4.6 years) were submitted to the study. The study was approved by our local ethical committee and the informed consent was obtained. The subjects underwent hypnosis, with suggestions of eminattention and analgesia of the right low

arch. The pain threshold of the first premolar of the jaw was bilaterally measured, using a Digitest electric pulp tester (Parker, Farmingdale, U.S.A.). The statistical analysis was conducted with ANOVA, *t*-test for paired data, χ^2 and Fisher's exact test.

Results: The basal pain threshold was 14.2 ± 5.2 mA in the right side and 11.6 ± 4.9 in the left side. During hypnosis the pain threshold increased to 39.3 ± 21.9 in the right 1st premolar ($P < 0.001$) and 20.7 ± 12.9 mA in the left one ($P < 0.02$). The difference between the two sides was also significant ($P < 0.001$). In the posthypnotic phase, the pain threshold was 19.7 ± 10.0 in the right side ($P = 0.06$) and 12.2 ± 5.2 in the left side (ns).

Conclusions: Hypnosis yields a significant increase of dental pain threshold: part of this increase is nonspecifically related to deep relaxation and distraction, while the suggestion of localized anesthesia strongly increases the pain threshold. The latter may partly persist in the posthypnotic phase, but posthypnotic analgesia is to be confirmed in further study on larger samples.

PA107 MICROVASCULAR DECOMPRESION (MVD) IN TRIGEMINAL NEURALGIA (TN) TREATMENT

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Aim: Optimization of treatment for patients with TN.

Methods: 195 patients with TN underwent MVD from 1997 till 2007. 158 patients had classic TN signs and 37 patients had atypical TN signs.

High-resolution MRI in 3D SPRG GAD regimen is used for trigeminal nerve and adjacent vessels imaging.

Results: Ninety-five percent of "classic" TN subgroup had complete pain relief in a year after surgery, 3% had incomplete (over 70%) pain relief, 2% had no relief; 3 years after surgery: 82, 11, and 7%, correspondingly.

76% of "atypical" TN subgroup had complete pain relief in a year after surgery, 18% had incomplete pain relief, 6% had no relief; 3 years after surgery: 64, 24, and 14%, correspondingly.

Paroxysmal pain component regressed at all the patients but constant (burning) pain component often remained, which prevented patients from evaluating the treatment results as "excellent". Anamnesis analysis showed that all the "atypical" TN patients had gone destructive procedures more than once, which led to posttraumatic trigeminal nerve neuropathy. Thus, "atypical" trigeminal neuralgia can be regarded as a combination of "classic" trigeminal neuralgia (which patients had initially) and posttraumatic neuropathy. After MVD neuralgia regressed but neuropathic manifestations often remained, which left incomplete patient satisfaction with treatment results.

Conclusion: Treatment results analysis in different TN patients subgroups let us recommend the early use of MVD as a primary surgical technique before any destructive procedure.

PA108 EAGLE'S SYNDROME - INCIDENCE, EVALUATION & MANAGEMENT

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Aims: To evaluate the incidence and management of this lesser known syndrome in our population.

Methods: Retrospective study from January 2007–December 2007. Twenty patients reported to our clinic with symptoms of neck pain radiating to ipsilateral ear, increase on yawning, foregn body sensation in throat etc. Diagnosis confirmed radiologically and CT Scan.

In 12 patients Glossopharyngeal nerve block/Styloid process block given using local anaesthetics and steroids on multiple sitting.

Results: Twelve patients had satisfactory pain relief with blocks. Three of this category had to undergo surgery. Five patients did not opt for blocks went straight away for surgery.

Out of eight operated four had complete pain relief, one had relief after 3 months, two continue to have pain.

Conclusion: This syndrome is less known and underdiagnosed in our set of patients. Awareness led to treatment of such patients attending various other clinics.

PA109 TREATMENT OF BURNING MOUTH SYNDROME (BMS) WITH MAGNESIUM HYDROXIDE SUSPENSION

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Background and Aims: BMS, or stomatodynia, is a chronic condition affecting 0.7 to 4.6% of the population. Treatment approaches are stochastic, reflecting its recalcitrant nature. Given such treatment failures, an antediluvian folk treatment, gargling with magnesium hydroxide suspension (MOM) was entertained.

Methods: Five patients with chronic, medication-resistant BMS were instructed to gargle with a concoction of 2 teaspoons MOM in 1/2 cup of water 2 times per day and record, on a 10-point analog scale, BMS severity.

Results: Three of the five patients displayed improvement with this approach.

Case 1: A 70-year-old male with 1 year of idiopathic BMS, xerostomia, phantageusia, dysgeusia, and hypogeusia. With MOM, BMS improved from level 4 to 1.

Case 2: A 55-year-old female with 5 years of levofloxacin-induced BMS, metallic phantageusia, and sweet hypogeusia. MOM decreased burning from level 3 to 2.

Case 3: A 43-year-old female with 4 years of inhalational zinc-induced BMS, salty dysgeusia, and bitter and sweet phantageusia. MOM caused no change, remaining level 2.

Case 4: A 57-year-old male with 6 years of idiopathic BMS and metallic phantageusia. MOM reduced burning from level 4 to 3.

Case 5: A 59-year-old female with 6 years of antibiotic-induced BMS, salty dysgeusia, metallic phantageusia, and hypogeusia. The BMS remained level 9, without response to MOM.

Conclusion: Coating the tongue with MOM may stimulate large touch and taste receptors, inhibiting small unmylenated nerve pain receptor fibers and associated pain.

MOM deserves further study for palliative relief of this chronic condition.

PA110 EVALUATION OF ANTIHYPERALGESIC EFFECT OF CURCUMIN ON FORMALIN INDUCED OROFACIAL PAIN IN RAT

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Objective: The effect of Curcumin, the bioactive component of turmeric (Curcuma longa, Linn.) has not been evaluated in formalin—induced orofacial pain and its interaction with non steroidal antiinflammatory drugs in this condition is available in literature till date. Formalin injection to the vibrissal pad of rats produces pain mimicking that of typical human orofacial pain. Hence, the present study was planned.

Methods: Adult Wistar rats were injected 50 µL of 5% v/v subcutaneous formalin into one vibrissal pad and consequent facial grooming behaviour was monitored. Animals exhibited two distinct periods of nocifensive grooming: