



Editorial

International Classification of Orofacial Pain – ICOP – Brazilian Portuguese version

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Facial pain patients, especially those with chronic conditions, usually spend many years and substantial financial resources looking for a precise diagnosis and efficient treatment. The features of the main complaint condition as localization, history, and the type of pain are aspects that may define which professional the patient will consult. Although many of these patients do have a dental pathology, a considerable number of them do not present any disease of the teeth, soft tissue, the periodontium, or any other intra or extraoral condition that may explain the pain complaint.¹ These patients usually go through a long journey, seeing different professionals as several dentists, neurologists, ENT doctors, among others. Unfortunately, this odyssey is frequently characterized by invasive and unnecessary treatments, which increases morbidity, the risk of chronification and contributes to a significant impairment in the patient's quality of life.²

Another relevant point to be considered is that recent pieces of evidence have been pointed that orofacial pain and headache complaints are frequently present in the same individuals.³⁻⁵ The overlap of localization and manifestation of these conditions increases the complexity of the cases. The trigeminal system supplies different parts of the head and face with sensory innervation and is widely implicated in most of processes related to these conditions.² It is also noteworthy that pain in the head or face, mediated by the trigeminal system, is interpreted as more threatening than somatic pain.⁶ Therefore, facial pain should not be seen simply as a structural disorder of either intra or extraoral components with the trigeminal nerve only playing the role of the afferent nociceptive innervation.²

The correct diagnosis is crucial for a successful treatment. In 2020, the publication of the first internationally recognized orofacial pain classification, the International Classification of Orofacial Pain (ICOP) was an important step forward for the field.⁷ The ICOP was developed as a result of a joint initiative with the participation of members of several organizations, such as the Special Interest Group in Orofacial Pain and Headache (SIG-OFHP) of the IASP (International Association for the Study of Pain), the International Network for Orofacial pain & Related disorders Methodology (INFORM) of the IADR (International Association for Dental Research), the American Academy of Orofacial Pain (AAOP) and the International Headache Society (IHS).

The ICOP is intended to be a tool to enhance research and clinical management of orofacial pain in a scientifically standardized fashion. In terms of structure and content, it is based closely on the internationally accepted and highly successful headache disorders classification (ICHD-3).^{1,8} The

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international community expects that the ICOP, a unifying and internationally accepted classification, maybe a starting point to redefine the field of facial pain. Active collaboration among different areas involved in the management of patients with orofacial pain and headaches is strongly encouraged.^{1,5} It is also expected that the ICOP use can increase our knowledge regarding the pathophysiology and treatment of these conditions.

So, after many years of a hard and scientific work, it is a pleasure to present, in this volume of Headache Medicine, the Brazilian Portuguese version of the ICOP. This version is the result of group work, including dentists and neurologists and supported by the International Headache Society and The Brazilian Headache Society. As the coordinators of this joint initiative, we sincerely hope that all professionals involved with the diagnosis and treatment of patients with orofacial pain and headaches, as well as the researchers in the field, will widely apply the ICOP criteria and that it will be just a start for a new era for clinicians, researchers and especially for the patients.

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