



Fact Sheet

Trigeminal Neuralgia Pain

About

Trigeminal Neuralgia (TN), also called tic douloureux, is a chronic neuropathic pain condition that causes extreme, sporadic, sudden burning or shock-like face pain that lasts anywhere from a few seconds to as long as two minutes per episode. The intensity of pain can be physically and mentally incapacitating. TN pain is typically felt on one side of the jaw or cheek. Episodes can last for days, weeks, or months at a time and then disappear for months or years. In the days before an episode begins, some patients may experience a tingling or numbing sensation or a somewhat constant and aching pain.¹ Pain associated with TN can profoundly affect the lives of people living with this condition.²

“ The intensity of Trigeminal Neuralgia pain can be physically and mentally incapacitating.¹ ”

Trigeminal neuralgia attacks often worsen over time, with fewer and shorter pain-free periods before they recur, especially if the pain is not treated. The intense flashes of pain can be triggered by vibration or contact with the cheek (such as when shaving, washing the face, or applying makeup), brushing teeth, eating, drinking, talking, or being exposed to the wind. TN occurs most often in people over age 50, but it can occur at any age, and is more common in women than in men. There is some evidence that the disorder runs in families, perhaps because of an inherited pattern of blood vessel formation. Although sometimes debilitating, the disorder is not life-threatening.^{1,3}

The presumed cause of TN is a blood vessel pressing on the trigeminal nerve as it exits the brainstem. This compression causes the wearing away of the protective coating around the nerve (the myelin sheath). TN may be part of the normal aging process—as blood vessels lengthen they can come to rest and pulsate against a nerve. TN symptoms can also occur in people with multiple sclerosis, a disease caused by the deterioration of myelin throughout the body, or may be caused by damage to the myelin sheath by compression from a tumor. This deterioration causes the nerve to send abnormal signals to the brain. In some cases the cause is unknown.¹

In patient narratives, pain experienced by people with TN has been described as the following:²

“Ice pick, shocks, live 300-volt current, electric shock-like pains”

“Constant hot knife jabbing volts or stabs in my right cheek area”

“Sharp electric-like quality”

“Shooting jolts of electricity directly into the raw nerves”

“While brushing my teeth one morning I got a bolt of lightning exploded in my face”

“The pain was sharp stabbing, electrical shock-like pains that would last for only seconds; however, there would be a dull sensation after the pain subsided”

“It is like you have a live wire, and you take the sheeting off the wire and sparks are flying off that”

Facts

Trigeminal neuralgia is typified by attacks that stop for a period of time and then come back. The attacks often worsen over time, with fewer and shorter pain-free periods before they recur. The disorder is not fatal, but can be debilitating. Due to the intensity of the pain, some patients may avoid daily activities because they fear an impending attack.¹

There are very few studies to date which provide reliable data on prognosis for TN. In the initial phases of the disorder, there are often long periods of 6 months or more of pain remission but these periods tend to get shorter and the relapse rate is more frequent. In some patients, relapse is also associated with increased intensity of the pain whereas in others it remains at a similar level.²

Until fairly recently, the only high-quality epidemiology study on TN was from the USA, which showed an annual incidence of 4-5 per 100,000. However, recent surveys from both the UK and the Netherlands show much higher incidences of 26.8 and 28.9 per 100,000, respectively.²



A recent European study using a sample of 602 patients with neuropathic pain found that 14% had TN. This group of 82 patients with TN were found to have moderately severe pain despite 94% of them taking medication.²

Trigeminal neuralgia typically affects elderly adults and is thought to be related to neurovascular compression. It is uncommon in people younger than 30 years of age, with only 1% of cases reportedly occurring in those younger than 20 years of age. Younger patients tend to present with symptoms similar to those in adults: long periods of

pain and venous compression, but reported treatment outcomes are not as good as those reported in the older population.⁴

Additional Resources

Multiple Sclerosis Foundation

6350 North Andrews Avenue
Ft. Lauderdale, FL 33309-2130
Phone: (888) MSFOCUS (673-6287)
Phone: (954) 776-6805
Fax: (954) 351-0630
E-mail: support@msfocus.org
www.msfocus.org

National Institute of Neurological Disorders and Stroke

NIH Neurological Institute
P.O. Box 5801
Bethesda, MD 20824
Phone: (301) 496-5751
Phone: (800) 352-9424 or
TTY: (301) 468-5981
www.ninds.nih.gov

National Multiple Sclerosis Society

733 Third Avenue
3rd Floor
New York, NY 10017
Phone: (800) 344-4867
www.nationalmssociety.org

TNA The Facial Pain Association (formerly the Trigeminal Neuralgia Association)

408 W. University Avenue
Suite 602
Gainesville, FL 32601
Phone: (352) 384-3600
Toll-free: (800) 923-3608
Fax: (352) 331-3606
E-mail: info@fpa-support.org
www.endthepain.org

Resources verified July 2011.

References

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2. Does trigeminal neuralgia always get worse over time? *Mayo Clin Womens Healthsource*. 2010 Dec;14(12):8.
4. Bahgat D, Ray DK, Raslan AM, McCartney S, Burchiel KJ. Trigeminal neuralgia in young adults. *J Neurosurg*. 2011 May;114(5):1306-11. Epub 2010 Dec 3.