TEMPOROMANDIBULAR DISORDERS: A NEW LIST OF KEY POINTS TO SUMMARIZE THE STANDARD OF CARE

Daniele Manfredini,^a Steven S. Bender,^b Birgitta Häggman-Henrikson,^c

Justin Durham,^d Charles S. Greene ^e

- ^a Orofacial Pain Section, School of Dentistry, Department of Medical Biotechnologies, University of Siena, Siena, Italy
- ^b Department of Comprehensive Dentistry, Texas A&M College of Dentistry, Dallas, Texas, USA
- ^cDepartment of Orofacial Pain and Jaw Function, Faculty of Odontology, Malmö University, Malmö, Sweden
- ^d School of Dental Sciences, Faculty of Medical Sciences, Newcastle University, Newcastle upon Tyne, UK and Newcastle Hospitals' NHS Foundation Trust, Newcastle upon Tyne, UK

 ^e Department of Orthodontics, College of Dentistry, University of Illinois at Chicago, Chicago,
- Illinois, USA

ANNOUNCEMENT

CARE STANDARDS FOR TMD MANAGEMENT UPDATED BY EXPERT GROUP

An open working group discussion was held at the IADR General Session in New Orleans (March 2024), where members of the INfORM network finalized the proposal of a list of 10 key points for good clinical practice for the field of temporomandibular disorders (TMDs). These 10 points represent a summary of the current standard of care for TMD management. (1) https://www.tandfonline.com/doi/full/10.1080/08869634.2024.2405298?src=exp-la

The list of key points and their main contents include:

- one statement on general principles: patient-centered decision-making as well patient engagement and understanding of expectations are critical aspects in the management of TMDs;
- two statements on etiology: TMDs are disorders of musculoskeletal origin that occur within a biopsychosocial framework and are precipitated by a multifactorial etiology;
- three statements on diagnosis: diagnosis of TMDs should be based on a careful and standardized oral history and clinical assessment. Imaging procedures should be considered in all cases when that imaging (MRI for soft, CBCT for bone tissues) has the potential to impact the treatment plan and outcome. Currently, the use of electronic devices for diagnosis is not supported;
- three statements on treatment: outcomes should be evaluated in terms of pain reduction and improved function as well as decrease of relapses and psychosocial impact. Primary approaches should be conservative whenever possible, with a combination of counseling, cognitive-behavioral treatments, provisional use of oral appliances, and pharmacological control of pain. Surgery may be needed in a selected minority of cases. Dental and/or surgical techniques to correct occlusion and/or mandible position are not supported;
- one statement on TMDs within the broader aspects of orofacial pain: cases of pain chronicity or presence of concurrent multiple pain conditions should be managed by expert practitioners and/or referred to the proper specialist.

These key points, in their simplicity, will assist general dental practitioners to advance their understanding and prevent inappropriate treatment. They can be viewed as a guiding template for other national and international associations to prepare guidelines and recommendations on management of TMDs; those can be adapted to the different cultural, social, educational, and healthcare requirements in various countries around the world.

REFERENCE

1. Manfredini D, Häggman-Henrikson B, Al Jaghsi A, Baad-Hansen L, Beecroft E, Bijelic T, Bracci A, Brinkmann L, Bucci R, Colonna A, Ernberg M, Giannakopoulos NN, Gillborg S, Greene CS, Heir G, Koutris M, Kutschke A, Lobbezoo F, Lövgren A, Michelotti A, Nixdorf DR, Nykänen L, Oyarzo JF, Pigg M, Pollis M, Restrepo CC, Rongo R, Rossit M, Saracutu OI, Schierz O, Stanisic N, Val M, Verhoeff MC, Visscher CM, Voog-Oras U, Wrangstål L, Bender SD, Durham J; International Network for Orofacial Pain and Related Disorders Methodology. Temporomandibular disorders: INfORM/IADR key points for good clinical practice based on standard of care. Cranio. 2024 Oct 3:1-5. doi: 10.1080/08869634.2024.2405298.