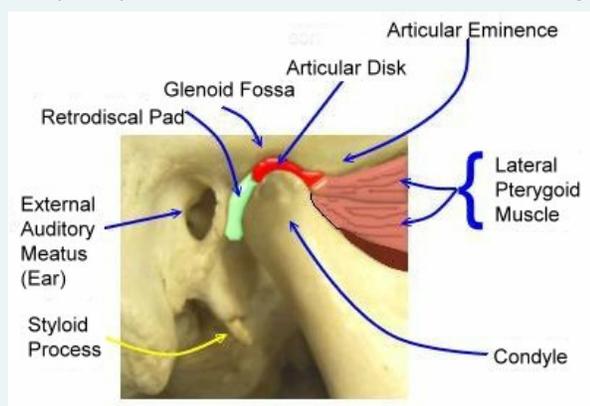


Overdiagnosis and Unnecessary Therapy

We grateful to Dr. Daniel Laskin, Adjunct Clinical Professor and Chairman Emeritus at Virginia Commonwealth University School of Dentistry, Oral and Maxillofacial Surgery, for summarizing the following article for our readers.

Many dental practitioners continue to use radiographic or magnetic resonance imaging (MRI) findings in the temporomandibular joint (TMJ) as the sole means of establishing that there is pathology present that requires treatment. These findings include the position of the intra-articular disc in relation to the mandibular condyle, the location of the condyle relative to the glenoid fossa, the depth of the glenoid fossa, and flattening of the condylar surface. In this study the MRIs of two groups of asymptomatic general population individuals differing in age by 20 years were analyzed for these factors.



In both groups, condylar position was characterized by great variability. Whereas those dentists who use condylar position as a criterion of pathology believe that the condyle should be centered in the glenoid fossa, this study found only 49% of the subjects had condyles in that position and, of these, an absolute centric position was present in less than 4%. In females, a posterior position was present in 52%, while in men, 57% were in a centric position. Neither age nor gender had any influence on location of the condyle.

In three-fourths of the subjects the intra-articular disc, described in textbooks as normally having its posterior band at the twelve o'clock position, was in a more forward position. This anterior location was twice as frequent in females as in males, in conjunction with the more common finding of TMJ clicking in women. The depth of the fossa was decreased in both age groups.

Based on the findings in this study, it is evident that eccentric condylar position is not an indicator of an abnormal TMJ and should not be used as a reason for treatment. Moreover, it is clear that one cannot rely solely on imaging evidence of an anteriorly positioned disc as an indicator of joint pathology and that it must be accompanied by clinical symptoms of TMJ pain and/or limitation of jaw movement for this to be considered. Painless clicking alone is also not an indication for treatment. Although the authors did not specifically study changes in the condylar surface, they do discuss this issue and point out that although loss of normal contour and flattening of the condyle may be an indication of osteoarthritis, it also may

represent a normal sign of aging and/or adaptive remodeling and require no treatment.

[Disc displacement, eccentric condylar position, osteoarthritis - misnomers for variations of normality? Results and interpretations from an MRI study in two age cohorts. Turp JC, Schlenker A, Schroder J, Schmitter M. BMC Oral Health \(2016\) 16: 124.](#)

TMD Self-Management Programs

Self-management (SM) programs in temporomandibular disease (TMD) are a core component of pain management of TMD throughout its course and are often given to patients as a first essential step after diagnosis. Up until now, the problem has been that there has been no agreed-upon definition of self-management, nor a consistent standard for the components that constitute a SM program. Therefore, the goal of the process described in the article was to agree upon a definition of the term "self-management" and reach consensus on its components.

SM programs are defined as a group of procedures that have a logical basis for therapeutic action in relation to the respective diagnosis for which they are recommended. Simply put, procedures are recommended to the patient based on his/her diagnosis.

The procedures should be simple enough to allow patients to be easily taught how to do them and to be able to do them independently. The core program for TMD, as defined by the article, consists of the following components: education, exercise, self-massage, thermal therapy (hot, cold), dietary advice and nutrition, and identifying and avoiding behaviors that exacerbate pain. Each component has its own purpose, but, in general, the main goal of SM is to allow healing and prevent further injury to the musculoskeletal system.

