

Overview

Temporomandibular joint dysfunction syndrome (TMJDS). TMJDS is a very common problem which affects over two thirds of people at least once in their lifetime. It is very similar to a sprained wrist, twisted ankle or muscle cramp and like these injuries it requires the injured joints and muscles to be rested as much as possible to allow them to heal. While the severity of symptoms varies from patient to patient the overwhelming majority of cases are mild and self-limiting and settle with little if any active treatment being required. For most patients it is a nuisance rather than a significant health problem although for patients with more severe symptoms a specific course of treatment may be required. TMJDS may be due to over activity in the muscles used for biting and chewing which may lead to clicking in the jaw joints, face pain, headaches and difficulty opening the mouth (particularly on waking up in the morning), eating hard or chewy foods or opening the mouth wide such as when yawning. Occasionally, the jaw joints may feel as if they are stuck but actual dislocation of the jaw joint is very rare. It is commonly due to clenching or grinding of the teeth (often during sleep), biting fingernails or chewing pencils etc. These habits frequently happen when patients are over worked, under stress, worried or anxious. Sometimes it is due to an injury to the jaw joints such as from a punch to the jaw, a road accident, surgery (such as tooth extraction or tonsillectomy) or even from a wide yawn or laugh.

Management

- The vast majority of patients with TMJDS will settle on conservative treatment and DO NOT require referral to secondary care services.
- Before considering referral to the maxillofacial unit all patients should undergo a supervised period of conservative management by their primary care clinician (doctor or dentist) for a minimum of 6 months. They should be given the following advice:
 - Reassurance that they have a common minor ailment that should settle in a short period of time if they follow your advice
 - Avoid eating hard foods or foods that require a lot of chewing such as toffee or tough meat
 - Avoid eating foods that require you to open your mouth wide such as whole apples (slice them up first), large hamburgers or crusty bread rolls
 - Avoid opening your mouth wide – support your chin with your hand when yawning.
 - If you bite your finger nails or chew pencils or gum etc – STOP
 - Try to notice if you clench or grind your teeth, especially when concentrating or under stress – if so STOP
 - If you feel under stress particularly if you feel your TMJDS is worse when stressed accept that the stress is damaging your health and try to reduce your exposure to stress or find ways to help you relax such as exercise, aromatherapy, massage etc – different things work for and appeal to different people – do what feels right for you
 - If your jaw clicks don't keep making it click on purpose just to see if it is better yet
- There is little evidence that standard bite splints are helpful for most patients with TMJDS and the majority of patients presenting to the MFU who have had a bite splint made have derived little or no benefit from it.
- In some cases stress, anxiety or even depression will be a significant factor. Patients in this category should be initially managed by their general medical practitioner and consideration given to commencing a course of Tricyclic medication and/or CBT before referral to the maxillofacial unit.
- Patients with joint pain should be prescribed regular NSAID's (provided not intolerant).
- Versatis 5% Lidocaine patches applied 12 hourly at night are often very beneficial
- If the patient has muscle pain a warm water bottle wrapped in a towel applied to the affected area for no more than 5 minutes followed by a bag of ice or frozen peas wrapped in a towel for no more than 5 minutes can be very helpful in relieving pain and muscles spasm.

All referrals to the maxillofacial unit for patients with TMJDS must clearly state that the patient has followed the above treatment plan for a minimum of three months without improvement or give clear clinical reasons for why it was not deemed appropriate. Non-compliant referrals will be returned to the referring practitioner.