

歯科心身症概念を再考する

中村 広一

Reconsidering the concept of oral psychosomatic disorders

Hirokazu Nakamura

Abstract: In Japan dentists are widely involved in the research and treatment of various oral psychosomatic disorders (PSD) such as glossodynia, atypical odontalgia, oral dysesthesia, phantom bite, unexplained complaints related to dentures and dental prostheses, and so on, under the system of medico-dental dualism. Dentists refer to such disorders as “shika-shinshinsho” in Japanese. Patients with these disorders are usually treated mainly by dentists with psychotherapy and psycho-pharmacotherapy.

However, those in the psychiatrist community sometimes have differences of opinion and disagreements on the subject of treatment. The reason for this conflict probably derives from a lack of clear definition of PSD under dualism. This article presents the following six necessary factors that would help support the definition of PSD: (1) persistence of dental complaints, (2) absence of an irritant factor, (3) absence of an abnormal dental finding on examination, (4) absence of dental disease and its respective treatment, (5) past negative experiences and/or memories and (6) no trouble concerning cognition, behavior, human relations, and feelings and/or mood.

It is crucial to have a better understanding of these disorders and their treatment requirements to achieve effective management. Therefore, dentists should consider defining PSD more precisely in order to maintain an objective role for therapy under the Japanese system of medico-dental dualism.

key words : concept of oral psychosomatic disorders, medico-dental dualism, psychosomatic dentistry

キーワード : 歯科心身症概念, 医歯二元論, 歯科心身医学

はじめに

歯科医による歯科心身症の治療に対して一部の精神科医から批判が絶えない。これに対する我々歯科医の反論は、その豊富な研究や治療の実績にもかかわらず説得力を欠いている。筆者はその大きな理由として我々歯科医が未だに明確な歯科心身症概念を確立していないことを挙げる。本稿では医歯二元制の中での歯科心身症概念の再構築を試み、歯科医がその主治医である必然性を考えてみたい。

歯科心身症概念の変遷と混乱

歯科心身症概念の変遷とその混乱の経緯を成書^{1,2)}などを参考に筆者なりに手短かに整理してみたい。1986年、発足当初の日本歯科心身医学会は日本心身医学会に歩を合わせて、歯科心身症を「心身相関が明確な身体疾患である狭義の歯科心身症」と、「神経症や軽症の抑うつ状態などを含み身体疾患とはいえない広義の歯科心身症」とに分類した。当時の歯科心身医学では「広義の歯科心身症」が圧倒的多数を占めることはすでに周知の事実であり¹⁾、舌痛症、非定型歯痛、ファ

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エピジェネティクスと Burning mouth syndrome —Burning mouth syndrome の病態への 関与が疑われるエピジェネティクス変化—

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Epigenetics and burning mouth syndrome —Epigenetics alteration involved in the pathogenesis of burning mouth syndrome—

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Abstract: Although the exact etiology of burning mouth syndrome (BMS) is still unknown, there are three leading hypotheses: the first is that BMS is caused by a disorder of the peripheral nervous system as a neuropathic pain; the second is that BMS is caused by a disorder of the central nervous system associated with stress and anxiety; and the third is that both hypotheses are involved in BMS. In this article, we summarize reports that epigenetics such as DNA methylation and histone modifications in the peripheral and central nervous systems may be involved in the pathogenesis of BMS.

key words : burning mouth syndrome, epigenetics, peripheral and central
キーワード: Burning mouth syndrome, エピジェネティクス, 末梢および中枢

はじめに

Burning mouth syndrome (BMS) は、国際頭痛学会では、「口の中のヒリヒリとした痛みやビリビリした不快な感覚が1日に2時間以上、3か月以上にわたって連日繰り返すもので臨床的に明らかな原因疾患を認めない病態」とされている。口の中の痛みを引き起こす原因には様々なものがあることから、原因疾患