Key to the success of a self-management program is the ability of the patient to understand and implement the recommended procedures consistently over a reasonable length of time. Success also requires that the patient and the health care provider stay in communication about the effects of the recommended SM procedures, so that adjustments can be made in the program as needed. Such active participation in the process by both patient and provider can be empowering, as it lets the patient know that he or she has the innate ability to heal and that there are specific ways that can help to manage pain.

The process (Delphi Process) described in this article has established an international consensus regarding the principal components and standardized definition of SM. However, significantly more research is required to further refine the cause-effect relationships of specific components, presumed causative or contributing factors, individual patient's response to each component and the whole SM program. In other words, what works, for whom, under what conditions, and how, will drive the whole process, which will be monitored and adjusted, from first recommendations through application, toward the stated goal of return to normal function.

The definition and principal concepts of SM agreed upon during the Delphi Process should allow the evidence base to be expanded in a more homogeneous, comparable manner in order to advance the science behind SM of TMD.

For more specific information on the process and its specific findings and recommendations, consult the full article at:

<http://onlinelibrary.wiley.com/doi/10.1111/joor.12448/epdf>.

Pain Drawings: An Important Tool for Health Care Practitioners

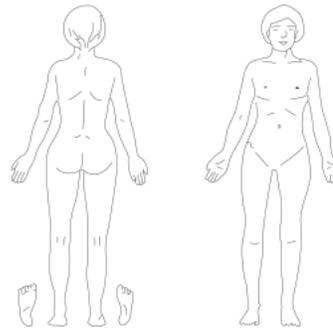
Last year we shared with you a study in which investigators found patients with more severe and chronic TMD are likely to experience other persistent pain conditions in other parts of the body, seemingly unrelated to problems in the jaw or face. Yet patients often do not mention these "overlapping" or "comorbid" pain conditions when they see a dentist or other health care provider about their TMD [Click here to read this article.](#)

A 2016 study in Finland, published in the *Journal of Oral Facial Pain Headache*, found pain drawings to be useful as an assessment tool for identifying comorbid pains in patients with TMD. The following is the abstract summary:

AIMS: To assess drawings of pain sites and self-reported comorbid pains as a part of the biopsychosocial profiling of tertiary care referral patients with temporomandibular disorder (TMD) pain.

Please fill out the pain drawing using the appropriate symbol, mark the areas on your body where you feel the pain

M = Aching	X = Burning	== = Numbness	T = Pressing
/// = Stabbing	:: = Pricking	S = Muscle cramp	B = Pounding



METHODS: A total of 135 consecutive patients referred to tertiary care for TMD pain participated. Patients drew all the sites where they had pain on whole-body pain drawings. Other assessments included self-reported comorbid pains in the head and body regions, the Finnish Research Diagnostic Criteria for TMD (RDC/TMD_FIN Axis II), and additional biopsychosocial and treatment-related variables. Patients were grouped into pain drawing profiles (localized, regional, and widespread) and the associations between these profiles and the biopsychosocial variables were statistically evaluated using Bonferroni adjusted P values and with logistic regression using SAS 9.3.

RESULTS: A total of 21% of the patients reported localized TMD pain, 20% reported regional pain (headaches and neck aches), and the majority, 59%, reported widespread pain (local/regional and multiple bodily pain sites). Patients with widespread pain profiles formed a heterogeneous group in which 28.2% reported severe and 30.8% reported moderate pain-related disability. The widespread pain patients reported significantly higher levels of depression and somatization, lower levels of general health, more sleep dysfunction, decreased ability to control pain, and greater health care needs compared to patients with localized pain ($P < .05$). Patients with regional pain profiles reported moderate scores on psychosocial functioning compared to the patients with localized or widespread pain.

CONCLUSION: The majority of tertiary care referral patients with TMD pain reported comorbid pains. Pain drawings were found a useful adjunctive tool for screening and as a part of comprehensive biopsychosocial assessment and treatment planning for patients with TMD pain.

Primary Temporomandibular Disorders and Comorbid Conditions

Vassil Svechtarov, Savina Nencheva-Svechtarova, Department of Oral and Maxillofacial Surgery, Faculty of Dental Medicine, Medical University - Sofia, *Scripta Scientifica Medicinae Dentalis*, vol.2, No2, 2016, pp 28-32.

