

Reply to Currie et al. (Letter)

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Reply to Dr. Currie et al.: Renaming burning mouth syndrome: implications and use for the RDC/BMS

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Dear Editor,

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We would like to thank Dr. Currie and colleagues [5] for initiating a discussion on our recent publication to rename and improve the International Classification of Diseases 11 disease criteria for burning mouth syndrome.[4] In this paper, we presented the results of a consensus reached by an international group of experts using the Delphi methodology.[3]

As Currie et al., point out, there are many overlapping and complementary aspects between the beta version of the Research Diagnostic Criteria for Burning Mouth Syndrome (RDC/BMS) and our work, strengthening and increasing the validity of each.[3–5] We agree with the vast majority of what Currie et al. write in their letter.[5] However, with respect to nomenclature, we would like to encourage the beta-version RDC/BMS to consider using the term “burning mouth disorder” until there is additional evidence for the cause(s) of oral burning symptoms at which time an ontological approach to the name may be substituted. In our previous publication, our team also highlighted a number of reasons why the word “syndrome” could be replaced with the word “disorder”.[6] The adoption of the term “temporomandibular disorders” (TMDs) and creation of the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD), is not without ontological flaws as noted by Ceusters et al. [2] However, it has provided a standardized nomenclature and robust framework for research into the etiology, pathophysiology, classification and treatment of the disorders.[8] By using the term burning mouth disorder, the beta-version of RDC/BMS could serve as a model framework for future research.

In addition, we believe that future efforts involving a wider network of stakeholders could be included to represent a diverse set of clinicians who treat this disorder.[1,3,4,7] As Currie et al. mentioned there is still more work to be done in refining and validating the diagnostic criteria for burning mouth.[5] This effort would be further strengthened by increased collaboration among the diverse entities investigating “burning mouth disorder” to improve our understanding as well as treatment outcomes.

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