

Forum on Temporomandibular Disorders

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What you hear is not always accurate!





The History

National Academy of Science Engineering and Medicine convened a meeting in 2017

- Food and Drug Administration
- American Academy of Orofacial Pain
- National Institutes of Health
- TMJ Association (patients)
- Members of AAOMS and ASTMJS

TEMPOROMANDIBULAR DISORDERS

Priorities for Research and Care

Enriqueta C. Bond, Sean Mackey, Rebecca English,
Cathy T. Liverman, and Olivia Yost, *Editors*

Committee on Temporomandibular Disorders (TMDs):
From Research Discoveries to Clinical Treatment

Board on Health Sciences Policy

Board on Health Care Services

Health and Medicine Division

A Consensus Study Report of
The National Academies of
SCIENCES • ENGINEERING • MEDICINE

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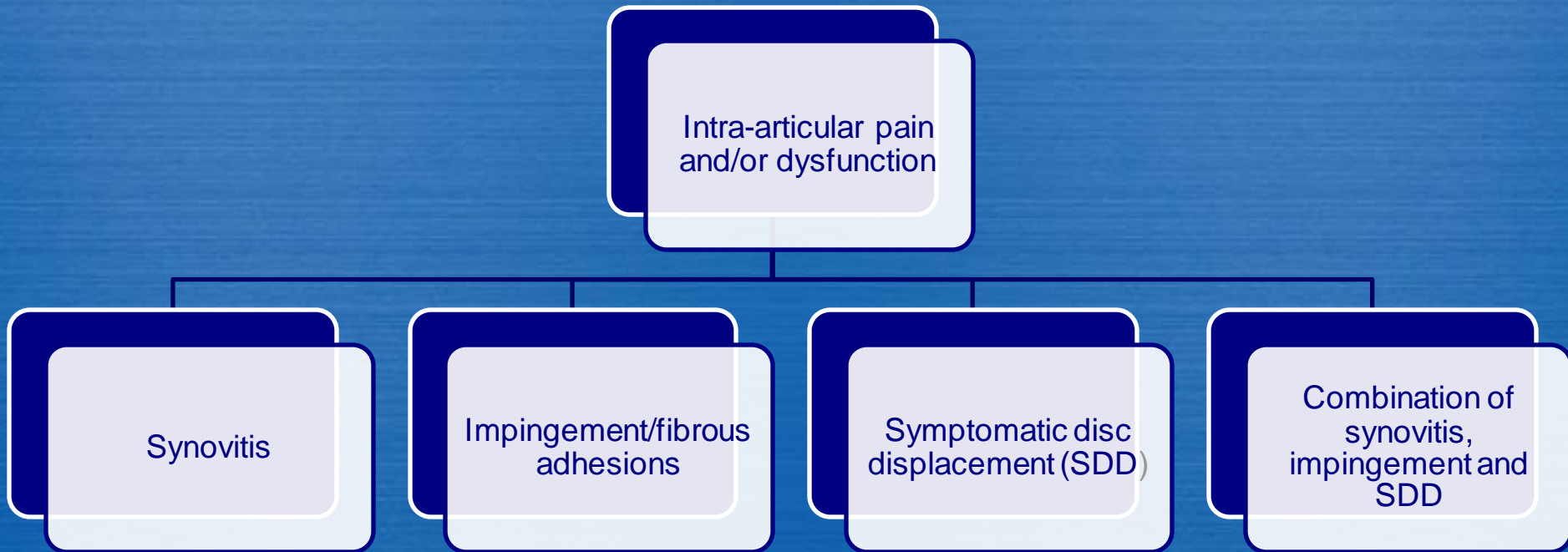
Temporomandibular Disorders Priorities for Research and Care

11 Recommendations

- National research consortium
 - NIH/NIDCR working group to increase funding
- Quality of Care
- Reimbursement and access
- Predoctoral, doctoral and postgrad education
 - AAOFP and TMJ Association CODA changes
- Patient Education