Abstract:

INTRODUCTION: The aim of this study is to evaluate the distribution of the most common comorbid conditions associated with chronic temporomandibular disorders, and the pharmacological agents which play an integral role in the overall management of temporomandibular joint disorders.

MATERIALS AND METHODS: A total of 23 articles are included in this comprehensive review of the relevant studies on common comorbid conditions related to temporomandibular disorders. This review provides summarized clinical and online platform based analyses focused on the five most common comorbid conditions and their relevant pharmacological therapy.

RESULTS AND CONCLUSION: The majority of the studies show that comorbid conditions may include fibromyalgia, systemic myofascial pain and chronic fatigue syndrome, chronic headaches, migraine, heart arrhythmias, endometriosis, interstitial cystitis, irritable bowel syndrome, lower back pain, sleep disorders- insomnia, autoimmune diseases, sleep apnea, noises and irritation in the ear, vulvodynia and mental disorders. The top comorbid conditions reported from people with TMJ syndrome, regardless of status are: anxiety, depression, insomnia, fatigue and pain.

The full article is available at: <http://press.mu-varna.bg/ojs/index.php/ssmd/article/viewFile/1915/1990>

Face Caddy Wrap Donation

Our thanks to John Lucas of Caddy Wraps for sending us 10 hot and cold therapy face wraps over the holidays. We will send a free Caddy Wrap to the first 10 people who [contact us and request one](#).

[Read our past blog article to learn more about this product.](#)

Meet Jennifer...

It all started with extensive orthodontic work in my early teens—fast forward 20 years and it has consumed my entire life. Last October, I had to have a failed root canal pulled and nothing would ever be the same for me. Five months ago for no apparent reason I had the most severe flare-up where the pain was so unbearable I couldn't think of going on. I couldn't speak, eat, sleep, work, drink or function. I tried medical cupping on my jaw and after several sessions there was slight improvement. Unfortunately I never went back to "my normal" again. I've seen dentists, oral surgeons, acupuncturists, had medical cupping and now I'm trying physical therapy. A neuromuscular dentist wanted to charge me \$6,000 to start for very invasive work, which in 5 months I would find out if it worked at all. That was too much of a gamble for me.

I feel completely and utterly alone as I suffer, any joy being sucked out of my life. It affects my right side more than the left. The pain is unbearable, stabbing in my ear, face, jaw, head and neck. The right side of my face goes numb from the TMJ since it's irritating the Trigeminal Nerve. My neck, jaw and face are in constant spasm; also my neck has started jerking to the right. I spend a lot of time not being able to speak mainly just nodding my head.

I used to really love eating but now my TMJ has changed that. I have to eat what's soft whether I like it or not. All my meals/snacks are dictated by what my jaw will and won't allow. I used to love fresh bagels, pizza crusts, hamburgers and subs among other things. Those foods I'll never enjoy again. Sushi is also a favorite but now is cut up into small pieces as I ever so slowly push the food in my mouth. I make constant compromises; do I want to talk that day or eat? Eating is so painful that many times I either spit food out because of pain or I'm almost choking because I can't chew properly. Most of the time I starve because eating isn't an option or if I can eat, I try to eat as much as I can to sustain me for longer periods of time. Going out to eat really isn't an option either since I have a difficult time actually getting food in my mouth, it's very awkward.

I spend a lot of time depressed, in immense pain not knowing how I'll get through every day. The pain I can't escape not even in sleep. My speech has also changed as I slur, hoping people understand me. The pain-killers and muscle relaxants no longer help. Besides the severe TMJ I'm also epileptic and for extra fun throw in fibromyalgia. As I sit here writing this my family is enjoying a movie laughing and relaxing while the right side of my face is numb and in pain (if that makes sense) my neck is jerking and my eyes are filling up with tears. The condition has taken over and happy feelings are fleeting. I could go on and on about all I go through; sorry for the rambling. I pray for all of us that doctors will find ways to better help us and treat this awful disease. I would love to know what a life not affected by TMJ would be like.

Clinical Studies: Volunteers Needed

The TMJA has been informed of the following clinical studies seeking qualified candidates to help in research. Read on to see if you are eligible to participate.

