

Psychosomatic Dentistry

1. Staffs and Students (April, 2010)

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2. Purpose of Education

It is not uncommon to see the patients diagnosed with “Oral Psychosomatic Disorders”, so there is a growing need for proper treatment of the disorders from both sides of doctors and patients. It is, therefore, extremely important for dental students to instruct in psychosomatic dentistry. However, few Dental Universities in Japan are following this. At the same time, there’s a great deal of misunderstanding about psychosomatic dentistry, in spite of we have many years of consistent education. For example, “Your work is only hearing to complaints from patients”, “Patients with not otherwise specified mental illness is eventually referred to your clinic”, or “The mission of your clinic is to calm down your patients with unidentified dental and oral complaints”.

So, regarding undergraduate medical education, we focus on not only lessons from lectures and books but also practical experience through clinical training. We have comprehensive medical teaching for fifth and sixth-year students. Students can listen to patient’s complaints directly and deepen their understanding. Actually they can see patients with dental psychosomatic disorders, and they know that these disorders are treatable. Moreover, they can learn negative effects of wrong ideas as a psychogenic disorder, and they can understand serious distress in patients and family members.

This practice is arduous effort, but in the future, it is hoped that efforts will be made to facilitate uniformed services for patients with dental psychosomatic disorders, enhance coping skills for refractory cases, and reduce trouble with patients by the graduates of our department who mastered psychosomatic dentistry.

It is important to have identity as a dentist on practice of psychosomatic dentistry. Therefore we have advanced strengthening of human resource development. In particular, we focus on cultivation of dentists who can be readily applied their knowledge of psychosomatic medicine to clinical practice. And we are working towards establishment of ‘psychosomatic dentistry’ introduced psychotherapy.

Also regarding education for graduate student, we focus on clinical practice for development of dentists who have great skill in psychosomatic dentistry.

3. Research Subjects

- 1) Study on pathophysiological mechanisms of oral psychosomatic disorders
- 2) Psychosomatic study on oro-facial medically and psychiatrically unexplained symptoms
- 3) Brain imaging of oral psychosomatic disorders
- 4) Psychopharmacological study on oral psychosomatic disorders

4. Clinical Services

We take charge of “Head and Neck Psychosomatic Medicine clinic” in dental hospital of Tokyo Medical and Dental University. This special clinic is for patients with oral psychosomatic disorders, such as glossodynia (burning mouth syndrome), atypical facial pain, atypical odontalgia, oral dysesthesia, occlusal discomfort(dysesthesia).

Main psychosomatic treatment is psychopharmacological one with SSRIs(Selective Serotonin Reuptake Inhibitors), SNRI(Serotonin-Noradrenaline Reuptake Inhibitor), SDAs(Serotonin-Dopamin antagonists) etc. And supportive psychotherapies are applied.

Intractable cases are increasing year by year, we take care of every patient and have good clinical courses about 70% of them.

We believe there are exactly “oral psychosomatic disorders”, and dentists should be in charge of treatment. Psychosis, as a matter of course, should be taken care by psychiatrists, so we discriminate them from oral psychosomatic disorders, and properly refer to psychiatry.

On the other hand, on “functional somatic symptoms secondary to psychiatry disorders”, which are refer to us from psychiatrists, we do our best in cooperation with psychiatrists.

We have about 400 new outpatients per year, and almost of them were referred from other specialists not only in

dentistry but also internal medicine, otorhinolaryngology, dermatology, psychosomatic medicine, and psychiatry. They come from the Metropolitan area, of course, Osaka, Kyushu, Hokkaido and so on. We take fine-grained care and follow up, total number of patients is up to 10,000 per year.

We have a mission to meet the demand of these patients and their families, so better treatment outcome and increasing efficiency are required, and cooperation with other medical specialists is needed.

5. Publications

Original Article

1. Miho Takenoshita, Tomoko Sato, Yuichi Kato, Ayano Katagiri, Tatsuya Yoshikawa, Yusuke Sato, Eisuke Matsushima, Yoshiyuki Sasaki, Akira Toyofuku : Psychiatric diagnoses in patients with burning mouth syndrome and atypical odontalgia referred from psychiatric to dental facilities. *Neuropsychiatric Disease and Treatment* Vol.6 : 699 – 705,2010.

Abstract

1. Tomoko SATO, Yuichi KATO, Ayano KATAGIRI, Yojiro UMEZAKI, Tomonori KAGAWA, Yusuke SATO, Miho TAKENOSHITA, Tatsuya YOSHIKAWA, Akira TOYOFUKU : Two cases of burning mouth syndrome after dental implants placement. The 14th Asian College of Psychosomatic Medicine, Beijing, China, September 10-11, 2010.
2. Yojiro UMEZAKI, Yuichi KATO, Tomoko SATO, Ayano KATAGIRI, Tatuya YOSHIKAWA, Miho TAKENOSHITA, Akira TORIIHARA, Mina SATO, Akira TOYOFUKU : Evaluation of oral-cenestopathy by ^{99m}Tc-ECD single photon emission computed tomography (SPECT). The 14th Asian College of Psychosomatic Medicine, Beijing, China, September 10-11, 2010.
3. Miho TAKENOSHITA, Tomoko SATO, Yuichi KATO, Ayano KATAGIRI, Yojiro UMEZAKI, Tatsuya YOSHIKAWA, Akira TOYOFUKU : Two cases of Atypical Odontalgia patients treated with Duloxetine. The 14th Asian College of Psychosomatic Medicine, Beijing, China, September 10-11, 2010.