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TMDiary

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"Emperor Has No Clothes"

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Several authors in the recent scientific literature have speculated that TM disorders are less symptomatic and less significant with the passage of time, even when no therapy is delivered.[1, 2, 3, 4]. These studies describe TM disorders as remitting, self-limiting, or fluctuating over time, and as a chronic pain illness not associated with progressive physical deterioration.

The above statements are found on page 20 of *Temporomandibular Disorders: Guidelines for Classification, Assessment, and Management.*[1] On closer examination, it is clear this common myth, repeated frequently on the national lecture circuit and in courts-of-law, has no scientific validity.

. . . patient assessment was made after one examination. . .

The first of the two supporting studies referenced by McNeill in the Guidelines is a study by Pullinger and Seligman.[2] They concluded TMD symptoms diminish with increased age without treatment, after they examined 122 patients and divided them into five diagnostic subgroups based on history and clinical criteria. Since the disc-displacement without reduction (closed-lock) group was younger than the disc-displacement with reduction group, they concluded not all closed-lock conditions are the result of a progressive dysfunction, starting with disc derangement. Pullinger and Seligman[2] also concluded the risk factor for symptom progression in the general population is unknown due to the absence of longitudinal epidemiologic studies. Their study referenced in the Guidelines by McNeill is a cross-sectional study, not a longitudinal study, and the patient assessment was made after one examination.

Crystal Gateway Marriott Hotel in Arlington, VA—site of the Academy's 1994 summer symposium.

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The second study referenced by McNeill was by Randolph et al[3] and described a long term follow-up of 95 treated patients and 15 untreated patients by telephone interview 1-7.5 years after the patient's last visit. Most of the patients improved with conservative therapy and advice about self-management. The 15 untreated patients received self-management advice, which included the use of moist heat, massage, exercise, anti-inflammatory medications and recommendations regarding soft diets, avoidance of parafunctional habits, stress reduction, limiting overextension of the jaw, limiting unnecessary chewing and improving poor posture.

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Since all the patients in that study by Randolph et al[3] had either direct or indirect TMD therapy, it is unclear what the outcome would have been without any therapeutic intervention. Those authors admitted further research is needed to determine if a correlation exists between symptom duration and the outcome of treatment.

In the Guidelines of the American Academy of Orofacial Pain, edited by McNeill[1] a statement is made about the study by Randolph et al[3] indicating the majority of the patients with TMJ clicking remained stable or showed less or no clicking over the exam period, even though most of the patients did not have any treatment. **This is an incorrect statement, since 95 of the 110 patients were treated and only 15 patients were untreated.** It would be expected the treated patients would remain stable or show less or no clicking when surveyed by phone after their last exam.

The Guidelines[1] also state, while TMJ clicking is fairly common, the progression to a potentially more serious nonreducing disc status is relatively uncommon. This is based on the study by Pullinger and Seligman[2] and cannot be supported by this cross-sectional study that assumes, since the older patient group had fewer patients with a closed lock (non-reducing disc) than the younger patient group, there is no progression or worsening of the TM dysfunction as the patient ages.

Dworkin[4] recently published an article repeating the notion that TMD may be thought of as a self-limiting chronic pain illness not associated with progressive physical breakdown. In the summary of this article Dworkin states amid all the current controversies and with the acknowledged shortcomings of the analysis he presented, his perspectives are not offered as confirmed findings about the "true" nature of, or even the "best" way to characterize TMD. His perspectives are offered in hope of encouraging in-depth and multidisciplinary research into the factors that influence the clinical course of TMD.

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Clinicians must carefully review these research articles that are often used to support certain points of view. Many times these views are a hindrance to formulating and implementing successful treatment plans for TMD patients. Insurance companies and courts are shown these articles and draw conclusions based on biased interpretation or superficial review.

It is incumbent on the practicing clinician to be familiar with these studies and understand they do not scientifically support the argument that TMD is remitting and self-limiting, even when no therapy is delivered.

References

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