

口腔顔面領域の心身症に対応できる歯科医師を目指して

渡邊友希

Aiming to be a dentist who can address psychosomatic disorders of the orofacial region

Yuki Watanabe

Abstract: The pain patients experience includes both physical suffering and mental anguish. These interact to create a vicious cycle that often becomes chronic. Dentists care for the physical body, but should also address the patient's mental anguish as much as possible.

Case: The patient was a 74-year-old woman who lost ten teeth in two years despite having nonodontogenic tooth pain.

Chief complaint: "Something feels loose near my cheek. I want the tooth pulled."

Present illness history: The patient began experiencing pain after receiving treatment for fourteen teeth over approximately two years at dental clinic A, but could not convince the clinic to address the issue. She visited dental clinic B for approximately one year. Her symptoms did not improve, and she was referred to our hospital. Several of our departments and clinic B experienced multiple cycles of: tooth pain endodontic therapy pain in a neighboring tooth endodontic therapy tooth extraction. The patient had ten teeth extracted over approximately two years before being referred to our department.

Present condition: Pain associated with the left maxillary first premolar was observed from a trigger point on the left masseter. Allodynia was observed in the gingiva surrounding the left maxillary first premolar, and in the gingiva in an area between the left maxillary and mandibular second bicuspids and the second molars (previously extracted).

Clinical diagnosis from first examination: 1. Nonodontogenic tooth pain (muscular, fascial pain) of the left maxillary first bicuspid. 2. Neuropathy-associated pain where teeth were extracted. 3. Temporomandibular disorder with masticatory muscle pain and dysfunction (muscle and fascial pain)

Treatment: Based on a cognitive behavior model, the problem was divided into physical, emotional, cognitive, and behavioral aspects. Interventions were provided for each aspect.

Results: After two months, the allodynia of the gingiva transformed into dysesthesia.

Conclusion: While providing physical care for patients with chronic pain and psychosomatic disorders, psychological interventions can also be beneficial.

key words : psychosomatic disorder, psychoeducation, cognitive behavior therapy
キーワード : 心身症, 心理教育, 認知行動療法

緒 言

患者が抱える「痛み」には、いわゆる身体の痛みによる「苦痛」に加えて、不安、恐怖、悲しみ、怒りなどのこころの痛みである「苦悩」が伴う。これらは相互に作用して悪循環を形成し、慢性化することが多い。そのためわれわれ歯科医師は慢性的な痛みの患者に対

し、歯科的な対応のみでは限界を感じて、どこか不全感を覚えることがある。

心身症は「苦悩」が関連する代表的な疾患である。「身体疾患のなかで、その発症や経過に心理社会的背景が密接に関与し、器質的ないし機能的障害が認められる病態をいう。ただし神経症やうつ病など、他の精神障害に伴う身体症状は除外する」(日本心身医学会、

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日常臨床での歯科心身症患者への対応について

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Approaches for psychosomatic patients in daily clinical practice

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Abstract: The research theme of the authors' graduate school days is "A Study on the Relation Between Stomatognathic System and the Systemic Condition", about thirty years ago, temporomandibular disorder (TMD) was the most applicable to the model. There, but at the time, the idea of TMD was different from now, most of the patients complaining of dental psychosomatic symptoms were treated as TMD, Serious patients began to gather at the place of the performers. In such circumstances, there was no knowledge about psychosomatic disorder and psychiatric disorder, and what I came up with was to listen to the patient's story anyway and find the clues for problem solving from it and connect it to the treatment. However, because I had never studied the medical interviewing method or communication skills, it took time to respond to one patient even though it was a university hospital, finishing medical examination was sometimes roughly as late as 10:00 p.m. In such circumstances exhausted, leaving the university and choosing to be an ordinary practitioner, I was confronted with a dental psychosomatic patient again before I was doing daily clinical practice.

In these experiences I think that being an actor is important as a response to patients with dental psychosomatic disorders as well as "listening to their story", first thought. I think that this will be a supportive psychotherapy, but while listening to their story, we will explore the interpretation model, the patient is thinking about and put it into the medical interview and link it to the treatment.

Dentistry psychosomatic patients have difficult parts to deal with only dentistry, but since they are chief complaints of dental problems, I think that basically they have to deal these issues. Although there are many things that do not go very well, as long as we can cope with these problems, if we can somehow try to change the perception of patients and support them so that our daily life can become positive.

key words : psychosomatic patients, supportive psychotherapy, medical Interview
キーワード : 歯科心身症, 支持的精神療法, 医療面接

はじめに

「日常臨床での歯科心身症に対する対応について」論じるにあたって、何故、筆者が開業医として多くの歯科心身症患者をみることになってしまったかについて、まず考えたみたい¹⁾。筆者が大学を卒業し、補綴科所属の大学院になったのは、今から30年ほど前である。筆者に与えられた研究テーマは「顎口腔系の状態と全身状態の関連に関する研究」であった。当時はまだEBMの考え方は一般的ではなく、咬合が全身状態と密接に関連していると考えられていた時代であった。本研究は、これらの関連を明らかにするために、

医科で行われている検査を歯科で応用し、医科基準で歯科疾患を評価、究明することを目的として始まった。耳鼻科領域の平衡機能検査の一つである重心動揺計を用い、顎関節症患者の重心動揺軌跡²⁾の変化を始めとし、実験的顎位の変化³⁾、顎関節症の初期治療前後の比較⁴⁾などに関して研究を行った。現在振り返ればその実験計画は不十分な物であったかもしれないが、それでも筆者らの行っていた研究は、現在も引き継がれ、類似した研究は多くの大学で今も試みられている。この研究のモデルとなる歯科疾患としては顎関節症が挙げられる。そこで筆者は、臨床で顎関節症患者を治せなければ、実験の信憑性がなくなると考え、

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