Care pathway information for patients with Temporomandibular joint dysfunction (TMJD)- *Information for General Dental Practitioners*

A recent audit was carried out by the Oral and Maxillofacial department at Derriford Hospital for patients with Temporomandibular Joint Disorders (TMJD). This examined patient referral letters, and notes from their outpatient appointment with Maxillofacial department. In 87% of cases treated by secondary care, the treatment could have been provided in primary care by their GDP.

The majority of patients presenting with TMJ problems will be suffering from TMJPDS (temporomandibular joint pain dysfunction syndrome) or myofascial pain. These patients can, in most cases, be effectively managed in primary care without referral.

The most common symptoms are:
Pain – usually a dull ache in and around the ear. The pain may radiate, ie move forward along the cheekbone and downwards into the neck.
Joint noise – such as clicking, cracking, crunching, grating or popping.
Limited mouth opening
Headache, especially in the temporal region.
Some patients report mild/transient **facial swelling** which may be worse in the morning.
Most cases of TMJPDS are made worse by chewing and are aggravated at times of stress.
The initial management of TMJPDS in primary care includes the following measures:

1. Explanation of the condition and provision of relevant patient leaflet.
2. Reassurance that TMJPDS is not serious and that it usually responds to simple measures. Symptoms may recur from time to time.
3. Application of heat to the side of the face, eg a warm hot water bottle (avoid boiling water) wrapped in a towel applied to the side of the face. This can be combined with simple massage to the tender muscle areas and relaxation techniques.
4. Advice concerning the use of painkillers. Non-steroidal anti-inflammatory drugs (NSAIDs), eg ibuprofen, are often helpful, unless contra-indicated because of the patient's medical history. These should be taken regularly for a two to three week period, not just PRN. NSAID gel can be applied topically to the area over the joint or the muscles of mastication.
5. The identification and avoidance of parafunctional habits, such as clenching or grinding (particularly at night), nailbiting, lip/cheek biting and posturing the jaw.
6. Rest for the TMJ, including soft diet, particularly if there are acute phases.
7. Acknowledgement that the condition can be related to anxiety and stressful events.
8. Provision of a soft occlusal splint, which can be worn at night – this is particularly useful for patients who grind their teeth at night.

NB: Irreversible procedures such as occlusal adjustment, should only be undertaken if there is a clear indication.

Patients with TMJPDS who should be referred for management in secondary care:

1. Those with an atypical presentation (e.g. numbness of the face, marked/persistent facial swelling, severe trismus which is unrelated to surgical intervention or injury).
2. Patients who fail to respond to conservative measures, including the provision of a soft splint.

Referrals should be made to an Oral & Maxillofacial Surgeon **Please indicate the measures you have already undertaken to manage the patient's TMJPDS.**

NB: Patients should not be referred for the provision of an occlusal splint – these can be provided in primary dental care.

For more information **https://www.england.nhs.uk/south/info-professional/dental/dcis/dental-bulletin/** and scroll down to the July 2015 bulletin and select TMJD pathway and jaw exercises.