Understanding Relationships Between Chronic Non-Cancer Pain, Pain-Related Psychosocial Factors, and Exercise Participation

Researchers at the University of Saskatchewan, College of Kinesiology are studying what people with chronic pain experience in their lives, including what beliefs might relate to their exercise levels.

Participants in this study must be at least 18 years of age, had pain for at least six months, and tried to exercise at least once since the pain started.

Volunteers will be asked to complete three online surveys. [Click here to view the informed consent form](#) as well as [additional information on how to participate in this study](#).

Comparative Study of Women Considering or Currently Receiving Botox® Injections for TMJ Pain

Are you a woman within the Los Angeles or New York City areas with TMJ pain in facial muscles, who has either:

- a. recently had Botox® injections for your pain or
- b. not had Botox® for your pain but has thought about such treatment?

If either is true for you, you may qualify for an observational research study centrally administered by the New York University College of Dentistry. It is funded by the National Institutes of Health (NIH). The purpose of this study is to understand potential health risks that may be caused by treating "TMJ pain" with Botox® injections. Potentially eligible women must first complete a brief interview via telephone to confirm eligibility. [Click here for further study information and details.](#)

Genetics of Facial, Jaw and Headache Pain

Chronic orofacial pain represents an economic burden both in the United States and worldwide affecting 5-10% of the population. Researchers at the University of Maryland, Baltimore have developed a novel and comprehensive genetic, behavioral and imaging approach to study the role of genetic variations on pain mechanisms in healthy participants as well as participants with facial, jaw and headache pain.

Who is eligible to participate?

You may qualify if you:

- Are 18-65 years of age.
- Speak and understand English.
- Are either in good health, or you have had headaches, facial pain, and/or jaw pain recently.

This research study requires:

- One screening visit for ensuring eligibility.
- One experimental study session lasting no more than four hours.

Compensation for all sessions and parking vouchers are provided. If you are interested, please email CollocaLab@son.umaryland.edu or call 410-706-5975. For more information, please read the [informational flyer](#).

Biobehavioral Pain Management in TMD

Researchers at Johns Hopkins School of Medicine and the University of Maryland Dental School (Baltimore) are looking for volunteers with widespread pain that includes jaw pain (TMD) to participate in a research study to investigate the effect of three different non-drug treatments on pain and sleep symptoms. If you have fibromyalgia and jaw pain you may be eligible. For additional information, please read through the [study information brochure](#) and [patient consent form](#).

NIH Funding Opportunities

Basic and Clinical Research

In an effort to promote greater understanding of TMD, and to develop safe and effective evidence-based diagnostics and treatments, The TMJ Association promotes and encourages basic and clinical research on Temporomandibular Disorders. [We invite you to view a listing of the latest National Institutes of Health \(NIH\) funding opportunities for scientists interested in advancing TMJ research.](#) The following are the newest NIH requests for information and funding announcements:

- [Implementation Science Research to Improve Dental, Oral and Craniofacial Health \(U01\)](#). This Funding Opportunity Announcement (FOA) encourages investigators to submit research grant applications on the use of implementation science strategies aimed at reducing the time between establishment of the evidence base of interventions/policies/practices and widespread uptake and

adoption for dental/oral/craniofacial health.

- [Stimulating Peripheral Activity to Relieve Conditions \(SPARC\): Pre-clinical Development of Existing Market-approved Devices to Support New Market Indications \(U18\)](#). This NIH Funding Opportunity Announcement (FOA) is part of the Stimulating Peripheral Activity to Relieve Conditions (SPARC) Common Fund program. This FOA invites applications exclusively for non-clinical tests in animal models to obtain safety and efficacy data that support new market indications for a limited set of neuromodulation devices. Partnering companies (see Device Portal) have agreed to provide neuromodulation technology to investigators supported by the SPARC program. Pre-clinical developments supported by this FOA are expected to generate the necessary safety and efficacy evidence to enable an Investigational Device Exemption (IDE) submission for a future pilot clinical study.

The following announcements are for ME/CFS, one of the overlapping chronic pain conditions of TMD.

