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MANAGEMENT OF TEMPOROMANDIBULAR DISORDERS

Temporomandibular disorders (TMD) are a group of conditions related to functional problems associated with the temporomandibular joints (TMJ) and/or the muscles that move the jaw (masticatory muscles). Common signs and symptoms associated with TMD are limited range of mandibular movement, tenderness on palpation of the masticatory muscles and jaw joint, clicking sounds in the jaw joint on opening and/or closing the mouth, and pain during chewing. The most frequent symptom is pain in the TMJ region, which affects more than ten percent of adults at any one time, and one in three adults over their life.

The etiology and pathogenesis of TMD are not clear, and practitioners employ a multitude of treatments and management approaches to care for TMD sufferers. However, some treatment modalities have little, if any, foundation in rigorous and methodologically sound clinical studies. Despite the lack of scientific basis, many of these management approaches are in widespread use, often at great financial cost and, in some cases, personal discomfort to patients. This has led to increasing concerns among patients and clinicians about the relevance, safety, and efficacy of various types of TMD treatments. As a result, there is a need to assess the rationale for and outcomes of a variety of management approaches currently used for TMD. In addition, it is important to examine potential, new approaches to the management of TMD, especially those based on recent findings from such areas as molecular and cell biology, neuroendocrinology, immunology, and tissue engineering.

This bibliography was prepared in support of the National Institutes of Health Technology Assessment Conference on Management of Temporomandibular Disorders held in Bethesda, Maryland on April 29 - May 1, 1996. It consists primarily of references to journal articles from 1990 to 1995 and covers the following areas: history of diagnostic schema and management approaches to TMD; diagnosis, classification, assessment and etiology (human and animal studies); health services and costs of care; psychosocial and behavioral studies; epidemiology; management approaches, including general considerations for care, occlusion and occlusal appliances, implants and devices to replace or supplement the temporomandibular joint, surgery and other modalities; managing patients with failed implants, multiple surgeries, and chronic pain and dysfunction; and potential new approaches to care. All languages are considered. Each reference is cited under the heading(s) which describes the main topic of the article. In general, only articles which report clinical or basic science research studies or review comprehensively a particular topic are included; most letters and all editorials, textbooks, and theoretical or speculative articles have been omitted.

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- SS 2 = TMJ (TW) OR TEMPOROMANDIBULAR ADJ JOINT
- SS 3 = 1 OR 2
- SS 4 = 3 AND TH (SH) OR 3 AND SU (SH) OR 3 AND DT (SH) OR 3 AND PA (SH) OR 3 AND EP (SH)
- SS 5 = *TEMPOROMANDIBULAR JOINT DISEASES AND ALL REVIEW OR
*TEMPOROMANDIBULAR JOINT AND ALL REVIEW
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3 AND TRANSCUTANEOUS ELECTRIC NERVE STIMULATION
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- SS 14 = 3 AND ANTI-INFLAMMATORY AGENTS, NON-STEROIDAL (PX)
- SS 15 = 3 AND MUSCLE RELAXANTS, CENTRAL (PX)
- SS 16 = 3 AND NARCOTICS (PX)
- SS 17 = 3 AND ANALGESICS (PX)
- SS 18 = 3 AND PSYCHOTROPIC DRUGS (PX)

SS 19 = 3 AND ANTI-ANXIETY AGENTS (PX)
SS 20 = 3 AND ANTIPSYCHOTIC AGENTS (PX)
SS 21 = 3 AND VALIUM (TW) OR 3 AND DIAZEPAM OR 3 AND IBUPROFEN OR
3 AND DOXEPIN OR 3 AND AMITRIPTYLENE OR 3 AND CARBAMAZEPINE
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MANAGEMENT APPROACHES

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