Understanding and Treating MS Face Pain

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Causes and Treatments of Facial Pain

The first time I experienced facial pain as a symptom of MS was a few months ago. It started as a dull ache across my eyebrows but when I went to touch where the pain was coming from I couldn’t locate the source. I couldn’t work out if it was a cut or something on the skin or if it was under the surface.

This went on for a few days and I thought nothing of it until it started creeping across my face. Before I knew it the same, strange sensation had spread down the left side of my face, across to my left ear and down the left side of my neck. I could feel it across the back of my head and my lips were affected too, making speech more difficult.

I wouldn’t describe it as painful; it was more of an annoyance, and I wondered if people could notice it on my face. It’s so strange when the whole area feels numb and dead but painful and sensitive at the same time.

I’ve experienced this kind of neuropathic pain on other parts of my body too. I felt it at the top of my left thigh and across my tummy for a few weeks but, like the facial pain, it subsided after a few weeks and I put it down to a flare-up.

Neuropathic pain is caused, like so many other symptoms of MS, by nerve damage in the brain and spinal cord, and it can lead to pain being experienced in a number of different ways. It can feel like ants crawling under the skin, or it can be sharp and excruciating. It could be a squeezing or crushing sensation, or a cold, sharp or dull pain.

Trigeminal Neuralgia

The experience of facial pain I’ve described is nothing compared to what some people go through. I put the question to the Facebook group MSpals as part of my research for this article and was saddened by what I discovered.

One person described it like this: “Lightning strikes a certain part of your face and you fall to the floor. No pain medication works.” Someone else said: “None of the pain anywhere on my body comes close to the pain on my face when it kicks in.” It was also described as “exquisite pain” and “suicidal pain.”

What the MSpals were describing was trigeminal neuralgia, which can be a source of extreme pain in MS and is known to be an early symptom of the condition. The trigeminal nerve carries signals from the brain to the face and pain can be caused when the nerve is irritated or damaged.

Symptoms can range from a constant ache to an intense stabbing pain. It can be triggered by the simple act of washing your face or brushing your teeth, and some people feel warning signs like tingling or aching before an episode. It could be a burning pain or an electric shock and can last for anything from a couple of seconds up to as long as an hour.

Pain is an invisible symptom of MS but it can, like fatigue, be one of the most disabling.

Treatments

What can be done?

- **Medication** – Drugs can be effective but need to be weighed up against possible side effects and may be more useful in conjunction with other therapies.
  - **Anticonvulsants** – Some of the most commonly used are Gapapentin and Lamotrigine and these can relieve neuropathic pain as well as pins and needles, burning and throbbing. Possible side effects are drowsiness (like we need that one!) a skin rash, blurred vision or dizziness.
  - **Antidepressants** – A group of drugs called “tricyclic antidepressants” are widely used and these can be effective when an area of skin in the face is painfully sensitive to even the slightest touch. Side effects can include dry mouth, constipation and blurred vision. Steroids and analgesic can also be used but these are less effective for neuropathic paid.
- **Non-drug treatment**
- **Occupational therapy** – There may be adjustments that can be made to the work or living environment to help with pain management.
- **Transcutaneous electrical nerve stimulations (TENS)** – Nerves are stimulated by electrodes on the skin.
- **Complementary medicine** – Like acupuncture, meditation or hypnosis.
- **Surgery** – Used when other treatments have proved ineffective.
- **Physiotherapy.**

Although pain is an extremely difficult experience to live with it can be managed, and people live with it every day. Pain clinics and self-management programmes are also a good way of accessing information and support so these may be available in your area.

Talking to your health care professionals is also a great place to start. Just because a symptom is difficult to describe or comes and goes doesn’t mean you have to live with it – and you won’t be the first person to describe how you’re feeling.