を認めないものを一次性として、原因と考えられるものがある場合を二次性と呼ぶことがある。生涯罹患率は4%程度であり、中高年の女性に圧倒的に多いと言われている。BMSの原因は未だ不明であるが、末梢に原因があり神経障害性疼痛によるものとする考えや、中枢に原因がありストレスや不安症などに伴う脳内の変化によるものとする考え、両者が関与しているとの意見がある^{1,2)}。これらには物理的あるいは、心的な環境因子の関与が示唆されるが、これに伴う生体の変

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舌痛症患者における味覚と疼痛

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Gustatory and burning sensations in the patients with burning mouth syndrome

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Abstract: Burning mouth syndrome (BMS) is characterized as a chronic burning sensation in the oral cavity without any organic abnormalities and is often accompanied with complaints about taste alteration. The aim of this study was to investigate gustatory sensation and the interaction between taste stimulation and clinical characteristics including pain sensation in patients with BMS.

This was a retrospective clinical study involving 50 new outpatients with BMS for whom the following data were completely collected: sex, age, duration of illness, pain intensity at first visit (initial visual analogue scale; initial VAS), stimulated saliva secretion, and the results of taste examinations and psychological examinations.

Among the 50 patients (40 females, 10 males, mean age: 59.5 ± 15.0 years old), 28 patients (56.0%) complained of taste alteration, 32 patients (64.0%) showed normal gustatory sensation by the paper disc taste examination and 44 patients (88.0%) did so by the whole mouth taste examination. Weak negative interactions were observed as follows: between the taste intensity of sweet, sour, and salty solutions with moderate concentration and duration of illness; between the taste intensity of sweet, sour, and bitter solutions with moderate to high concentration and saliva secretion; between the taste intensity of salty and bitter solutions and the scores of self-rating depression scale; and between the taste intensity of sweet and salty solutions and the scores of the short intolerance of uncertainty scale. There was no significant interaction between taste intensity and complaints of taste alteration, age and initial VAS. Moreover, 23 patients (46.0%) showed pain alteration by taste stimuli with significantly lower detecting thresholds of all four basic tastes in the paper disc taste examination and significantly higher pain intensity with salty, sour and bitter solutions compared to the patients without pain alteration.

In the present study, most patients showed normal gustatory sensation despite their complaints of taste alteration. The taste intensity was affected by the duration of illness, saliva secretion, depression and intolerance of uncertainty; moreover, the pain intensity seemed to be exacerbated by salty, sour and bitter taste stimuli. These results suggest that the gustatory and pain sensations in BMS interact in a complex manner involving physiological, neurological and psychological factors.

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口腔がんが社会生活に及ぼす影響 —質的研究による心理社会的問題の明確化—

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Impact of oral cancer on social activities —Clarification of psychosocial issues through qualitative research—

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Abstract: The objective of the present study was to use qualitative research to highlight the needs of oral cancer patients and clarify the impact of their condition on social activities. Semi-structured interviews were held with 22 oral cancer patients and analyzed with reference to the grounded theory approach. The recorded oral data were used to identify oral cancer-related issues and impacts, and the feelings of the subjects; codenames indicating the meanings of the data were attached, and those with similar codes were gathered into categories. Additionally, the categories were linked on the basis of conditions, context, behavioral/mutual behavioral strategy, and outcome. The detailed analysis focused on the oral cancer-specific category 'reduction in social contact due to changes in dietary habits' and on 'impact on work,' which has important relevance to supporting social activities.

In response to the question as to what had been painful or very difficult, frequent reference was made to the impact on dietary habits. In addition to the reduced pleasure in eating, the change in dietary habits had also resulted in reduced social contact and reduced opportunity for social pleasures. By contrast, those who had been able to accept their disability and alter their values were able to concentrate on the value remaining for them, suggesting that psychosocial support in oral cancer survivors can improve quality of life.

