Headache Medicine

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Headache as a multifactorial condition: a report of a transdisciplinary approach at a university center specialized in headache and orofacial pain treatment

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Introduction
Headaches are common, disabling clinical conditions with a multifactorial etiology that may involve neurological, musculoskeletal, dental, emotional, behavioral, pharmacological, and sleep-related components. In patients with chronic pain, the association of headache with orofacial pain, temporomandibular disorders, parafunctional habits, cervical alterations, and psychosocial distress may complicate the differential diagnosis and contribute to symptom persistence. A transdisciplinary approach promotes a broader understanding of pain by integrating different health disciplines in the collaborative development of therapeutic decision-making.

Case presentation
This report describes the experience of providing transdisciplinary care to patients with headache complaints followed at the UEPB Pain Clinic. The care pathway begins with a detailed medical history and a standardized clinical form covering pain phenomenology, functional impact, medication history, sleep quality and lifestyle habits, parafunctional habits, and emotional aspects, assessed using validated questionnaires. After the initial assessment, cases are discussed jointly by professionals from dentistry, medicine, physiotherapy, psychology, and pharmacy. Clinical management includes pain education, guidance on lifestyle changes, sleep hygiene, self-care, rational medication use, management of parafunctional habits, and specific referrals according to the needs identified.

Discussion
Headache should be understood as a complex biopsychosocial condition. Medicine contributes to headache diagnosis, the identification of possible warning signs, and the indication for further investigation. Dentistry contributes to the assessment of orofacial pain, bruxism, masticatory muscle pain, possible odontogenic pain, and temporomandibular disorders. Physiotherapy evaluates cervical, postural, and musculoskeletal components. Psychology contributes to the understanding of emotional and behavioral factors and pain-coping strategies. Pharmacy participates in the assessment of medication use, self-medication, treatment adherence, and the risk of medication-overuse headache. This integration broadens the identification of pain-triggering, perpetuating, and modulating factors, supporting individualized management.

Conclusion
Transdisciplinary care for patients with headache enables a broad, integrated, patient-centered assessment, allowing for better diagnosis and treatment planning. This model is especially relevant when headache is associated with orofacial pain, temporomandibular disorders, musculoskeletal alterations, sleep disturbances, emotional factors, parafunctional habits, and recurrent medication use. Thus, the transdisciplinary approach contributes to care that is more humane, effective, and consistent with the multifactorial nature of pain.

Keywords:
Headache
Orofacial pain
Chronic pain
Transdisciplinary team
Temporomandibular disorders

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