

Oral DRS Manual

Tokyo Medical and Dental University
Oral Dysesthesia Rating Scale

The Oral DRS is designed to evaluate the severity of various types of oral dysesthesia symptoms and the consequent functional impairment through semi-structured interviews. The scale consists of three sections: A. Symptom Severity Scale (SSS), B. Functional Impairment Scale (FIS), and C. Visual Analog Scale (VAS).

A. In the SSS, oral dysesthesia symptoms are classified into 7 categories:

- A1. Foreign body
- A2. Exudation
- A3. Squeezing-pulling
- A4. Movement
- A5. Misalignment
- A6. Pain
- A7. Spontaneous thermal sensations or tastes

Interviewers rate the severity of each category on a scale of 0–5 (0: none, 1: very mild, 2: mild, 3: moderate, 4: severe, 5: very severe); each severity level is explained in the scoring sheet to aid assessment. Intermediate scores such as 1.5 and 2.5 are allowed.

B. In the FIS, functional impairment due to oral dysesthesia symptoms are classified into 4 categories:

- B1. Eating
- B2. Articulation
- B3. Work
- B4. Social Activities

Interviewers rate the severity of functional impairment in each category on a scale of 0–5 (0: none, 1: very mild, 2: mild, 3: moderate, 4: severe, 5: very severe). Causes that contribute to the impairment in B3 and B4 are not limited to oral symptoms; general causes such as depression can be taken into account. Intermediate scores such as 1.5 and 2.5 are allowed.

C. In the VAS, the subjective severity of the patient's oral dysesthesia symptoms and changes in the severity are assessed on a 0–100-mm scale.

- C1. Subjective Severity
- C2. Subjective Changes in Severity

Checkpoints

Upon assessment, interviewers start with questions related to each category and assign scores by referring to the explanations provided for each severity level.

A. Symptom Severity Scale

A1. Foreign body

Question: “Do you feel foreign objects in your mouth?”

Patients may describe sensations of sticky, sandy, nail-like, or wire-like objects stuck between the teeth or in the mouth, attachment of foreign object, etc.

Note: In severity level 3 (moderate), patients experience frequent and moderate but tolerable symptoms. Symptoms may be alleviated by wiping, brushing, spitting, chewing gums, etc.

A2. Exudation

Question: “Do you feel something is welling out or gushing out of your mouth?”

Patients may describe sensations of exudation, welling out, or gushing of saliva, bubbles, mucus, sand, etc.

Note: In severity level 3 (moderate), patients experience frequent and moderate but tolerable symptoms. Symptoms may be alleviated by use of mouthpiece, etc.

A3. Squeezing-pulling

Question: “Do you feel squeezing or pulling in your mouth?”, “Do your teeth feel loose or floating around in your mouth?”

A4. Movement

Question: “Do you feel something moving in your mouth?”, “Are your teeth, lips or jaws moving on their own?”, “Do you feel fluid circulating in your mouth or gums?”, “Do you feel insects moving in your mouth or gums?”

A5. Misalignment

Question: “Do you feel your jaws or teeth are not aligned well?”, “Do you feel your teeth are not in the right place?”

Note: Sensations of shifting teeth or jaws and enlarged teeth are included in this category.

A6. Pain

Question: “Do you feel any pain in your mouth?”

Patients may describe various kinds of pain complaining of sensations of pricking, searing, burning, general pain, etc.

A7. Spontaneous thermal sensations or tastes.

Question: “When your mouth is empty, do you feel coolness, warmth or heat in your mouth?”, “When your mouth is empty, do you experience bitter, sour, hot, sweet or salty tastes?”

Note: Interviewers need to confirm the assumption that the sensation occurs spontaneously when the mouth is empty. This category does not include simple thermal or gustatory anesthesia.

B. Functional Impairment Scale

B1. Eating

Question: “Due to your symptoms, do you find it difficult to eat?”, “Due to your symptoms, did your food preferences change?”

Note: If patient states, “I avoid sticky foods” because of the symptoms, score 2 (mild) or higher.

B2. Articulation

Question: “Due to your symptoms, do you find it difficult to speak?”

B3. Work

Question: “Do you satisfactorily do your job at your workplace?”, “If 100% is perfect, how would you rate your performance in the past week?”

Note: Impairment is not limited to disturbance due to oral dysesthesia. Assess patients’ duties for their social roles; such as housework for a homemaker, schoolwork for a student, etc.

B4. Social Activities

Question: “Do you enjoy any activities, such as listening to music, reading books, etc.?”, “Do you turn down social invitations from others?”, “If 100% is perfect, how would you rate your performance in the past week?”

Note: Impairment is not limited to disturbance due to oral dysesthesia. Assess patients’ performance in interpersonal or recreational activities other than their social duties.

C. Visual Analog Scale

Instruct patients to mark their answers with a short perpendicular line on the VAS with a pen. Omit C2 in the initial assessment.

C1. Subjective Severity

Question: “Considering your experiences, how severe are your present symptoms?”, “If 0 mm is no symptoms and 100 mm is extremely severe, where on the scale were you in the past week?”

C2. Subjective Changes in Severity

Question: “Compared to the baseline (before treatment), how much have your symptoms improved or worsened?”, “If you feel no change, you are right in the middle”

Oral Dysesthesia Rating Scale: A tool for assessing psychosomatic symptoms in oral regions

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