Meanwhile, oral cancer survivors of working age experienced a large impact on their work life. Continuing to work appeared to not only provide economic stability, but also the perception of having a role in society, increasing the likelihood of patients feeling a sense of purpose and a reason to live. Providing support in partnership with a medical social worker from immediately after diagnosis to help the patient continue working not only provides economic support during recovery, but is also important in enabling continued social contact and a sense of purpose in life.

key words : oral cancer, oral function impairment, qualitative research

キーワード : 口腔がん, 口腔機能障害, 質的研究

緒 言

1981年より日本人の死因の第1位はがんとなり、2018年の上皮内がんを除くがんの罹患数は、980,856人（男性約56万、女性約42万）となった¹⁾。2006年

6月にがん対策基本法が成立し、2007年にはがん対策推進基本計画が策定された。2012年の改正では目標に「がんになっても安心して暮らせる社会の構築」が追加され、治療のみならず生活および社会へと施策の対象範囲が広がった²⁾。さらに、2014年に策定されたがん研究10か年戦略では、「患者・社会と協働するが

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COVID-19の影響で発症したと思われる 心因性味覚障害の1例

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中川紗百合・渡邊 裕・山崎 裕

A case of psychogenic dysgeusia probably caused by COVID-19 related disaster

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Abstract: It has been reported that the number of people who feel depressed or stressed is increasing due to the effects of the COVID-19 pandemic. We report a case in which taste disorders began to be felt from the time when the patient's work was drastically reduced and he had to stay at home.

The patient, a male in his 60s, was a sightseeing bus driver. The chief complaint was abnormal taste. His work was drastically reduced due to the COVID-19 pandemic, and after he had to wait at home all day, tongue pain, discomfort in the mouth, and abnormal taste appeared. At our department, we advised him to have confidence in his oral health because the results of taste function tests tended to improve at each visit. In addition, when ethyl loflazepate was prescribed, it showed a remarkable effect: the tongue pain and discomfort in the mouth disappeared, and after 5 months, he became unaware of the taste abnormality with his usual diet.

This case is considered to be a concrete example of the development of dental psychosomatic disorders such as dysgeusia due to the spread of COVID-19.

key words : COVID-19, taste disorders, dental psychosomatic disorders

キーワード : COVID-19, 味覚障害, 歯科心身症

緒 言

COVID-19 感染症の影響により、うつ状態やストレスを感じる人の増加が報道されている。今回、コロナ禍で仕事が激減し自宅待機になった頃から、味覚異常と舌痛を自覚した症例に対して、ロフラゼパ酸エチルを投与したところ、著効を示した症例を経験したので報告する。

症 例

患者：60代、男性。

主訴：味がわからない。

既往歴：高血圧症、脊柱管狭窄症、精神科受診歴なし。

常用薬：降圧剤（1種）、ゾルピデム酒石酸塩。

生活歴：妻、息子と3人暮らし。コロナ禍の影響で仕事が激減した。

喫煙歴：20本/日×40年以上。

飲酒歴：缶ビールを週に8缶程度。

職業：観光バスの運転手。

現病歴：2020年2月中旬に、脊柱管狭窄症の手術で20日間入院していた。退院したころには、コロナ禍の影響で観光バス運転の仕事が激減し、週に1日ほどスクールバスの運転をする程度で、週の大半は自宅待機となった。3月下旬ごろからは両側舌縁から舌尖のヒリヒリ感を自覚するようになった。舌痛は摂食時には感じないが、安静時に自覚し、午後には症状が増強

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非定型歯痛に歯性炎症が併存していた1例

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A case of atypical odontalgia with coexisting odontogenic inflammation

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Abstract: It is difficult to diagnose toothache of unknown cause, especially intractable chronic odontogenic pain or atypical odontalgia. We report a case of atypical odontalgia in the left mandibular second premolar with acute alveolitis. A female in her 70s presented with dull pain in her left mandibular second premolar. Five years prior, she had undergone repeated treatment for pain in the lower first premolar and second premolar, which were abutment teeth for a removable partial denture of the mandible. The symptoms of the former disappeared after frequent root canal treatment, but the latter did not improve. After consulting multiple physicians, psychogenic involvement was suspected and she was referred to our department. Examination revealed no obvious dental or atypical odontalgia findings, but air trap was noted. She was administered herbal medicine Hangekobokuto, which was ineffective, followed by amoxicillin to no effect. A remarkable effect was observed with escitalopram oxalate. However, shortly thereafter, perimandibular inflammation of the lower second premolar suddenly developed. Her symptoms disappeared following tooth extraction after anti-inflammatory therapy. However, five months later, when a new denture was made, oral burning mouth syndrome developed.

