

C.1.2 Facial pain, atraumatic

Component	Description
Review question	In adults who present with atraumatic facial pain, what is the accuracy of accompanying signs and symptoms to support non-specialists in identifying suspected neurological conditions?
Objectives	To identify signs and symptoms that, if presenting with atraumatic facial pain, would indicate a suspected neurological condition that requires referral for further specialist assessment.
Population	Adults who present to a non-specialist with atraumatic facial pain.
Presence or absence of predictor	The committee identified the following predictors in people who present to a non-specialist with atraumatic facial pain for inclusion in the review: <ul style="list-style-type: none">• double vision• electric shock – elicited by stimulating face• fatigue and malaise

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	<ul style="list-style-type: none"> • fever • history of polymyalgia rheumatic • jaw claudication • quality of pain • scalp tenderness • vision loss.
Outcomes	<p>Main outcomes:</p> <ul style="list-style-type: none"> • Sensitivity (%) and specificity (%) • Area under the ROC curve (AUROC) – measure of predictive accuracy • Positive and negative predictive values <p>Other outcomes:</p> <ul style="list-style-type: none"> • Adjusted odds ratios for the presence of the following conditions: <ul style="list-style-type: none"> ○ carotid and vertebral artery dissection ○ cluster headache ○ dental pain ○ max sinusitis ○ migraine facial pain ○ occipital neuralgia ○ temporal arteritis ○ tension headache ○ TMJ dysfunction ○ trigeminal neuralgia.
Study design	Prospective or retrospective cohort studies and case-control studies with multivariate analysis
Exclusions	<ul style="list-style-type: none"> • Neonates (babies aged 28 days and under) • Children • Studies unadjusted for any of the identified predictors listed above • Studies with univariate analysis only
How the information will be searched	<p>The following neurological condition groups* will form the basis of the search strategy:</p> <ul style="list-style-type: none"> • cranial nerve disorder • functional disorders • multiple sclerosis and inflammatory disorders • catch-all group – rare and other neurological diseases. <p>The committee proposed the following additional specific neurological conditions for inclusion in the search strategy:</p> <ul style="list-style-type: none"> • cluster headache • migraine presenting with facial pain. <p><i>*Condition groups taken from Defining Adult Neurological Conditions, National Neurology Intelligence Network, April 2016</i></p>
Key confounders	Any of the predictors listed above
The review strategy	<ul style="list-style-type: none"> • Statistical outputs may include sensitivity, specificity, adjusted odds ratios and AUC. • Meta-analysis where appropriate will be conducted. • Evidence from indirect settings, which the committee evaluated to be generalisable to a non-specialist setting, will be included in the review. • The risk of bias of each study will be assessed using the QUADAS-2 checklist for diagnostic studies or the NGC checklist for prognostic studies.

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	<ul style="list-style-type: none"><li data-bbox="523 241 1406 300">• The overall quality of the evidence will be assessed using an adapted version of GRADE.<li data-bbox="523 315 1474 374">• The review may cross-refer to existing NICE guidance, which has identified early signs and symptoms for neurological conditions that present with atraumatic facial pain.