Contemporary Approach



Synovitis

Microtrauma

autoimmune

Reactive arthritis

metabolic

NSAIDs, steroids,
orthotic

NSAIDs,DMARDs,
Biologics

NSAIDs, antibiotics

NSAIDs, colchicine,
probenacid,
allopurinol,
febuxostat, steroids

Synovitis, Capsular
Impingement,
Symptomatic Disc
Displacement or
Combination

Non-surgical
treatment

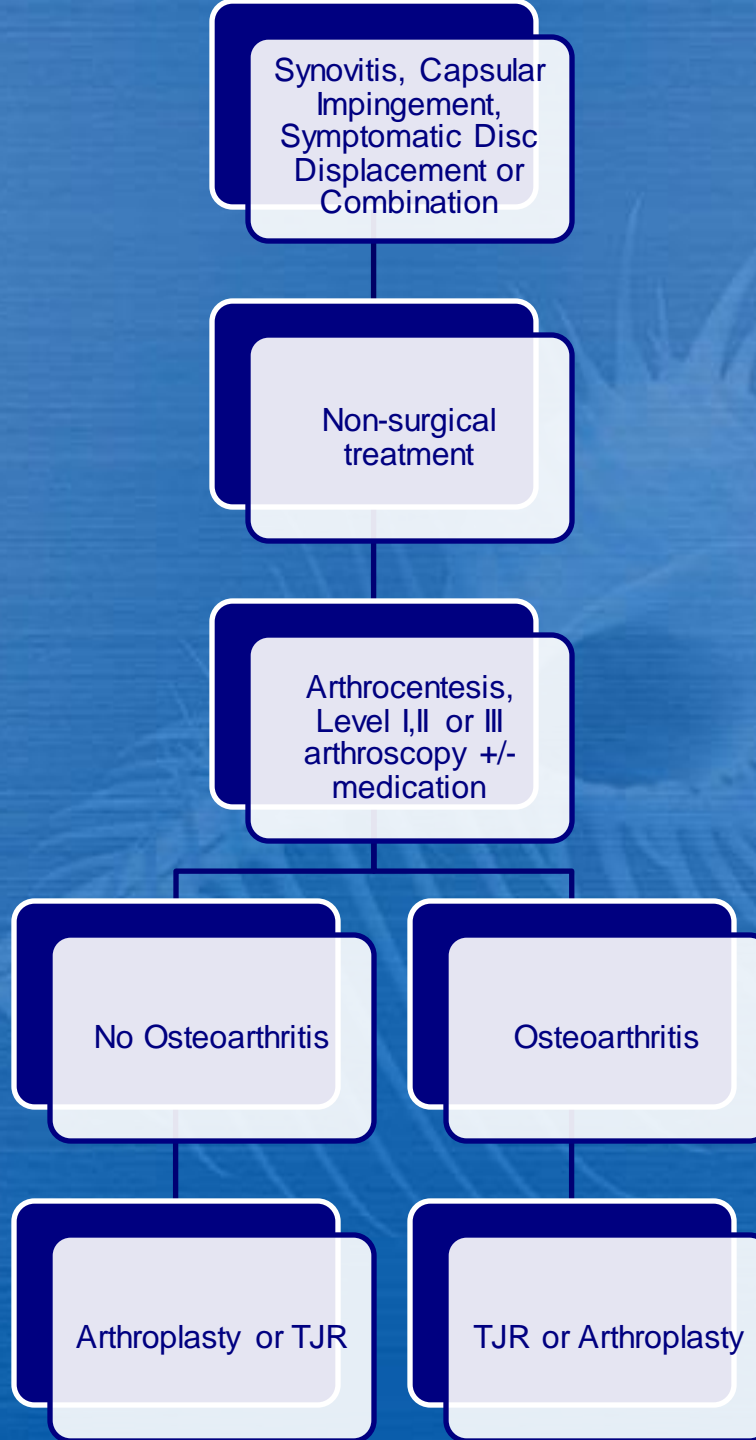
Arthrocentesis,
Level I,II or III
arthroscopy +/-
medication

No Osteoarthritis

Osteoarthritis

Arthroplasty or TJR

TJR or Arthroplasty





Psychosocial Factors

- Axis II disorders (DC/TMD)
- Anxiety and depression well known
- Less well known
 - Catastrophizing
 - Somatization
 - IBS, interstitial cystitis, fibromyalgia
 - Chronic overlapping pain conditions (COPC)



Chronic Pain Patients

- Brief Symptom Inventory (BSI-18)
- Pressure Pain Thresholds (PPT)
- Proprietary validated algorithm (Duke)
 - Adaptive patients
 - Pain sensitive patients
 - *Global symptoms*



How to recognize psychosocial factors?

- Prior diagnosis
- Screening instruments
- Validated diagnostic instruments
- Getting to know the patient
 - Time
 - Several visits
 - Response to minimally invasive procedures

The Contemporary Management of Temporomandibular Joint Intra-Articular Pain and Dysfunction

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The understanding of the causes of temporomandibular joint pain and dysfunction has evolved over 50 years. Historically, the term internal derangement has been used to describe the abnormal relationship between the articular disc, condyle, and glenoid fossa, which was thought to correlate with patient symptoms. It is now known that the pathophysiology of intra-articular pain and dysfunction (IPD) involves synovitis, capsular impingement, symptomatic disc displacement, or a combination of these. Symptomatic disc displacement should only be considered to be a potential source of IPD after synovitis and capsular impingement have been treated. This philosophy provides the opportunity for most patients with IPD to be initially treated nonsurgically or with minimally invasive procedures such as arthrocentesis or arthroscopy.

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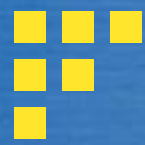
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ANESTHESIA / TEMPOROMANDIBULAR DISORDERS / FACIAL PAIN

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Guidelines for the Management of Patients With Orofacial Pain and Temporomandibular Disorders

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Content/Chapters

- Glossary
- Differential Diagnoses of orofacial pain
- History and Physical Examination
- Radiological and Imaging
- Diagnosis and Management of TMJ pathology



Content/Chapters

- Non-surgical management
- Surgical algorithms
- Pediatric considerations
- TMJ procedures
- Complications