Odontogenic and non-odontogenic pain may coexist presenting as toothache, and it is necessary to consider the possibility.

key words : odontogenic pain, atypical odontalgia, toothache

キーワード : 歯原性歯痛, 非定型歯痛, 歯痛

緒言

近年、医学的に説明困難な歯の痛みを訴える非定型歯痛の概念は浸透しつつあるが、未だ病態生理は不明である¹⁾。抗うつ薬などの薬物療法の有効性が確認されているが、患者との良好な治療関係が構築されなければ効を奏さないとされている²⁾。一方、難治性の慢性歯原性疼痛³⁾に関する研究も多く認められている。しかし、歯の痛みを訴える歯原性と非歯原性の両方の疾患が併存した報告はほとんど認められない。

今回、下顎左側第二小臼歯の歯痛を訴える70代女性患者に対して、歯原性か非歯原性かの鑑別を漢方薬、

抗菌薬、抗うつ薬と投薬処置を変更しながら行っていったが、結局は両方が併存し予期せぬ経過を辿った症例を経験したので報告する。

症例

患者：70代、女性。

主訴：下顎左側第二小臼歯の痛み。

既往歴：脂質異常症、逆流性食道炎、心房細動、精神科疾患の既往はない。

常用薬：プロチゾラム、ラメルテオン、エスタゾラム、ロスバスタチン、エドキサバントシル、ペプリジル、エソメプラゾールマグネシウム。

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訪問歯科診療の歯科心身医学的治療にて、良好な経過が 得られた舌痛症と口腔異常感症の1例

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A case of burning mouth syndrome and oral cenesthopathy under the clinical setting of visiting dental service

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Abstract: In the super-aging society in Japan, visiting dental services have been gaining attention. The main targets of visiting dental services are general dental treatment, professional oral care, and swallowing assessment. It is reported that over 6 million people are in need of long-term care in Japan, implying that over 100,000 elderly people who cannot visit dental clinics could be suffering from burning mouth syndrome (BMS) considering its prevalence. Thus, in addition to these visiting dental services, psychosomatic dental treatment might be needed, although there are no reports on visits for such treatment. Herein, we report a case of BMS and oral cenesthopathy under the clinical setting of visiting dental services in which the clinical outcome was favorable.

A 91-year-old woman living in a long-term health care facility complained of a burning sensation in her tongue, spontaneous salty taste, and an uncomfortable sensation of something clinging to her incisor. Her complaints began after receiving a composite resin filling for her incisor by the visiting dental services of Fukuoka Dental College. She was referred to a specialist in psychosomatic dentistry and was diagnosed with BMS and oral cenesthopathy. She had a history of cerebellar infarction, but no cognitive impairment was detected. After informed consent was obtained from the patient and her family, we started psychopharmacological treatment under the clinical setting of visiting dental services. We initiated aripiprazole 0.5mg/day and gradually increased its dose. After a week of the initial prescription, the burning pain was relieved. One month later, the salty taste and uncomfortable sensation were also improved. Symptoms of BMS and oral cenesthopathy are stable and have improved with aripiprazole 1 mg/day, without any adverse effects.

As part of a community-based integrated care system, visiting dental services have proved valuable, including in the prevention of aspiration pneumonitis. Furthermore, treatment for psychosomatic dental symptoms is required. Treatment for psychosomatic dentistry at visiting services has some advantages. Patients who cannot come to the clinic because of systemic diseases such as brain infarction can be treated. Furthermore, the patient's actual living conditions can be checked. Nevertheless, some points need attention. Patients using visiting dental/care services tend to have more systemic diseases and take more drugs than outpatients.

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