

October 17, 2008

Dear Ms. Miller,

I'm Terrie Cowley, Co-Founder and President of The TMJ Association (TMJA), a non-profit organization whose mission is to improve the quality of healthcare and lives of everyone affected by temporomandibular joint and muscle disorders (TMJDs). We have been following the Wall Street Journal articles on how the financial conditions are causing stress, thereby causing TMJDs. I presume that was the catalyst for your interest in a follow-up story. You will find many people afflicted by TMJDs but this is a condition in dire need of the expert scientists/specialists that you claim to not want to interview! I hope the following information and links are helpful to you as a journalist, as you would no doubt want your readers to have the state-of-science information about these conditions.

Temporomandibular joint and muscle disorders (TMJDs) is not a specialty of either the American Dental or American Medical Associations, hence, there are no standards for dental or medical education. All of the causes are not known, there are no widely accepted standards for diagnosis, and treatment.

According to the National Institutes of Health brochure, <http://www.nidcr.nih.gov/OralHealth/Topics/TMJ/TMJDisorders.htm>, "...for most jaw joint and muscle problems, scientists don't know the causes. For many people, the symptoms seem to start without obvious reason...The roles of stress and tooth grinding as major causes of TMJ disorders are also unclear. Many people with these disorders do not grind their teeth, and many long-time tooth grinders do not have painful joint symptoms...Researchers also found that stress seen in many persons with jaw joint and muscle disorders is more likely the results of dealing with chronic jaw pain and dysfunction than the cause of the condition" (page 6).

The safety and efficacy of TMJ treatments have not been demonstrated in clinical trials. The results of a recently published study, <http://www.biomedcentral.com/1472-6831/8/27>, indicate that in spite of the widespread impact of TMJDs and the multitude of TMJ treatments, those treating TMJ problems have given little attention to systematically carrying out clinical trial methods that would improve the validity and reliability of outcome measures. The authors state, "With some 20 years of knowledge of evidence-based healthcare, the meager attention to these issues begins to raise ethical issues about TMJD trial conduct and clinical care." To acknowledge and address this problem, The National Institute of Dental and Craniofacial Research, an agency of the National Institutes of Health, has launched a TMJD awareness campaign - "'Less is Often Best in Treating TMJ.'" To view the ad campaign go to: <http://painconsortium.nih.gov/> and then click on "Spotlight on."

According to Dr. Christian Stohler, Dean of the University of Maryland Dental School in Baltimore, MD and Member of the Board of Directors of The TMJ Association, "A lot has changed on the TMJ front in the last 15 years. Today, we realize this is a highly complex disease involving many genes, hormones and a myriad of complex biologic factors." Some of the comorbid conditions with TMJDs include: chronic fatigue syndrome, fibromyalgia, sleep disturbances, vulvodynia, irritable bowel syndrome, interstitial cystitis, endometriosis, headaches, tinnitus, rheumatoid arthritis, and generalized pain conditions. It's also important to note over 10 million Americans are affected and 90% are women in their childbearing years. The issue of why women are more affected by TMJDs has stimulated increased endocrinology research in this area.

We have a wealth of information on our Web site and I invite you to visit. Do go to the "our family" section and read the patient stories. Please don't hesitate to contact me if you have questions.

Sincerely,

Terrie Cowley
President