**Patient info Temporomandibular Disorders (TMD)**

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1. First video: jaw pain and who to speak to

<https://youtu.be/zxo7dWO6Uas>

1. second video: self-management for painful TMD

<https://youtu.be/xyLZhxytjFw>

**What is TMD?**

Temporomandibular Disorders (TMD) are conditions that can often cause pain in the jaw, temples and face. They can be related to issues with the muscles of the jaw and face, the jaw joint or both the muscles and the jaw joint.

TMD are common, and much of the UK population will recognise having a sign of TMD at some point in their life. Around one third of the population will have pain associated with TMD and just under 10% will have symptoms that require some form of treatment.

**What are the signs and symptoms of TMD?**

The most common symptom is pain around the jaw, temples and other parts of the face. The pain may be made worse when moving the jaw, for example when eating and talking. You may also notice clicking, popping or grinding sensations in your jaw joint (often felt in front of your ear), these sensations may or may not be painful. Headaches can also be a feature of TMD.

**What can cause TMD?**

TMD can be caused by a lot of different things often acting in combination, none of which are serious. Some people may find that physical trauma or grinding or clenching their teeth trigger their symptoms, and others may find that a stressful or significant life event occurred around the same time as onset of their symptoms. Other people may not notice an obvious cause.

**How is TMD managed?**  
  
It’s important that people who have TMD play an active role in managing their symptoms. Self-management is key and there are both short and longer-term strategies that are recommended for managing the symptoms.   
  
*Short-term*

Short-term pain or flare-ups can be eased by:

* Over-the-counter painkillers (such as paracetamol or ibuprofen) taken on a regular basis for up to a week. If you have any other medical problems or are taking other medications and are unsure as to which painkillers you can take you can ask a pharmacist for advice.
* Applying heat and / or ice to the painful area to ease pain and reduce swelling.
* Gently massaging the muscles that move the jaw.
* Resting the jaw by temporarily switching to a ‘no-pain’ diet of soft food that doesn’t require chewing. After a maximum of 2 weeks normal foods should gradually be re-introduced.

*Longer-term*

If symptoms persist after trying the short term advice you can try the following:

* Regular jaw exercises and relaxation can prevent the build-up of muscle tension and reduce or prevent pain from recurring.
* Building awareness and monitoring the early signs of stress and taking action to change the things that feed into it.
* Prioritising things that feel important and enjoyable which provides a ‘buffer’ against stress and protects against pain.

In addition to this, sometimes other treatments may also be helpful. It’s important to understand that these treatments will have the best chance of success when supported by a strong foundation of self-management as described above. Additional management options may include:

* An oral splint, you can see your dentist to have one of these made.
* Longer-term medications.
* Physiotherapy.
* Psychological therapies including cognitive-behavioural therapy.
* Acupuncture.

It is important to note that some treatments are not recommended. These include:

* Braces - TMD was once thought to be related to the position of the teeth but this view is not supported by the current evidence.
* Surgery - This is recommended in a very small number of cases which can easily be identified by a dental specialist. In most cases it is not indicated and likely to be harmful.

**What is the prognosis?**

The majority of people who have TMD will require only the short term management strategies given above to relieve their symptoms. A smaller proportion will require longer term management. TMD can often be something which comes and goes over time, however it is normally easily managed using the same methods used previously.