- [Myalgic Encephalomyelitis/Chronic Fatigue Syndrome \(ME/CFS\) Collaborative Research Centers \(CRCs\) \(U54\)](#)
This Funding Opportunity Announcement (FOA) invites applications for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) Collaborative Research Centers (CRC). The overarching goal of this initiative is to establish a network of Centers that will work collaboratively to define the cause(s) of and discover improved treatments for ME/CFS. Research areas of interest for the participating ICs include: **Mechanisms of co-morbid pain syndromes with ME/CFS.**
- [Data Management and Coordinating Center \(DMCC\) for the Myalgic Encephalomyelitis/Chronic Fatigue Syndrome \(ME/CFS\) Collaborative Research Centers \(CRC\) \(U24\)](#) The purpose of this Funding Opportunity Announcement (FOA) is to invite new cooperative agreement applications for the Data Management and Coordinating Center (DMCC), which supports the Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) Collaborative Research Centers (CRC). This FOA will support the DMCC (U24) cooperative agreement that will focus on providing the infrastructure and support to the individual ME/CFS CRCs in their activities. Clinical data management for efficient data collection as well as data mining and data sharing will be addressed in the data management and coordinating center (DMCC).

Research E-Newsletter

Cutting Edge - COPCs Research Advances

Cutting Edge - COPCs Research Advances, is an electronic newsletter published by the Chronic Pain Research Alliance, an initiative of The TMJ Association. Developed to keep the medical-scientific community abreast of recent research advances, this

publication contains abstracts of recently published studies on the epidemiology, pathophysiology and clinical management of Chronic Overlapping Pain Conditions. These conditions include **temporomandibular disorders**, chronic low back pain, chronic migraine and tension-type headache, endometriosis, myalgic encephalomyelitis/chronic fatigue syndrome, fibromyalgia, vulvodynia, irritable bowel syndrome and interstitial cystitis/painful bladder syndrome.



CUTTING EDGE a publication of **CHRONIC PAIN Research Alliance**
COPCs Research Advances

The most current issues are now available for your review at: http://www.cpralliance.org/New_Findings. If you would like to receive future issues of *COPCs Research Advances*, [click here to register](#).

Educational Brochures on TMD

Your Guides for Temporomandibular Disorders - This brochure written by the TMJA is a straightforward, easy-to-read booklet that guides patients in how to make health care decisions. It is available [by mail](#) or as a [PDF on our website](#) and we encourage you to share it with your friends, health care professionals and family members.

TMJ Disorders - This brochure is produced and distributed by the National Institute of Dental and Craniofacial Research in partnership with the Office of Research on Women's Health, components of the National Institutes of Health (NIH) in Bethesda Maryland. Part of the U.S. Department of Health and Human Services, NIH is one of the world's foremost medical research centers and the federal focal point for medical research in the United States. This booklet is available in English and Spanish at: <https://www.nidcr.nih.gov/OralHealth/Topics/TMJ/TMJDisorders.htm>.

Nutrition Booklet

TMD Nutrition and You, which was specifically developed to help those with compromised oral function, maintain healthy nutrition despite their oral disability. [Click here to download a free copy of our booklet](#).

Dental Care Guide

Temporomandibular Disorders, Dental Care and You

The TMJ Association developed this guide to provide you with oral hygiene self-care tips that you can do at home, as well as suggestions for future dental appointments. Routine maintenance of your teeth and gums should reduce the risk of dental disease and the need for invasive dental treatments. [Click here to view on our website](#).

TOBI

Our New Community Partner

The TMJA was recently invited by TOBI to be one of their community partners and participate in the [TOBI Cares Donation program](#). TOBI is a fashion e-commerce company with over 1.5 million customers worldwide. TOBI will donate 1% of eligible purchases to The TMJ Association.

TOBI

Support Our Work

The TMJ Association (TMJA) is the only patient advocacy organization fighting for the best science that will lead to a greater understanding of Temporomandibular and related disorders, as well as safe and effective treatments. We cannot *change the face of TMJ* without YOU.

[Click HERE to make a tax-deductible online contribution today!](#)



About The TMJ Association

Changing the Face of TMJ

The TMJ Association, Ltd. is a nonprofit, patient advocacy organization whose mission is to improve the quality of health care and lives of everyone affected by Temporomandibular Disorders (TMD). For over 25 years we have shared reliable information on TMD with people like you. We invite you to visit our website, www.tmj.org.

- If you're not currently receiving *TMJ News Bites* and would like to be on our mailing list, [sign up here](#).
- Past issues of *TMJ News Bites* are also available on our website.

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